

# PREA Facility Audit Report: Final

**Name of Facility:** Troy City Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 11/07/2022

**Date Final Report Submitted:** 06/02/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert B. Latham	<b>Date of Signature:</b> 06/02/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Latham, Robert
<b>Email:</b>	robertblatham@icloud.com
<b>Start Date of On-Site Audit:</b>	09/12/2022
<b>End Date of On-Site Audit:</b>	09/13/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Troy City Jail
<b>Facility physical address:</b>	300 East Elm Street, Troy, Alabama - 36081
<b>Facility mailing address:</b>	P.O. Box 549, troy, Alabama - 36081

<b>Primary Contact</b>	
<b>Name:</b>	Danny Barron
<b>Email Address:</b>	danny.barron@pd.troyal.gov
<b>Telephone Number:</b>	13346702231

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Danny Barron
<b>Email Address:</b>	danny.barron@pd.troyal.gov
<b>Telephone Number:</b>	13346702231

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	16
<b>Current population of facility:</b>	14
<b>Average daily population for the past 12 months:</b>	8
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18 and up
<b>Facility security levels/inmate custody levels:</b>	Secured
<b>Does the facility hold youthful inmates?</b>	Yes

<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	7
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Troy Police Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	300 East Elm Street, Troy, Alabama - 36081
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Danny Barron	<b>Email Address:</b>	danny.barron@pd.troyal.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
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:**

45

**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:	2022-09-12
2. End date of the onsite portion of the audit:	2022-09-13

#### 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:	<ol style="list-style-type: none"><li>1. Just Detention International</li><li>2. One Place Family Justice Center Standing Together Against Rape (STAR)</li></ol>

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	14
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 checked="" type="radio"/> No <input 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	16
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>

<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Residents from each housing unit were interviewed.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>3</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" 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 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><b>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):</b></p>	<p>All officers, working at the facility during the onsite phase of the audit, were interviewed.</p>



**Specialized Staff, Volunteers, and Contractor Interviews**

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.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<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>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no reported allegations of sexual abuse.



<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no reported allegations of sexual harassment.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<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>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.11 (a)</b></p> <p>PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency’s</p>

approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Policy (page 1) The Troy Police Department is committed to zero (0) tolerance for all forms of sexual abuse and sexual harassment between staff, contractors, contractual staff, visitors, or official visitors, and offenders whether committed by staff, contractual staff, visitors, or other offenders. Sexual activity between staff, contractual staff, visitors, or official visitors, and offenders, regardless of whether consensual or not, is strictly prohibited. In cases where sexual abuse and sexual harassment have been alleged, a prompt and thorough investigation shall be conducted. In those cases where it appears that sexual abuse and sexual harassment has taken place, prompt intervention shall be provided and all appropriate disciplinary actions shall be taken, including the possibility of criminal prosecution.

The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy addresses prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, inmate education, PREA posters and educational materials. The policy addresses detection of sexual abuse and sexual harassment through inmate education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for inmates and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

**115.11 (b)**

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure. The PREA Coordinator reports to the Chief.

Troy City Jail employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified as the Captain. He confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the jail.

**115.11 (c)**

PAQ: Troy City Jail does not have a designated PREA Compliance Manager.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has

	<p>determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Agency Contract Administrator</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.12 (a)</b> N/A - The agency does not contract with private agencies or other entities for the confinement of its inmates.</p> <p><b>15.12 (b)</b> N/A - The agency does not contract with private agencies or other entities for the confinement of its inmates.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of inmates. No corrective action is required.</p>

115.13	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol>

**Documents (Corrective Action):**

1. Staffing Plan - 12/7/2022
2. Unannounced Rounds (12 months/all shifts) - 3/9/2023

**Interviews:**

1. Warden or Designee (Captain)
2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff

**Site Review Observations:**

Observations during onsite review of facility

**115.13 (a)**

PAQ: Since the last PREA audit:

1. The average daily number of inmates: 7.5
2. The average daily number of inmates on which the staffing plan was predicated: unknown

TSTJDF PREA Policy (pages 6-7) 1. The Department shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities, shall take into consideration:

- a. Generally accepted adult/juvenile detention and correctional practices;
- b. Any judicial findings of inadequacy;
- c. Any findings of inadequacy from Federal investigative agencies;
- d. Any findings of inadequacy from internal or external oversight bodies;
- e. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);
- f. The composition of the offender population;
- g. The number and placement of supervisory staff;
- h. Institution programs occurring on a particular shift;
- i. Any applicable State or local laws, regulations, or standards;
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- k. Staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented and include on security trained staff juveniles only); and
- l. Any other relevant factors

A PREA compliant staffing plan was developed through corrective action (12/7/2022).

**115.13 (b)**

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The Captain confirmed all deviations would be documented. The documentation would include explanations for non-compliance.



	<p><b>PREA Site Review:</b> During the onsite review of the facility the auditor observed two staff actively supervising the ten inmates.</p> <p><b>115.13 (c)</b> PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:</p> <ol style="list-style-type: none"> <li>1. The staffing plan;</li> <li>2. Prevailing staffing patterns;</li> <li>3. The deployment of monitoring technology; or</li> <li>4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.</li> </ol> <p>A PREA compliant staffing plan was developed through corrective action (12/7/2022).</p> <p><b>115.13 (d)</b> PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.</p> <p>Through corrective action, the facility implemented unannounced rounds. Examples were provided for February and March of 2023. Additionally, the Captain confirmed he conducts unannounced rounds and documents them. Staff are not alerted.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.</p> <p><b>115.13 (a)</b> The facility developed a PREA compliant staffing plan (12/7/2022).</p> <p><b>115.13 (d)</b> The facility implemented unannounced rounds. Examples were provided for February and March of 2023..</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol>

**Interviews:**

1. Line Staff who Supervise Youthful Inmates – N/A
2. Education and Program Staff who Work with Youthful Inmates - N/A
3. Youthful Inmates – N/A

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):****115.14 (a)**

PAQ: The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility does not have housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. The facility does not place youthful inmates in the SAME HOUSING UNIT as adults.

In the past 12 months:

1. The number of youthful inmates housed at this facility: 0; The facility never holds youthful inmates.
2. The number of housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0
3. The number of youthful inmates placed in the SAME HOUSING UNIT as adults in this facility: 0

Policy (page 7) A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any offender eighteen (18) years of age or older through use of a shared dayroom or other common space, shower area, or sleeping quarters.

**PREA Site Review:**

The auditor observed no youthful inmates.

**Review:**

There were no youthful inmates on the daily population report for the two days of the audit.

**115.14 (b)**

PAQ: The facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas OUTSIDE HOUSING UNITS. The agency always provides direct staff supervision in areas OUTSIDE HOUSING UNITS where youthful inmates have sight, sound, or physical contact with adult inmates.

Policy (page 7) A youthful offender shall not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any offender eighteen (18) years of age or older through use of a shared dayroom or other common space, shower area, or sleeping quarters.

	<p><b>115.14 (c)</b></p> <p>PAQ: The facility documents the exigent circumstances of each instance in which youthful inmates’ access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied.</p> <p>In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding youthful inmates. No corrective action is required.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Cross Gender Searches Form</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Training Curriculum: cross-gender pat-down searches and searches of transgender and intersex inmates - 2/24/2023</li> <li>2. Staff Training Records Confirming Receipt of the Searches Training - 2/24/2023</li> <li>3. Toilet Digitally Obscured from Camera View - 9/13/2022</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random sample of Inmates</li> <li>3. Transgender or Intersex Inmates - none</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during onsite review of facility</p> <p><b>Findings (By Provision):</b></p> <p><b>115.15 (a)</b></p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender strip or cross-gender visual body cavity searches of</li> </ol>

inmates: 0

2. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

Policy (page 7) Staff shall not conduct cross-gender strip searches or cross-gender visual searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. No staff shall conduct cross-gender strip searches except in emergency circumstances.

**115.15 (b)**

PAQ: The facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

In the past 12 months:

1. The number of pat-down searches of female inmates that were conducted by male staff: 0

2. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0

Policy (page 7) Female facilities shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict a female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Staff shall not conduct cross gender pat searches of male or female juvenile offenders except in exigent circumstances.

Female inmates interviewed confirmed no male staff have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.

**115.15 (c)**

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented. Facility policy requires that all cross-gender pat-down searches of female inmates be documented.

Policy (page 7) All cross-gender strip searches, cross-gender visual, cross-gender pat-down searches of female offenders, and cross gender pat searches of juvenile offenders conducted during emergency circumstances shall be thoroughly documented and provide justification for the search. Each incident shall be reviewed by the Warden or designee to determine that the exigent circumstances standard was met.

The auditor reviewed the Cross Gender Searches Form. The form allows users to document all cross-gender strip searches, cross-gender visual body cavity searches,

and cross-gender pat-down searches.

**115.15 (d)**

PAQ: The facility has implemented policies and procedures that enable inmates 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Policy (page 8) All offenders and juvenile offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks. All staff of the opposite gender of the offender population shall announce their presence when entering an offender housing unit or bathroom area. Custody staff may announce their presence to the offender population in the housing unit in which they are assigned at the beginning of their duty shift. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present. These announcements shall be documented in housing unit logs. Opposite gender staff shall make announcements prior to entering bathroom and shower areas to give offenders and students a chance to cover up when they are in a state of undress.

Opposite gender video surveillance monitoring of offenders who are confined to restrictive status housing or Protective Custody or are in an area where offenders can be observed in a state of undress, other than incidental viewing or viewing for purposes of an investigation shall be prohibited. Offenders who are placed on constant observation status by Mental Health staff shall be provided constant visual supervision by staff of the same gender if possible.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses inmates of the opposite gender. Interviews also confirmed inmates are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with inmates corroborated that staff announce their presence when entering a housing unit that houses inmates of the opposite gender. All inmates stated they are never fully naked in full view of staff of the opposite gender.

