

PREA Facility Audit Report: Final

Name of Facility: Brooklyn House Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/23/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Walter J Krauss	Date of Signature: 11/23/2024

AUDITOR INFORMATION	
Auditor name:	Krauss, Walter
Email:	waltjk@aol.com
Start Date of On-Site Audit:	10/07/2024
End Date of On-Site Audit:	10/08/2024

FACILITY INFORMATION	
Facility name:	Brooklyn House Residential Reentry Center
Facility physical address:	104 Gold Street, Brooklyn, New York - 11201
Facility mailing address:	

Primary Contact

Name:	Laguerre R Genois
Email Address:	Lgenois@brooklynrrc.org
Telephone Number:	718 498 0800 ext 205

Facility Director	
Name:	Suzette Boddie
Email Address:	sboddie@brooklynrrc.org
Telephone Number:	7184980800 ext 202

Facility PREA Compliance Manager	
Name:	Laguerre Genois
Email Address:	lgenois@brooklynrrc.org
Telephone Number:	(718) 801-8050

Facility Characteristics	
Designed facility capacity:	171
Current population of facility:	116
Average daily population for the past 12 months:	98
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	27
Facility security levels/resident custody levels:	Low to Medium
Number of staff currently employed at the facility who may have contact with residents:	42
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION

Name of agency:	CORE Services Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	45 Main Street, Brooklyn, New York - 11201
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Suzette Boddie	Email Address:	sboddie@brooklynrrc.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

1	<ul style="list-style-type: none"> 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-07
2. End date of the onsite portion of the audit:	2024-10-08

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:	Safe Horizons / Associate Director / Kimmi Herring; Inclusive Communication Services; Volunteer / George Perez; Woodhull Medical Center / spoke with a member (Sukhu) of the SAFE / SANE team, but that took far too much effort. This auditor tried to connect with the staff person the facility connected me with and left at least 5 messages for her without any luck. I requested Brooklyn House intervene to connect me with this person and they had no luck. Finally, they were able to connect me with a member of the team; Sonja Roberts, LCSW-R / Wellcome Health (Residents can make anonymous reports can be made to her.)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	171
15. Average daily population for the past 12 months:	98

16. Number of inmate/resident/detainee housing units:	17
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	115
19. 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:	4
20. 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:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

23. 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:	1
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
25. 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:	0
26. 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:	0
27. 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:	1
28. 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:	1
29. 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):	No additional comments.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	42
31. 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:	1
32. 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:	0
33. 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:	No additional comments.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15

<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I asked Brooklyn House staff for a census arranged by housing assignment. Fourteen of the seventeen rooms were in use at the time I then selected every seventh resident going through the list. If one was selected from the same room, I would count another seven until I had selected a client in all fourteen rooms.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>38. 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):</p>	<p>There were fifteen women at the facility at the time on the on-site audit, six of which were on Home Confinement. Nine resided at the facility and this auditor interviewed two women.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</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>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>They have one room (RM # 002) on the ground floor to house those that are medically compromised or are at/or present risk for abusiveness or victimization. I interviewed one of the two people assigned to that room. Only one had been identified as having any physical disability and that was diabetes. Based on the interview with this resident, he was not compromised in any way physically or cognitively.</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff and residents if they currently have or recently had any residents who fall into this category.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff and residents if they currently have or recently had any residents who fall into this category.</p>

<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff and residents if they currently have or recently had any residents who fall into this category.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff, including Intake staff, if they currently have or recently had any residents who fall into this category.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff and residents if they currently have or recently had any residents who fall into this category.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked multiple staff and residents if they currently have or recently had any residents who fall under this group. There is no segregation unit at this facility; however, there are double rooms to place those at/ present risk or those that are medically compromised. No resident interviewed reported this kind of segregation.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Staff seemed to be open and honest, as did the residents, about the client demographics stated above.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff were flexible and willing to meet with this auditor, despite the late or early hours before or after their shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	There was only one Volunteer with no Contractors

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Posters were everywhere...on every housing unit door, wall, and throughout the facility. Unfettered access to the facility; Reviewed monitoring technology; multiple informal conversations with staff and residents left me confident that Brooklyn House takes PREA very seriously