**PREA Site Review:**

Inmates are able to shower, perform bodily functions, and change clothing behind the privacy of a shower curtain. Staff are required to verbally announce prior to entering a living unit where inmates of the opposite gender are housed. The auditor observed one toilet was in view of camera. The toilet was digitally obscured as part of corrective action (9/13/2022).

**115.15 (e)**

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's

	<p>genital status. No such searches occurred in the past 12 months.</p> <p>Policy (page 8) Staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender by medical and mental health staff, 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.</p> <p>Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex inmate for the purpose of determining the inmate’s genital status. No inmates identified as transgender or intersex.</p> <p><b>115.15 (f)</b> The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%</p> <p>Policy (page 8) The Department shall train all staff how to conduct cross-gender pat searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>Staff interviews and documentation review confirmed staff have not received training on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.</p> <p>Through corrective action the facility implemented the Guidance on Cross-Gender and Transgender Pat Searches video as part of the training curriculum. Staff training records were provided, documenting completion of the training ((2/24/2023).</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.</p> <p><b>115.15 (d)</b> A toilet was digitally obscured as part of corrective action (9/13/2022).</p> <p><b>115.15 (f)</b> The facility implemented the Guidance on Cross-Gender and Transgender Pat Searches video as part of the training curriculum. Staff training records were provided, documenting completion of the training ((2/24/2023).</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

**The following evidence was analyzed in making the compliance determination:**

### **Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

### **Documents (Corrective Action):**

1. Description of established procedures for inmates with disabilities - 10/1/2022
2. Written materials provided in formats or through methods that ensure effective communication with inmates with disabilities including residents who: have limited reading skills, have intellectual disabilities, and who are blind or have low vision - 4/21/2023
3. Staff training on PREA-compliant practices for inmates with disabilities - 4/3/2023
4. Staff training on PREA-compliant practices for inmates with Limited English Proficiency - 4/3/2023
5. Contract/Access: Interpretation Services - 4/26/2023
6. Brochure: End the Silence (Spanish) - 4/10/2023
7. Poster: End the Silence (Spanish) - 4/12/2023

### **Interviews:**

1. Agency Head or Designee (Chief)
2. Random Sample of Staff
3. Inmates (with disabilities or who are limited English proficient) - none present

### **Site Review Observations:**

Observations during onsite review of facility

### **Findings (By Provision):**

#### **115.16 (a)**

PAQ: The agency has established procedures to provide disabled inmates 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.

Policy (page 8) The Department shall take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can

demonstrate would result in a fundamental alteration in a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The Chief stated the agency has established procedures to provide disabled inmates 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.

There were no inmates with disabilities or limited reading skills present during the onsite phase of the audit.

**PREA Site Review:**

The auditor did not observe materials available for disabled inmates or inmates with limited reading skills.

Through corrective action, the facility provided the procedures for how each of the following have an equal opportunity to participate in or benefit from all aspects of PREA (10/1/2022):

1. Inmates who are deaf or hard of hearing
2. Inmates who are blind or have low vision
3. Inmates who have intellectual disabilities
4. Inmates who have psychiatric disabilities
5. Inmates who have speech disabilities

Through corrective action, the facility formatted the pamphlet and poster in Braille (4/21/2023).

Through corrective action, Staff training on PREA-compliant practices for inmates with disabilities was completed and training records were provided as documentation (4/3/2023).

Through corrective action, the facility provided an interpreter for inmates who are deaf or hard of hearing (4/25/2023).

Through corrective action, the facility provided a Spanish interpreter (4/25/2023).

**115.16 (b)**

PAQ: The agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (page 9) The Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders with limited English proficiency, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.



There were no LEP inmates present during the onsite phase of the audit.

**PREA Site Review:**

The auditor did not observe PREA information, available in manners that accommodate non-English proficient inmates. The auditor was unable to test the facility's process for securing interpretation services, due to no services being identified by the facility.

Through corrective action, Staff training on PREA-compliant practices for inmates with limited English proficiency was completed and training records were provided as documentation (4/3/2023).

Through corrective action, the facility provided a Spanish interpreter (4/25/2023).

Through corrective action, the facility developed PREA posters and pamphlets in Spanish (4/10/2023).

**115.16 (c)**

PAQ: Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.364, or the investigation of the inmate's allegations. The agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.364, or the investigation of the inmate's allegations: 0

Policy (page 9) The Department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64/364, or the investigation of the offender's allegations. Offender interpreters shall not be used to provide the PREA education to offenders at intake to a facility.

Staff interviews confirmed the agency would not use inmate interpreters, inmate readers, or other types of inmate assistants. No staff interviewed had any knowledge of inmate interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Through corrective action, Staff training on PREA-compliant practices for inmates with limited English proficiency was completed and training records were provided as documentation (4/3/2023).

**Conclusion and Corrective Action:**

	<p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding inmates with disabilities and inmates who are limited English Proficient. Corrective action is complete.</p> <p><b>115.16 (a)</b></p> <p>The facility provided the procedures for how each of the following have an equal opportunity to participate in or benefit from all aspects of PREA (10/1/2022):</p> <ol style="list-style-type: none"> <li>1. Inmates who are deaf or hard of hearing</li> <li>2. Inmates who are blind or have low vision</li> <li>3. Inmates who have intellectual disabilities</li> <li>4. Inmates who have psychiatric disabilities</li> <li>5. Inmates who have speech disabilities</li> </ol> <p>The facility formatted the pamphlet and poster in Braille (4/21/2023).</p> <p>Staff training on PREA-compliant practices for inmates with disabilities was completed and training records were provided as documentation (4/3/2023).</p> <p>The facility provided an interpreter for inmates who are deaf or hard of hearing (4/25/2023).</p> <p>The facility provided a Spanish interpreter (4/25/2023).</p> <p><b>115.16 (b)</b></p> <p>Staff training on PREA-compliant practices for inmates with limited English proficiency was completed and training records were provided as documentation (4/3/2023).</p> <p>The facility provided a Spanish interpreter (4/25/2023).</p> <p>The facility developed PREA posters and pamphlets in Spanish (4/10/2023).</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Criminal Record Background Checks</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Questions about prior misconduct asked at hire, evaluations, and promotions - 4/5/2023</li> </ol>

2. Documented evidence of consideration of sexual harassment - 4/5/2023
3. Documented evidence of contacting all prior institutional employers - 1/28/2023
4. Documented evidence the facility conducts criminal background records checks at least every five years - 4/10/2023

**Interviews:**

1. Administrative (Human Resources) Staff

**Findings (By Provision):**

**115.17 (a)**

PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates, 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.

Policy (page 9) The Department shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who:

- a. 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).
- b. 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
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.

The HR staff interview revealed the facility did not previously ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

Through corrective action, the facility developed and implemented the Employment Appraisal Questionnaire with the three (3) questions regarding past misconduct. The facility provided examples to document the questions were asked and answered (4/5/2023).

**115.17 (b)**

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Policy (page 10) The Department 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 offenders.

The HR staff confirmed the department did not previously consider prior 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 the residents.

Through corrective action, the facility developed and implemented the Employment Appraisal Questionnaire, including consideration of any incidents of sexual harassment. The facility provided completed examples of the questionnaires (4/5/2023).

**115.17 (c)**

PAQ: Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, 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.

During the past 12 months:

The number of persons hired who may have contact with inmates who have had criminal background record checks: 1

Policy (page 10) Before hiring new employees, who may have contact with offenders, the Department shall:

- a. Perform a criminal background records check
- b. Consult any child abuse and sex offender registry maintained by the State or locality in which the employee would work; (Juvenile Facilities only) and,
- c. The Department shall make their best effort 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. The employment background check shall be documented on the PREA Questionnaire for Prior Institutional Employers form.

The HR staff stated the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the inmates and all employees, who may have contact with residents who are being considered for promotions.

Through corrective action, the facility provided records of background checks for new hires and staff interviewed for verification they are conducted in compliance with the standard provision (4/10/2023).

Through corrective action, the facility developed and implemented a reference check form to document contacting all prior institutional employers on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (1/28/2023).

**115.17 (d)**

PAQ: Agency policy requires that a criminal background records check be completed before enlisting the services of any contractor who may have contact with inmates.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 0

2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: N/A

Policy (page 10) The Department shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with offenders.

The HR staff stated the department would perform criminal background record checks and consider pertinent civil or administrative adjudications for all contractors who may have contact with the inmates and all contractors, who may have contact with residents who are being considered for promotions. The facility has no contracted staff.

**115.17 (e)**

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees.

Policy (page 10) The Department shall conduct criminal background records checks every four (4) years of current employees, contractors, and volunteers who may have contact with offenders.

The interview with the HR staff confirmed the department does not conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates.

Through corrective action, the facility provided current records of background checks for new hires and staff interviewed for verification they are conducted in compliance with the standard provision (4/10/2023).

**115.17 (f)**

Policy (page 10) The Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph 1 of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Human Resource staff shall ensure the Mandatory PREA Questions form is completed by the applicant prior to hire or promotion.

The HR staff interview revealed the facility did not previously ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current

employees.

Through corrective action, the facility developed and implemented the Employment Appraisal Questionnaire with the three (3) questions regarding past misconduct. The questionnaire is used for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees. The facility provided examples to document the questions were asked and answered (4/5/2023).

**115.17 (g)**

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy (page 10) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

**115.17 (h)**

Policy (page 10) Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Release of Information form shall be used to document the release of that information. This form must be signed by the former employee before the Department can provide the information.

The HR staff interview confirmed the department would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

**Conclusion and Corrective Actions:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

**115.17 (a and f)**

The facility developed and implemented the Employment Appraisal Questionnaire with the three (3) questions regarding past misconduct. The questionnaire is used for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees. The facility provided examples to document the questions were asked and answered (4/5/2023).

**115.17 (b)**

The facility developed and implemented the Employment Appraisal Questionnaire, including consideration of any incidents of sexual harassment. The facility provided completed examples of the questionnaires (4/5/2023).

**115.17 (c)**

(c) The facility developed and implemented a reference check form to document contacting all prior institutional employers on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (1/28/2023).

	<p><b>115.17 (e)</b>  The facility provided current records of background checks for new hires and staff interviewed for verification they are conducted in compliance with the standard provision (4/10/2023).</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Facility Schematics</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Chief)</li> <li>2. Superintendent or Designee (Captain)</li> </ol> <p><b>Site Review Observations:</b>  Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.18 (a)</b>  PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>Policy (page 11) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect offenders from sexual abuse.</p> <p>The Chief and Captain confirmed the facility would consider the ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p><b>115.18 (b)</b>  PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Policy (page 11) When installing or updating a video monitoring system, electronic</p>

	<p>surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect offenders from sexual abuse.</p> <p>The Chief and Captain confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. MOU: One Place Family Justice - 2/13/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Random Sample of Staff</li> <li>3. SAFEs/SANEs (Standing Together Against Rape (STAR))</li> <li>4. Inmates who Reported a Sexual Abuse - none identified</li> </ol> <p><b>Findings (By Provision):</b> <b>115.21 (a)</b> PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).  Criminal sexual abuse investigations are conducted by the Troy Police Department.  Policy (page 11) To the extent the Department is responsible for investigating allegations of sexual abuse; the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.  Staff interviews confirmed they are knowledgeable of the agency’s protocol for</p>



obtaining usable physical evidence if inmates alleges sexual abuse. They were also knowledgeable that the Troy Police Department is responsible for investigating allegations of sexual abuse

**115.21 (b)**

PAQ: The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

Policy (page 11) The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

If the alleged incident occurred within one hundred twenty (120) hours of the report, staff shall ensure that appropriate actions are taken to preserve as much evidence as possible (e.g., if the sexual conduct involves intercourse, the alleged victim shall be instructed not to shower or otherwise clean themselves, drink, use the toilet, brush their teeth, remove clothing, etc.). If the alleged perpetrator is known, staff shall require them to follow the same actions as with the alleged victim in order to preserve any possible evidence of any sexual abuse.

**115.21 (c)**

PAQ: The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

In the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANEs/SAFEs: 0

The number of exams performed by a qualified medical practitioner: 0

Policy (page 11) The Department shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Department shall document its efforts to provide SAFEs or SANEs.

Forensic medical examinations are conducted at One Place Family Justice - Standing Together Against Rape (STAR). The auditor contacted the One Place Family Justice Executive Director and was informed that SANE's are available to conduct forensic

medical examinations for victims of sexual abuse.

**115.21 (d)**

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy (page 12) The facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member.

Through corrective action, the facility secured an MOU with One Place Family Justice for victim advocacy services (2/13/2023).

The auditor contacted the One Place Family Justice Executive Director and was told that if requested by the facility, they would provide victim advocacy services to victims of sexual abuse. Services would be provided at no cost to the victim.

**115.21 (e)**

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Policy (page 12) The facility shall attempt to make available to the victim a community victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility shall provide these services with a qualified facility staff member.

The auditor contacted the One Place Family Justice Executive Director and was told that if requested by the facility, they would provide victim advocacy services to victims of sexual abuse. Services would be provided at no cost to the victim.

The PREA Coordinator confirmed if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

**115.21 (f)**

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The Troy Police Department is responsible for administrative or criminal investigations

	<p>of allegations of sexual abuse.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. Corrective action is complete.</p> <p><b>115.21 (d)</b> The facility secured an MOU with One Place Family Justice for victim advocacy services (2/13/2023).</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Website Publication: policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head or Designee (Chief)</li> <li>2. Investigative Staff</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.22 (a)</b></p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of allegations of sexual abuse and sexual harassment that were received: 0</li> <li>2. The number of allegations resulting in an administrative investigation: 0</li> <li>3. The number of allegations referred for criminal investigation: 0</li> </ol> <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>Policy (page 12) The Department shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The Chief confirmed the agency ensures that an administrative or criminal</p>

investigation is completed for all allegations of sexual abuse or sexual harassment.

**115.22 (b)**

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is not published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Policy (page 12) All allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment or are no longer under Department authority. Allegations of sexual abuse shall be investigated by the Departments Criminal Investigation Division. Allegations of sexual harassment shall be investigated by Chief Jailer and the PREA Compliance Manager to conduct administrative investigations. All investigations shall be documented in an investigation report.

Through corrective action, the agency published its policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation on its agency website, at Investigations Policy - Troy, AL (troyal.gov).

**115.22 (c)**

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The Troy Police Department is responsible for administrative or criminal investigations of allegations of sexual abuse.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. Corrective action is complete.

**115.22 (b)** The agency published its policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation on its agency website, at Investigations Policy - Troy, AL (troyal.gov).

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. Training Curriculum/PowerPoint - 4/21/2023
2. 2023 Staff Training Records - 4/21/2023

**Interviews:**

1. Random Sample of Staff

**Findings (By Provision):**

**115.31 (a)**

PAQ: The agency trains all employees who may have contact with inmates on the ten required topics.

Policy (pages 12-13) The Department shall train all employees who may have contact with offenders on:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- c. Offenders' right to be free from sexual abuse and sexual harassment
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in confinement
- f. The common reactions of sexual abuse and sexual harassment victims
- g. How to detect and respond to signs of threatened and actual sexual abuse
- h. How to avoid inappropriate relationships with offenders
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and,

Through corrective action, the facility developed and implemented a training curriculum that is inclusive of all 10 topics (4/21/2023).

**115.31 (b)**

PAQ: Training is tailored to the unique needs and attributes and gender of the inmates at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Policy (page 13) Training shall be tailored to the gender of the offenders at the employee's facility and the unique needs and attributes of juvenile offenders. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.

	<p><b>115.31 (c)</b>  PAQ: Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements: Annually</p> <p>Policy (page 13) All new employees shall complete the PREA training during the new employee training process and all current employees shall complete the PREA training annually as part of the in-service training requirement.</p> <p>Through corrective action, the facility trained staff and provided the training roster as documented evidence (4/21/2023).</p> <p><b>115.31 (d)</b>  PAQ: The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</p> <p>Policy (page 13) The Department shall document, through employee signature or electronic verification that employees understand the training they have received and shall be documented on the PREA Training Acknowledgement form.</p> <p>Through corrective action, the facility trained staff and provided the training roster as documented evidence (4/21/2023). Staff signed that they received the training.</p> <p><b>Conclusion and Corrective Action:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. Corrective action is complete.</p> <p><b>115.31 (a)</b> The facility developed and implemented a training curriculum that is inclusive of all 10 topics (4/21/2023).</p> <p><b>115.31 (d)</b> The facility trained staff and provided the training roster as documented evidence (4/21/2023).</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol>

**Interviews:**

Volunteers or Contractors who have Contact with Inmates

**Findings (By Provision):**

**115.32 (a)**

PAQ: All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The number of volunteers and contractors, who have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0

Policy (page 13) The Department shall ensure that all contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The facility does not use the services of contractors or volunteers.

**115.32 (b)**

PAQ: 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 inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy (page 14) The level and type of training provided to all contractors shall be based on the services they provide and level of contact they have with offenders, but all contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

**115.32 (c)**

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Policy (page 14) The Department shall maintain documentation confirming that contractors understand the training they have received. The training shall be documented on the PREA Training Acknowledgement form.

The facility does not use the services of contractors or volunteers.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Intake Records</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Description of established procedures for inmates with disabilities - 10/1/2022</li> <li>2. Written materials provided in formats or through methods that ensure effective communication with inmates with disabilities including residents who: have limited reading skills, have intellectual disabilities, and who are blind or have low vision - 4/21/2023</li> <li>3. Contract/Access: Interpretation Services - 4/26/2023</li> <li>4. Brochure: End the Silence (English and Spanish) - 4/10/2023</li> <li>5. Poster: Zero-Tolerance (English and Spanish) - 4/12/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Sample of Inmates</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.33 (a)</b></p> <p>PAQ: Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Of inmates admitted during the past 12 months, the number who were given this information at intake: unknown</p> <p>Policy (page 14) During the Intake process, offenders shall receive information explaining the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by being provided a copy of the Offender PREA Brochure.</p> <p>Inmates interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education at intake.</p> <p>The auditor reviewed the intake process and intake records for the past 12 months. The records indicate the inmates receive information on the zero-tolerance policy and</p>



know how to report. To improve the intake process, the facility has developed a brochure, that includes more in-depth information on the zero-tolerance policy and know how to report (4/10/2023).

**115.33 (b)**

PAQ: Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more:

1. The number who received such education within 30 days of intake: unknown
2. The percent who received such education within 30 days of intake:

Policy (page 14) All offenders housed in the Department shall receive as a part of the orientation to a facility an educational segment regarding sexual abuse and sexual harassment prevention. The offender shall be provided with verbal and written information regarding:

- The Department's zero tolerance of any sexual abuse and sexual harassment
- Offender rights to be free from sexual abuse and sexual harassment
- Offender rights to be free from retaliation for reporting sexual abuse and sexual harassment
- How to prevent sexual abuse
- Self-protection
- Reporting sexual abuse and sexual harassment and,
- Treatment and counseling available to offenders who are victims of sexual abuse.

As a part of the offender's orientation, the offender shall be given a brochure created by the Department advising the offender of the potential dangers of sexual abuse and sexual harassment and the Department's zero (0) tolerance for such behavior.

Additionally, staff at the facility shall supplement the information in the brochure by providing information specific to reporting sexual abuse and sexual harassment at the facility. This information shall also be included in the facility's orientation information given to the offender. Staff shall address any questions the offenders might ask regarding sexual abuse and sexual harassment.

Through corrective action, the newly implemented brochure advises inmates about zero-tolerance and how to report.

**115.33 (c)**

PAQ: All inmates were educated within 30 days of intake.

Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Policy (page 14) All offenders housed in the Department shall receive as a part of the orientation to a facility an educational segment regarding sexual abuse and sexual harassment prevention.

The Corrections Officer, interviewed as Intake Staff, stated all inmates are educated

on the agency's zero-tolerance policy on sexual abuse and sexual harassment. The information is provided verbally.

The auditor reviewed 12 PREA Training Acknowledgement Forms. The forms and inmate interviews indicated the information is provided at intake.

To improve the education process, the facility has developed a brochure, that includes more in-depth information on an inmate's right to be free from sexual abuse and sexual harassment, right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents (4/10/2023).

**115.33 (d)**

PAQ: Inmate PREA education is available in accessible formats for all inmates.

Policy (pages 14-15) The Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

The presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender needs accommodations by reviewing the offender's mental health, education, and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e., hearing or visual impairment, mental health or learning disabilities) shall be aided to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter.

The Chief stated the facility has established procedures to provide disabled inmates 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.

There were no inmates with disabilities, limited reading skills, or LEP inmates present during the onsite phase of the audit.

**PREA Site Review:**

The auditor did not observe materials available for disabled inmates or residents with limited reading skills. The auditor did not observe PREA information, available in manners that accommodate non-English proficient inmates. The auditor was unable to test the facility's process for securing interpretation services, due to no services being identified by the facility.

Through corrective action, the facility provided the procedures for how each of the following have an equal opportunity to participate in or benefit from all aspects of PREA (10/1/2022):

1. Inmates who are deaf or hard of hearing
2. Inmates who are blind or have low vision
3. Inmates who have intellectual disabilities
4. Inmates who have psychiatric disabilities

5. Inmates who have speech disabilities

Through corrective action, the facility formatted the pamphlet and poster in Braille (4/21/2023).

Through corrective action, the facility developed PREA posters and pamphlets in Spanish (4/10/2023).

Through corrective action, the facility provided an interpreter for inmates who are deaf or hard of hearing (4/25/2023).

Through corrective action, the facility provided a Spanish interpreter (4/25/2023).

**115.33 (e)**

PAQ: The agency maintains documentation of inmates participation in PREA education sessions.

Policy (page15) The Department shall maintain documentation of offender participation in these education sessions.

Additionally, it shall be noted in each offender's record that the offender received the brochure and was made aware of all appropriate information regarding the Department's Zero Tolerance for all sexual abuse and sexual harassment, including how to report it and how to obtain treatment if they become a victim. The offender shall sign an acknowledgement form indicating that this information was provided and understood. The acknowledgement form shall be filed in the offender's facility packet.

The auditor observed inmates sign and initial they have received education.

**115.33 (f)**

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmates handbooks, or other written formats.

Policy (page15) In addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

The auditor observed posters (English) posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment, as well as an external hotline phone number. As part of corrective action the facility developed a "End the Silence" brochure.

Through corrective action, the facility developed a "End the Silence" brochure (English and Spanish) and the "Zero-Tolerance" poster (English and Spanish) (4/10/2023).

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has

	<p>determined the facility is fully compliant with this standard regarding inmate education. Corrective action is complete.</p> <p><b>115.33 (d)</b></p> <p>The facility provided the procedures for how each of the following have an equal opportunity to participate in or benefit from all aspects of PREA (10/1/2022):</p> <ol style="list-style-type: none"> <li>1. Inmates who are deaf or hard of hearing</li> <li>2. Inmates who are blind or have low vision</li> <li>3. Inmates who have intellectual disabilities</li> <li>4. Inmates who have psychiatric disabilities</li> <li>5. Inmates who have speech disabilities</li> </ol> <p>The facility must provide information on steps taken to ensure effective communication with:</p> <ol style="list-style-type: none"> <li>1. Inmates who are deaf or hard of hearing</li> <li>2. Inmates who are limited English Proficient</li> </ol> <p>The facility developed a “End the Silence” brochure (English and Spanish) (4/10/2023).</p> <p>The facility developed a “Zero-Tolerance” poster (English and Spanish) (4/12/2023).</p> <p>The facility formatted the pamphlet and poster in Braille (4/21/2023).</p> <p>The facility provided an interpreter for inmates who are deaf or hard of hearing (4/25/2023).</p> <p>The facility provided a Spanish interpreter (4/25/2023).</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. TSTJDF Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Investigator receipt of training topics required by standard 115.331 - 3/8/2023</li> <li>2. Investigator receipt of specialized training topics required by standard 115.334 - 3/8/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol>

**Findings (By Provision):**

**115.34 (a)**

PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Policy (page 15) In addition to the general training provided to all employees pursuant to 115.31/331, the Department shall ensure that all investigators have received training in conducting sexual abuse investigations in confinement settings.

The investigative staff stated he had not received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he had not received the specialized topics required by the standard provision.

Through corrective action, the training was completed, and training records and certificates were provided as documentation (3/8/2023).

**115.34 (b)**

Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy (page 15) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

**115.34 (c)**

PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 0

Policy (page 15) The Department shall maintain documentation that Department investigators have completed the required specialized training in conducting sexual abuse investigations.

Through corrective action, the training was completed, and training records and certificates were provided as documentation (3/8/2023).

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. Corrective action is complete.

**115.34 (a-c)** Training was completed, and training records and certificates were provided as documentation (3/8/2023).

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Medical Staff and Mental Health Staff

**Findings (By Provision):**

**115.35 (a)**

N/A - The facility does not have medical or mental health staff who work regularly at the facility.

Policy (pages 15-16) The Department shall ensure that all full and part-time medical and mental health care practitioners who work regularly in facilities have been trained in:

- a. How to detect and assess signs of sexual abuse and sexual harassment
- b. How to preserve physical evidence of sexual abuse
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and,
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**115.35 (b)**

PAQ: The jail does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

**115.35 (c)**

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Policy (page 16) The Department shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the Department or elsewhere.

**115.35 (d)**

Policy (page 16) Medical and Mental Health care practitioners shall also receive the training mandated for employees under 115.31/331 or for contractors under 115.32/332, depending upon the practitioner's status at the Department.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Objective Screening Instrument - 1/22/2023</li> <li>2. Documented Institutionalization of Screening Instrument - 4/21/2023</li> <li>3. 30 Day Reassessments - 4/21/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Staff Responsible for Risk Screening</li> <li>3. Random Sample of Inmates</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.41 (a)</b></p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.</p> <p>Policy (page 16) All offenders shall be assessed during an Intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.</p> <p>The Staff Responsible for Risk Screening confirmed they screen inmates upon admission to the facility or transfer from another facility using a medical screen. There is no objective screening instrument used.</p> <p>Ten inmates were interviewed with the inmate interview protocol. They all confirmed they were not asked the screening questions required by the standard.</p> <p>Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). The auditor reviewed 7 examples from February - April of 2023.</p> <p><b>115.41 (b)</b></p> <p>PAQ: The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.</p>

In the past 12 months:

1. The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 0

2. The percent of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 0%

Policy (page 16) Intake screening shall ordinarily take place within seventy-two (72) hours of arrival at the facility.

Within twenty-four (24) hours of an offender's admission to a Department Intake unit, staff shall assess an offender through interviews and reviews of the offender's record to attempt to determine whether the offender may be a potential sexual aggressor or a potential sexual abuse victim. Within seventy-two (72) hours of arrival at a facility, Intake staff shall ensure a new Adult SVAT is completed based on information from the interview with the offender and the offender's record. The Adult SVAT Questionnaire shall be used to conduct the offender interview.

The Staff Responsible for Risk Screening confirmed they screen inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

Ten inmates were interviewed with the inmate interview protocol. They all stated they were screened with the medical screen during intake.

The auditor reviewed examples of mental health screens for inmates interviewed, and additional documentation for the 12-month audit period. Twenty-two mental health screens were reviewed. All were completed on the first day of intake.

PREA Site Review: Staff Responsible for Risk Screening reviewed the screening instrument and intake process. Inmate files and risk screens are maintained in intake and electronically. Initial screening takes place within 72 hours of arrival at the facility. Information received during risk screening did not access risk level.

Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). The auditor reviewed 7 examples from February - April of 2023. All 7 examples were completed within 72 hours of intake.

**115.41 (c)**

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed the facility did not have an objective screening instrument. Through corrective action, the facility developed and implemented an objective screening instrument (1/22/2023). The auditor observed the instrument indicates risk level.



**115.41 (d)**

Policy (pages 16-17) The Intake screening shall consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

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

The auditor reviewed the medical screen and found it not to be inclusive of the required criteria.

Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). The auditor observed all criteria are included.

**115.41 (e)**

Policy states the screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

Policy (page 17) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in assessing offenders for risk of being sexually abusive.

The auditor observed the medical screen does not consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). The auditor observed the risk screen considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse

**115.41 (f)**

PAQ: The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

In the past 12 months:

1. The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive

within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 0

2. The percent of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 0%

Policy (page 17) Within a set time period, not to exceed thirty (30) days from the offender's arrival at the facility, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Interviews with the Staff Responsible for Risk Screening, inmates, and document review confirmed the reassessments have not occurred.

Through corrective action, the facility developed and implemented risk reassessments (4/21/2023). The auditor reviewed two 30-day reassessments.

**115.41 (g)**

Policy (page 17) An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Any incident of sexual abuse or sexual harassment shall trigger a review of the alleged victim and alleged perpetrator Adult SVAT, unless the incident is unfounded.

Interviews with the Staff Responsible for Risk Screening, inmates, and document review confirmed the reassessments have not occurred.

Through corrective action, the facility developed and implemented risk reassessments (4/21/2023). The auditor observed the reassessments would occur after an incident of sexual abuse, or receipt of additional information.

**115.41 (h)**

PAQ: The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to questions regarding:

- Whether or not the inmate has a mental, physical, or developmental disability;
- Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the inmate has previously experienced sexual victimization; and
- The inmate's own perception of vulnerability.

Policy (page 17) Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section.

The interview with the Staff Responsible for Risk Screening confirmed inmates may refuse to answer without being disciplined.

**115.41 (i)**

Policy states all information concerning an event of inmate sexual abuse or sexual

harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except as specified by the Wayne County Sheriff's Office policy. This information should never be shared with other inmates.

Policy (page 17) The Department shall implement 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 offender's detriment by staff or other offenders. The results of this assessment shall be considered confidential and filed in the offender's facility packet in the confidential section.

The PREA Coordinator and Staff Responsible for Risk Screening stated the agency has outlined who can have access to an inmates' risk assessment within the facility, to protect sensitive information from exploitation. They stated officers keep information confidential and the risk screen information is maintained electronically.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

**115.41 (d & e)**

The facility developed and implemented a fully inclusive screening instrument (1/22/2023).

**115.14 (f & g)**

The facility developed and implemented risk reassessments (4/21/2023).

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Documented use of risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive - 1/22/2023</li> <li>2. Documented use of information from the risk screening to make individualized</li> </ol>

determinations about how to ensure the safety of each inmate - 1/22/2023

**Interviews:**

1. PREA Coordinator
2. Staff Responsible for Risk Screening
3. Transgendered/Intersex/Gay/Lesbian/Bisexual Inmates - none

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.42 (a)**

PAQ: The agency/facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy (page 19) The Department shall use information from the risk screening required by 115.41/341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PREA Coordinator/Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). The risk screen indicates risk level. The risk level is used to determine cell assignment. Due to the size and layout of the jail, inmates have limited access to other areas for work, education, and programming.

**115.42 (b)**

PAQ: The agency/facility makes individualized determinations about how to ensure the safety of each inmate.

Policy (page 19) The Department shall make individualized determinations about how to ensure the safety of each offender.

Through corrective action, the facility developed and implemented a fully inclusive risk screen (1/22/2023). Individualized determinations are based on the risk level.

**115.42 (c)**

PAQ: The agency or facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

Policy (page 19) In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement

would present management or security problems.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex inmates are made on a case-by-case basis whether a placement would ensure the inmates' health and safety, and whether the placement would present management or security problems.

No inmates identified as transgender or intersex during the onsite phase of the audit.

**115.42 (d)**

PAQ: Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Policy (page 19) Placement and programming assignments for each transgender or intersex offender shall be reassessed twice each year to review any threats to safety experienced by the offender.

The PREA Coordinator/Staff Responsible for Risk Screening stated placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the inmate.

**115.342 (e)**

PAQ: A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Policy (page 19) A transgender or intersex offender's own view with respect to their own safety shall be given serious consideration.

The PREA Coordinator/Staff Responsible for Risk Screening confirmed transgender or intersex inmates' views of their safety are given serious consideration in placement and programming assignments.

**115.42 (f)**

Policy (page 19) Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

The PREA Coordinator stated transgender and intersex inmates are given the opportunity to shower separately from other inmates. She elaborated that all inmates shower individually in one-person showers.

No inmates identified as transgender or intersex during the onsite phase of the audit.

**PREA Site Review:** The auditor observed all inmates shower individually behind the privacy of a shower curtain.

**115.42 (g)**

Policy (page 19) Lesbian, gay, bisexual, transgender, or intersex offenders shall not be placed housing, bed, or other assignments solely on the basis of such identification or status, nor shall the Department consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being

	<p>sexually abusive.</p> <p>The PREA Coordinator confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex inmates.</p> <p>No inmates identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. Corrective action is complete.</p> <p><b>115.42 (a)</b> The facility developed and implemented a fully inclusive risk screen (1/22/2023). The risk screen indicates risk level. The risk level is used to determine cell assignment. Due to the size and layout of the jail, inmates have limited access to other areas for work, education, and programming.</p> <p><b>115.42 (b)</b> The facility developed and implemented a fully inclusive risk screen (1/22/2023). Individualized determinations are based on the risk level.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> <li>2. PREA Coordinator</li> <li>3. Staff Responsible for Risk Screening</li> <li>4. Staff who Supervise Inmates in Segregated Housing</li> <li>5. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - none</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b> <b>115.43 (a)</b> PAQ: The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all</p>

available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

Policy (page 20) Offenders at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary protective custody for less than twenty-four (24) hours while completing the assessment.

The Captain confirmed agency policy prohibit placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

**115.43 (b)**

Policy (page 20) Offenders placed in protective custody for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- a. The opportunities that have been limited;
- b. The duration of the limitation; and,
- c. The reasons for such limitations.

No inmates were in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite phase of the audit.

**115.43 (c)**

PAQ: In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

Policy (page 20) The facility shall assign such offenders to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The Captain confirmed inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged.

Staff Who Supervise Inmates in Segregated Housing confirmed inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged.

No inmates were in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite phase of the audit.

**115.43 (d)**

PAQ: From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the inmate's safety; and
2. The reason or reasons why alternative means of separation could not be arranged:  
N/A

Policy (page 20) If an involuntary protective custody assignment is made pursuant to paragraph 1 of this section, the facility shall clearly document:

- a. The basis for the facility's concern for the offender's safety; and,
- b. The reason why no alternative means of separation can be arranged.

**115.43 (e)**

Policy (page 20) Every thirty (30) days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.

Staff Who Supervise Inmates In Segregated Housing confirmed once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed.

No inmates were in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite phase of the audit.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding protective custody. No corrective action is required.

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"><li>1. Troy Police Department PREA Policy (11/4/2022)</li><li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li></ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"><li>1. Brochure: End the Silence (English and Spanish) - 4/10/2023</li><li>2. Poster: Zero-Tolerance (English and Spanish) - 4/12/2023</li><li>3. Clarification: Consular Information for Residents Detained for Civil Immigration - 2/</li></ol>



13/2023

**Interviews:**

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Inmates
4. Inmates who Reported a Sexual Abuse (none)

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.51 (a)**

PAQ: The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

1. Sexual abuse or sexual harassment;
2. Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment;
3. Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy (page 21) The Department shall provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offender shall be able to make reports via an internal hotline on the offender phone system, verbal or written reports to any staff, filing a grievance, or having a third party make the report on their behalf. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations.

Staff shall ensure that offenders are aware of the way reports can be made. Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number, or writing a grievance.

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance or letter.

The auditor observed reporting information is available on posters located throughout the facility. Through corrective action, the newly developed poster and brochure includes more in-depth information on reporting methods (4/12/2023). Methods include:

- Reporting to any staff, volunteer, contractor, or medical or mental health staff
- Submitting a grievance or sick call slip.
- Reporting to the PREA Coordinator or PEEA Compliance Manager
- Reporting to a family member, friend, legal counsel or anyone else outside of the

facility.

**115.51 (b)**

PAQ: The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy (page 21) The Department shall also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the Department, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to Department officials, allowing the offender to remain anonymous upon request.

The PREA Coordinator identified the Alabama Department of Youth Services Hotline as a way inmates can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and transmission of inmate reports of sexual abuse or sexual harassment to agency officials and allows the inmate to remain anonymous upon request.

Through corrective action the newly developed poster and brochure includes external reporting information to One Place Family Justice Standing Together Against Rape (STAR), at 334-213-1227 or 888-908-7273. This external reporting method will replace the Alabama Department of Youth Services Hotline as a way inmates can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. One Place Family Justice allows the inmate to remain anonymous upon request.

The facility clarified persons would not be detained solely for civil immigration purposes (4/12/2023).

**115.51 (c)**

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

Policy (page 21) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

Staff interviewed confirmed verbal reports would be documented immediately.

Inmates interviewed confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else (for example, a friend or relative) can make the report for them so that they do not have to be named.

**115.51 (d)**

	<p>PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are informed of these procedures in the following ways: Unknown</p> <p>Staff interviews revealed they would privately report sexual abuse and sexual harassment of inmates by meeting privately with the Captain or calling the hotline.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding inmate reporting. Corrective action is complete.</p> <p><b>115.51 (b)</b> The facility clarified persons would not be detained solely for civil immigration purposes (4/12/2023).</p> <p>The newly developed poster and brochure includes more in-depth information on reporting methods (4/12/2023). Methods include:</p> <ul style="list-style-type: none"> <li>• Reporting to any staff, volunteer, contractor, or medical or mental health staff</li> <li>• Submitting a grievance or sick call slip.</li> <li>• Reporting to the PREA Coordinator or PEEA Compliance Manager</li> <li>• Reporting to a family member, friend, legal counsel or anyone else outside of the facility.</li> </ul> <p>The newly developed poster and brochure includes external reporting information to One Place Family Justice Standing Together Against Rape (STAR), at 334-213-1227 or 888-908-7273.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Brochure: End the Silence - (11/4/2022)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Inmates who Reported a Sexual Abuse - none</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p>

**Findings (By Provision):**

**115.52 (a)**

PAQ: The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

**115.52 (b)**

PAQ: Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy (pages 21-22) The Department shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The Department shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

The auditor reviewed the newly developed brochure and verified relevant information is provided.

**115.52 (c)**

PAQ: The agency's policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy (page 22) The Department shall ensure that:

- a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and,
- b. Such grievance is not referred to a staff member who is the subject of the complaint.

The auditor reviewed the newly developed brochure and verified relevant information is provided.

**115.52 (d)**

PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months:

- 1. The number of grievances that were filed that alleged sexual abuse: 0
- 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Policy (page 22) The Department shall issue a final decision on the merits of any

portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal.

The Department may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the offender 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 offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

**115.52 (e)**

PAQ: Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

The number of the grievances alleging sexual abuse filed by inmates in the past 12 months in which the resident declined third-party assistance, containing documentation of the inmates' decision to decline: 0

Policy (pages 22-23) Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of offenders.

If a third party, other than a parent or legal guardian, files such a request on behalf of an offender, 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 offender declines to have the request processed on their behalf, the Department shall document the offender's decision.

**115.52 (f)**

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five

	<p>days.</p> <p>The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0</p> <p>Policy (page 23) The Department shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse.</p> <p>After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department 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 forty-eight (48) hours, and shall issue a final Department decision within five (5) calendar days. The initial response and final Department decision shall document the Department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p><b>115.52 (g)</b> PAQ: The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.</p> <p>In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0</p> <p>Policy (page 23) The Department may discipline an offender for filing a grievance related to alleged sexual abuse only where the Department demonstrates that the offender filed the grievance in bad faith.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> </ol>

2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. PREA Poster and Pamphlet - 4/12/2023
2. One Place family Justice poster - 4/12/2023
3. MOU with One Place Family Justice Standing Together Against Rape (STAR) - 2/13/2023

**Interviews:**

1. Superintendent of Designee
2. PREA Coordinator
3. Random Sample of Inmates
4. Inmates who Reported a Sexual Abuse

**Findings (By Provision):**

**115.53 (a)**

PAQ: The facility provides inmates access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible.

Policy (page 23) The facility shall provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

**PREA Site Review:** The auditor tested the telephone system. Calls to STAR would have to be made upon request. Information needs to provide a mailing address and telephone number for STAR.

Through corrective action, the facility developed a poster for outside support services. The One Place Family Justice poster includes a mailing address and telephone number for STAR (4/12/2023). The poster and pamphlet include a telephone number for STAR. The information includes an explanation of the services provided (4/12/2023).

The facility clarified persons would not be detained solely for civil immigration purposes (4/12/2023).

**115.53 (b)**

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs 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, including any

limits to confidentiality under relevant Federal, State, or local law.

Policy (page 23) The facility shall inform offenders, 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.

Through corrective action, the facility developed a poster for outside support services. The poster informs inmates they will be able to have confidential communication with STAR and calls will not be monitored (4/12/2023). Additionally, the poster informs inmates about mandatory reporting laws with regards to STAR victim advocates (4/12/2023).

**115.53 (c)**

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Policy (page 23) The Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The Department shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

A MOU to provide residents with emotional support services related to sexual abuse with One Place Family Justice was required. The auditor contacted One Place Family Justice and confirmed victim advocacy is available to the residents at the facility.

Through corrective action, the facility secured an MOU with One Place Family Justice Standing Together Against Rape (STAR) for victim advocacy services (2/13/2023).

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding inmate access to outside confidential support services and legal representation. Corrective action is complete.

**115.53 (a)**

The poster and pamphlet include a telephone number for Standing Together against Rape (STAR). The information includes an explanation of the services provided (4/12/2023).

The facility clarified persons would not be detained solely for civil immigration purposes (4/12/2023).

**115.53 (b)**

The One Place Family Justice poster includes a mailing address and telephone number for STAR. The poster informs inmates they will be able to have confidential communication with STAR and calls will not be monitored (4/12/2023).



	<p>The One Place family Justice poster informs inmates about mandatory reporting laws with regards to STAR victim advocates (4/12/2023).</p> <p><b>115.53 (c)</b> The facility secured an MOU with One Place Family Justice Standing Together Against Rape (STAR) for victim advocacy services (2/13/2023).</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Actions):</b></p> <ol style="list-style-type: none"> <li>1. Updated website with third-party reporting information - 4/10/2023</li> <li>2. Poster and pamphlet with third-party reporting information - 4/12/2023</li> </ol> <p><b>§115.354</b> PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Policy (page 24) The Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender.</p> <p>Third party reports by family, friends, and other members of the public can be made electronically by submitting an email to <a href="mailto:police@pd.troyal.gov">police@pd.troyal.gov</a> or telephoning 334-566-5555. This contact information shall be posted in visiting rooms, published in offender and visitor brochures, and on the Department’s website.</p> <p>The auditor observed the third-party reporting form is available on the agency’s website. The form contained inaccurate and out-of-date information. Posters did not include third-party reporting information.</p> <p>Through corrective action, the website was updated to indicate reports of sexual abuse can be made to the Troy Police Department, at 334-566-0500. Additionally, the PREA poster and brochure were updated to include third party reporting information and contact numbers for Standing Together against Rape (STAR), at 334-213-1227 or 888-908-7273.</p> <p><b>Conclusion and Corrective Action:</b></p>

	Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. Corrective action is complete.
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115.61	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> <li>2. PREA Coordinator</li> <li>3. Random Sample of Staff</li> <li>4. Medical and Mental Health Staff - N/A</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.61 (a)</b></p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> <li>1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</li> <li>2. Any retaliation against inmates or staff who reported such an incident.</li> <li>3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</li> </ol> <p>Policy (page 24) The Department shall require all staff to report immediately and according to Department policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the Department; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive 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 inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

**115.61 (b)**

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy (page 24) 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 Department policy, to make treatment, investigation, and other security and management decisions.

Staff interviewed were knowledgeable that policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

**115.61 (c)**

Policy (page 24) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph 1 of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The agency has no medical or mental health staff.

**115.61 (d)**

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The Captain/PREA Coordinator stated the jail does not accept persons under the age of 18.

**115.61 (e)**

Policy (page 25) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Sexual abuse allegations shall be referred to Investigations and Intelligence investigators. Sexual harassment allegations shall be referred to staff designated to conduct administrative investigations.

The Captain confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the Troy Police Department Investigator.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

<b>115.62</b>	<b>Agency protection duties</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1267 412"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="256 427 448 461"><b>Documents:</b></p> <ol data-bbox="256 468 970 539" style="list-style-type: none"> <li data-bbox="256 468 970 501">1. Troy Police Department PREA Policy (11/4/2022)</li> <li data-bbox="256 508 900 539">2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="256 580 437 613"><b>Interviews:</b></p> <ol data-bbox="256 620 727 741" style="list-style-type: none"> <li data-bbox="256 620 727 654">1. Agency Head Designee (Chief)</li> <li data-bbox="256 660 719 694">2. Warden or Designee (Captain)</li> <li data-bbox="256 701 639 734">3. Random Sample of Staff</li> </ol> <p data-bbox="256 779 405 813"><b>Findings:</b></p> <p data-bbox="256 819 1469 976">PAQ: When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="256 1016 1474 1095">In the past 12 months: The number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0</p> <p data-bbox="256 1133 1485 1290">Policy (page 25) When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the offender. This may include placing the offender in Protective Custody, Administrative Restrictive Status housing, Isolation, or any other appropriate action.</p> <p data-bbox="256 1330 1481 1487">The Chief and Captain confirmed immediate actions will be taken to protect an inmate who is subject to a substantial risk of imminent sexual abuse. The Chief stated protective measures would include placement in an individual cell for safety. The Captain stated protective measures would include separation from potential harm.</p> <p data-bbox="256 1527 1430 1606">Staff interviews revealed staff would take immediate protective actions, such as providing separation, to protect inmates who are at risk of imminent sexual abuse.</p> <p data-bbox="256 1644 443 1677"><b>Conclusion:</b></p> <p data-bbox="256 1684 1366 1805">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="256 2007 959 2040"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 2085 544 2119"><b>Auditor Discussion</b></p>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Reporting to Other Confinement Facilities Form
3. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head Designee (Chief)
2. Warden or Designee (Captain)

**Findings (By Provision):**

**115.63 (a)**

PAQ: The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0

Policy (page 25) Upon receiving an allegation that an offender was sexually abused while confined at another facility, the PREA Compliance Manager shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

**115.63 (b)**

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Policy (page 25) Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

**115.63 (c)**

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Policy (page 25) The Department shall document that it has provided such notification.

**115.63 (d)**

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

The Chief confirmed when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the Captain with the Troy Police Department would be contacted, and the investigation would begin. The Captain confirmed when the facility receives an

	<p>allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the allegation is referred for investigation.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Staff First Responder Training - 4/3/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Staff First Responders</li> <li>2. Random Sample of Staff</li> <li>3. Inmates who Reported a Sexual Abuse - none present</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.64 (a)</b></p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse.</p> <ol style="list-style-type: none"> <li>1. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.</li> <li>2. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> <li>3. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> <li>4. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</li> </ol>

In the past 12 months, the number of allegations that a inmates was sexually abused:  
0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
5. The number of times the first security staff member to respond to the report ensured 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: 0

Policy (page 26) Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a one hundred twenty (120) hour time frame, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and,
- d. If the abuse occurred within a one hundred-twenty (120) hour time frame, 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.

Interviews with staff revealed they are not knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Through corrective action, the facility provided first responder refresher training (4/3/2023).

**115.64 (b)**

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

	<p>Policy (page 26) First Responders are to ensure that the victim is removed from the area and receives prompt medical intervention. They must ensure that the location of assault and any evidence collected, in coordination with the Investigations and Detective, is preserved and that the evidence chain of custody is handled properly if the scene cannot remain secured due to facility safety concerns. They will also arrange for the removal of any suspected perpetrator.</p> <p>Interviews with staff revealed they are not knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Through corrective action, the facility provided first responder refresher training (4/3/2023).</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.</p> <p><b>115.64 (a-b)</b> The facility provided first responder refresher training (4/3/2023).</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Written Institutional Plan</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Sexual Assault Allegation Procedures (Coordinated Response Plan) - 4/11/2023</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Captain)</li> </ol> <p><b>Findings:</b> PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The auditor reviewed the Written Institutional Plan and found it to be a summary of the PREA standards, rather than a plan that is inclusive of the actions that would be taken if there were to be an incident of sexual abuse. Through corrective action, the</p>



	<p>facility developed the Sexual Assault Allegation Procedures to coordinate actions taken in response to an incident of sexual abuse (4/11/2023).</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. Corrective action is complete.</p> <p>The facility developed the Sexual Assault Allegation Procedures to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigator, and facility leadership (4/11/2023).</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Chief)</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.66 (a)</b> PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Chief confirmed Troy City Jail has not entered into or renewed any collective bargaining agreements.</p> <p><b>115.66 (b)</b> PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Chief confirmed Troy City Jail has not entered into or renewed any collective bargaining agreements.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation</p>

	of ability to protect inmates from contact with abusers. No corrective action is required.
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Protections Against Retaliation Form</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head Designee (Chief)</li> <li>2. Warden or Designee (Captain)</li> <li>3. Designated Staff Member Charged with Monitoring Retaliation</li> <li>4. Inmates who Reported a Sexual Abuse - none present</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.67 (a)</b></p> <p>PAQ: The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>The name(s) of the staff member(s): Danny Barron</p> <p>The title(s) of the staff member(s): Captain</p> <p>Policy (page 28) The Department shall establish a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The Warden shall designate which staff members or departments are charged with monitoring retaliation.</p> <p><b>115.67 (b)</b></p> <p>Policy (page 28) The facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The interview with the Chief confirmed the agency protects inmates and staff from</p>

retaliation for sexual abuse or sexual harassment allegations through separation. Staff would be placed on administrative leave.

The Captain would monitor for potential retaliation. Housing changes could be made. Measures to protect inmates and staff from retaliation would include separation from potential harm. He would initiate contact with inmates who have reported sexual abuse.

**115.67 (c)**

PAQ: The agency and/or facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

Policy (page 28) For at least ninety (90) days following a report of sexual abuse, the PREA Compliance Manager or designated will monitor for retaliation shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff and shall act promptly to remedy any such retaliation. PREA Compliance Manager should monitor include any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Compliance Manager shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

The Captain stated he would separate individuals when he suspects retaliation. Things he looks for to detect possible retaliation includes threatening behavior. He would monitor inmate disciplinary reports, housing and program changes, and negative performance reviews or reassignments of staff. He stated he would monitor the conduct and treatment of inmates and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days, but longer if monitoring indicates a continued need.

**115.67 (d)**

Policy (page 28) In the case of offenders, such monitoring shall also include periodic status checks. Meetings shall occur with offenders once every 30 days. Staff monitoring shall consist of one meeting to inform the staff to report retaliation during the 90 days to the designated monitoring staff.

The Captain stated he would be charged with conducting periodic status checks.

	<p>The auditor observed the Protections Against Retaliation Form would be used to document status checks.</p> <p><b>115.67 (e)</b>  Policy (page 28) If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation. This may require the initiation of an investigation of the retaliation.</p> <p>The Captain stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes separation.</p> <p><b>115.67 (f)</b>  Policy (page 28) A facility’s obligation to monitor shall terminate if the investigation determines that the allegation is unfounded.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> <li>2. Staff Who Supervise Inmates in Segregated Housing</li> </ol> <p><b>Findings:</b></p> <p>PAQ: The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0</p>

	<p>In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0</p> <p>From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH:</p> <ul style="list-style-type: none"> <li>• A statement of the basis for facility’s concern for the inmate’s safety; and</li> <li>• The reason or reasons why alternative means of separation could not be arranged:</li> </ul> <p>N/A</p> <p>If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Policy (page 28) Any use of restrictive status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43 for adult facilities and 115.342 for Juvenile Facilities.</p> <p>The Captain confirmed the facility has not used segregated housing in this manner. He stated residents would only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all inmates safe can be arranged.</p> <p>The Chief Jailer confirmed when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they still have access to programs, privileges, education, and work opportunities (to the extent possible). If the facility restricts access to programs, privileges, education, or work opportunities, the facility documents opportunities that have been limited, the duration of the limitations, and the reasons for such limitations. Inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Once an inmate is assigned to involuntary segregated housing, the facility reviews the inmate's circumstances every 30 days to determine if continued placement in involuntary segregated housing is needed. She stated there has not been any involuntary segregated housing within the past 12 months.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. Investigator receipt of training topics required by standard 115.331 - 3/8/2023
2. Investigator receipt of specialized training topics required by standard 115.334 - 3/8/2023

**Interviews:**

1. Warden or Designee (Captain)
2. PREA Coordinator
3. Investigative Staff
4. Inmates who Reported a Sexual Abuse - none

**Findings (by provision):**

**115.71 (a)**

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Policy (page 28) The Department shall conduct its own investigations into allegations of sexual abuse and sexual harassment. Investigations shall be prompt, thorough, and objective for all allegations, including third-party and anonymous reports.

The Investigator confirmed an investigation following an allegation of sexual abuse or sexual harassment is instigated upon an allegation being made. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.

**115.71 (b)**

Policy (page 28) Where sexual abuse is alleged, the Department shall use investigators who have received special training in sexual abuse investigations pursuant to 115.34/343.

The investigative staff stated he had not received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He stated he had not received the specialized topics required by the standard provision.

Through corrective action, the training was completed, and training records and certificates were provided as documentation (3/8/2023).

**115.71 (c)**

Policy (pages 28-29) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The investigative staff confirmed the first steps in initiating an investigation are getting statements, reviewing video, and reviewing physical evidence. Direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse would include physical & DNA evidence, electronic monitoring data, interviews, and/or prior complaints & reports of sexual abuse.

There were no investigation reports.

**115.71 (d)**

Policy (page 29) When the quality of evidence appears to support criminal prosecution, the Department Investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The investigative staff confirmed if he were to discover evidence that a prosecutable crime may have taken place, he would consult with local law enforcement before conducting compelled interviews.

**115.71 (e)**

Policy (page 29) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The Department shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The investigative staff stated he judges the credibility of an alleged victim, suspect, or witness based on the evidence. He confirmed that an inmate who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

**115.71 (f)**

Policy (page 29) Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The investigative staff stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include considering a potential crime. He confirmed administrative investigations are documented. Reports would include all findings, statements, jail logs and a synopsis of the findings.

**115.71 (g)**

Policy (page 29) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The investigative staff stated criminal investigations documented. Reports would

include all findings, statements, jail logs and a synopsis of the findings.

**115.71 (h)**

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

Policy (page 29) Substantiated allegations of conduct that appears to be a violation of Alabama criminal code shall be referred for prosecution.

The investigative staff stated he would refer cases for prosecution when there are substantiated allegations of conduct that appear to be criminal.

**115.71 (i)**

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy (page 29) The Department shall retain all written reports referenced in paragraphs 6 and 7 of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years.

There were no investigation reports.

**115.71 (j)**

Policy (page 29) The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

The investigative staff stated an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. Local law enforcement would be the investigating entity. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation he would continue to fully investigate.

**115.71 (l)**

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Captain/PREA Coordinator stated if an outside agency investigates allegations of sexual abuse, the agency remains informed of the progress of a sexual abuse investigation by remaining in contact.

The investigative staff stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. He stated the role he plays when an outside agency investigates an incident of sexual



	<p>abuse in the facility includes providing information as needed.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. Corrective action is complete.</p> <p><b>115.71 (b)</b> The training was completed, and training records and certificates were provided as documentation (3/8/2023).</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Investigative Staff</li> </ol> <p><b>Findings:</b></p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy (page 30) The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the investigator confirmed this policy.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Notification of Investigative Outcome Form
3. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Warden or Designee (Captain)
2. Investigative Staff
3. Inmates who Reported a Sexual Abuse - none

**Findings (by provision):**

**115.73 (a)**

PAQ: The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged inmates sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 0

Policy (page 30) Following an investigation into an offender's allegation that he or she suffered sexual abuse in a Department facility, the facility PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The auditor reviewed the Notification of Investigative Outcome Form. Inmates would be informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The Captain and Investigator confirmed that when an inmate makes an allegation of sexual abuse, the inmate must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

**115.73 (b)**

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged inmates sexual abuse in the facility that were completed by an outside agency: 0
2. Of the outside agency investigations of alleged sexual abuse that were completed,

the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

Policy (page 30) If the facility or agency did not conduct the investigation, the PREA Compliance Manager shall request the relevant information from the facility or agency that did in order to inform the offender

**115.73 (c)**

PAQ: Following an inmate's allegation that a staff member has committed sexual abuse against the inmates, the agency/facility subsequently informs the inmate (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the inmate's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in the past 12 months.

Policy (page 30) Following an offender's allegation that a staff member has committed sexual abuse against the offender, the Department shall subsequently inform the offender (unless the Department has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer posted within the offender's unit;
- b. The staff member is no longer employed at the facility;
- c. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,
- d. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor observed the Notification of Investigative Outcome Form is inclusive of the standard provision requirements.

**115.73 (d)**

PAQ: Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy (page 30) Following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged

	<p>victim whenever:</p> <p>a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,</p> <p>b. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The auditor reviewed the Notification of Investigative Outcome for verification notifications to inmates would include the standard provision requirements.</p> <p><b>115.73 (e)</b> PAQ: The agency has a policy that all notifications to inmates described under this standard are documented.</p> <p>In the past 12 months:</p> <p>1. The number of notifications to inmates that were made pursuant to this standard: 0 2. The number of those notifications that were documented: 0</p> <p>Policy (page 30) All such notifications or attempted notifications shall be documented on the PREA Investigation Outcome Notification form. A copy of the form shall be provided to the offender and placed in the offender record.</p> <p>The auditor reviewed the Notification of Investigative Outcome for verification notifications to inmates described under this standard are documented.</p> <p><b>115.73 (f)</b> Policy (page 31) A facility’s obligation to report under this standard shall terminate if the offender is released from the Department’s custody.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to inmates. No corrective action is required.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <p>1. Troy Police Department PREA Policy (11/4/2022) 2. Troy City Jail Pre-Audit Questionnaire (PAQ)</p> <p><b>Findings (by provision):</b> <b>115.76 (a)</b></p>

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy (page 31) Staff shall be subject to disciplinary sanctions up to and including termination for violating Department sexual abuse or sexual harassment policies.

**115.76 (b)**

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Policy (page 31) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse (Staff Sexual Misconduct).

**115.76 (c)**

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

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

Policy (page 31) Disciplinary sanctions for violations of this Department Policy (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

**115.76 (d)**

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Policy (page 31) All terminations for violations of this Department Policy, or resignations by staff who would have been terminated if not for their resignation shall be documented.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has

	determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.77 (a)</b></p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>Policy (page 31) Any contractor who engages in sexual abuse shall be prohibited from contact with offenders, removed from the facility and shall be reported to law enforcement agencies, unless the activity was clearly not criminal. A substantiated finding for sexual abuse shall be reported to relevant licensing bodies where applicable and documented.</p> <p><b>115.77 (b)</b></p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy (page 31) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of this Department Policy by a contractor.</p> <p>The Captain stated the facility has no contractors or volunteers.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has</p>

	determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.78 (a)</b></p> <p>PAQ: Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmates engaged in inmates-on-inmates sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmates-on-inmates sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0</li> <li>2. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0</li> </ol> <p>Policy (page 31) Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.</p> <p><b>115.78 (b)</b></p> <p>Policy (page 31) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.</p> <p>The Captain stated disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. Sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.</p>

**115.78 (c)**

Policy (page 31) The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Captain stated mental disability or mental illness is considered when determining sanctions.

**115.78 (d)**

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Policy (page 31) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

**115.78 (e)**

PAQ: The agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Policy (page 32) The Department may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact

**115.78 (f)**

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy (page 32) 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.

**115.78 (g)**

PAQ: The agency prohibits all sexual activity between inmates. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy (page 32) The Department shall prohibit all sexual activity between offenders and shall discipline offenders for such activity in accordance with the appropriate disciplinary code or code of conduct. The Department shall not deem such activity to constitute sexual abuse if it determines that the activity is consensual and not



	<p>coerced. Staff shall make every effort to determine if coercion was involved.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for inmates. No corrective action is required.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Plan of Action for Compliance - 4/14/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Staff Responsible for Risk Screening</li> <li>2. Medical and Mental Health Staff - N/A</li> <li>3. Inmates who Disclose Sexual Victimization at Risk Screening</li> </ol> <p><b>Findings (by provision):</b> <b>115.81 (a) and (c)</b></p> <p>PAQ: All inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 have not been offered a follow-up meeting with a medical or mental health practitioner. The follow-up meetings were not offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the number of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 0%</p> <p>Policy (page 32) If the screening pursuant to 115.41/341 indicates that a prison offender or offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender/offender is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.</p> <p>The Corrections Officer, interviewed as Staff Responsible for Risk Screening, stated if</p>

a screening indicates that a resident has previously perpetrated sexual abuse, the resident has not been offered a meeting with a medial or mental health practitioner within 14 days.

One inmate interviewed stated he had experienced prior sexual victimization but was not offered a follow-up meeting as required by the standard.

Through corrective action, the PREA Coordinator provided a plan of action stating the follow-up meetings would be offered in compliance with the standard provision requirements (4/14/2023).

**115.81 (b)**

N/A; The facility is not a prison.

**115.81 (d)**

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Policy (page 32) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

**Site Review:** The auditor observed records are maintained file cabinet and stored electronically.

**115.81 (e)**

PAQ: Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmates is under the age of 18.

Policy (page 32) Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

The agency has no medical or mental health staff.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. Corrective action is complete.

**115.81 (a-c)** The PREA Coordinator provided a plan of action stating the follow-up meetings would be offered in compliance with the standard requirements (4/14/2023).

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Medical and Mental Health Practitioners - N/A
2. Inmates who Reported a Sexual Abuse - none
3. Security Staff and Non-Security Staff First Responders

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (by provision):**

**115.82 (a)**

PAQ: Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health practitioners maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Policy (page 32) Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment.

The agency has no medical or mental health staff.

The auditor contacted the One Place Family Justice Executive Director and was informed that SANE's are available to conduct forensic medical examinations for victims of sexual abuse.

**115.82 (b)**

Policy (pages 32-33) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62/362 and shall immediately notify the appropriate medical and mental health practitioners.

	<p>Staff were not knowledgeable of their first responder duties if they are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse. This deficiency is being addressed through training required by standard 115.64.</p> <p>Through corrective action, the facility provided first responder refresher training (4/3/2023).</p> <p><b>115.82 (c)</b>  PAQ: Inmate 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. Medical and mental health practitioners maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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.</p> <p>Policy (page 33) Offender victims of sexual abuse while incarcerated shall be 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.</p> <p><b>115.82 (d)</b>  PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy (page 33) Treatment services shall be 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.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Troy Police Department PREA Policy (11/4/2022)
2. Troy City Jail Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Medical and Mental Health Staff - N/A
2. Inmates who Reported a Sexual Abuse - none

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (by provision):**

**115.83 (a)**

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Policy (page 33) The facility shall offer a medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

**115.83 (b)**

Policy (page 33) The evaluation and treatment of such victims shall 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.

The agency has no medical or mental health staff.

**115.83 (c)**

Policy (page 33) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

**115.83 (d)**

PAQ: Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy (page 33) Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**115.83 (e)**

PAQ: If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Policy (page 33) If pregnancy results from the conduct described in (4) such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

	<p><b>115.83 (f)</b> PAQ: Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Policy (page 33) Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p><b>115.83 (g)</b> PAQ: Treatment services are 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.</p> <p>Policy (page 33) Treatment services shall be 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.</p> <p><b>115.83 (h)</b> N/A; The facility is a jail.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Sexual Abuse Incident Review Form</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Warden or Designee (Captain)</li> <li>2. PREA Coordinator</li> <li>3. Incident Review Team</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.86 (a)</b> PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been</p>

determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents:  
0

PREA Policy (page 34) The facility PREA Compliance Manager shall 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.

**115.86 (b)**

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

PREA Policy (page 34) Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

**115.86 (c)**

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Captain confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

**115.86 (d)**

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.

PREA Policy (page 34) The incident review team shall prepare a report of its findings on the Sexual Abuse Incident Review, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the Warden and the Executive Director of PREA.

The Captain was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for

	<p>different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>The auditor reviewed the Sexual Abuse Incident Review Form. The form is inclusive of the standard provision requirements.</p> <p><b>115.86 (e)</b> PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>PREA Policy (page 34) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so on the Sexual Abuse Incident Review.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Survey of Sexual Victimization Substantiated Incident Form (Adult)</li> <li>3. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.87 (a)</b> PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>Policy (pages 34-35) The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. All reports of Nonconsensual Sexual Acts, Abusive Sexual Contact, Staff Sexual Misconduct and Sexual Harassment as defined in this policy and administrative procedure shall be reported on a Sexual Incident Report. The facility PREA Compliance Manager shall submit a Sexual Incident Report for each allegation that is a PREA related incident via the Sexual Incident Reporting System.</p>



All incident reports, investigation reports, or written statements shall be attached to the Sexual Incident Report. The Sexual Incident Report shall be filed in the confidential section of the offender facility packet. It shall not be released to offenders or the public, unless court ordered.

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Adult) for verification.

**115.87 (b)**

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

Policy (page 35) The Department shall aggregate the incident-based sexual abuse data at least annually.

The facility reports no allegations of sexual abuse in the past three years.

**115.87 (c)**

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

Policy (page 35) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Adult) for verification.

**115.87 (d)**

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy (page 35) The Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

There were no incident reports, investigation files, or sexual abuse incident reviews due to there being no allegations of sexual abuse in the last 12 months.

**115.87 (e)**

This standard provision is nonapplicable. The agency does not contract for the confinement of its residents.

**115.87 (f)**

Policy (page 35) Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice upon request by the set due date.

The Department of Justice (DOJ) did not request data from the previous calendar year.

**Conclusion:**

	<p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. 2022 Annual Report - 4/10/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Agency Head (Chief)</li> <li>2. PREA Coordinator</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.388 (a)</b></p> <p>PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an ongoing basis; and</li> <li>3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p>Policy (page 35) The Department shall review data collected and aggregated pursuant to 115.87/387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> <li>a. Identifying problem areas; and</li> <li>b. Taking corrective action on an ongoing basis.</li> </ol> <p>Through corrective action, the agency developed an annual report for 2022 (4/10/2023).</p> <p><b>115.88 (b)</b></p> <p>PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p>

	<p>Through corrective action, the agency developed an annual report for 2022 (4/10/2023). The auditor observed that the annual report includes a comparison of the current year’s data and corrective actions with those from prior years. Additionally, the annual report provides an assessment of the agency’s progress in addressing sexual abuse.</p> <p><b>115.388 (c)</b> PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p>Through corrective action, the agency developed an annual report for 2022 (4/10/2023). The annual report is approved by the agency head and is published on the agency’s website at, Troy_PD_Annual_Report_2022.pdf (troyal.gov).</p> <p><b>115.88 (d)</b> PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>Through corrective action, the agency developed an annual report for 2022 (4/10/2023). The auditor observed the annual report does not include personal identifying information.</p> <p><b>Conclusion and Corrective Actions:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete.</p> <p><b>115.88 (a-d)</b> The agency developed an annual report for 2022 (4/10/2023). The annual report is fully inclusive of the standard provision requirements.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Troy Police Department PREA Policy (11/4/2022)</li> <li>2. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Published 2022 Annual Report – 4/10/2023</li> </ol> <p><b>Findings (by provision):</b></p>

**115.389 (a)**

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Policy (page 35) The Department shall ensure that data collected pursuant to 115.87/387 are securely retained.

The PREA Coordinator stated the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

**115.389 (b)**

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Policy (page 35) The Department shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public.

Through corrective action, the agency developed an annual report for 2022 (4/10/2023). The report is published on the agency's website at, Troy\_PD\_Annual\_Report\_2022.pdf (troyal.gov).

**115.389 (c)**

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Policy (page 35) Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.

Through corrective action, the agency developed an annual report for 2022 (4/10/2023). The auditor observed the annual report does not include personal identifying information.

**115.389 (d)**

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

Policy (page 35) The Department shall maintain sexual abuse data collected pursuant to 115.87/387 for at least ten (10) years after the date of the initial collection.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action is complete.

**115.389 (a-d)** The agency developed an annual report for 2022 (4/10/2023). The report is published on the agency's website at, Troy\_PD\_Annual\_Report\_2022.pdf (troyal.gov).

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> <li>2. Interviews</li> <li>3. Research</li> <li>4. Policy Review</li> <li>5. Document Review</li> <li>6. Observations during onsite review of facility</li> </ol> <p><b>Findings:</b></p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, Troy City Jail ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Troy City Jail. The auditor was permitted to conduct private interviews with inmates at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Troy City Jail Pre-Audit Questionnaire (PAQ)</li> <li>2. Policy Review</li> <li>3. Documentation Review</li> <li>4. Interviews</li> </ol>

5. Observations during onsite review of facility

**Findings:**

The 2016 Troy City Jail PREA audit report is published on the agency's website at: <https://www.troyal.gov/content/6205/6239/16340/default.aspx>. Through corrective action, the 2019 final audit report was published.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. Corrective action is complete.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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 inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	na
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes



	consideration: Any applicable State or local laws, regulations, or standards?	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical 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 enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes



	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	na

	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	no
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates 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 an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate 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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na



	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b) Reporting to inmates</b>		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c) Reporting to inmates</b>		
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d) Reporting to inmates</b>		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually	yes



	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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	yes

	to § 115.87 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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

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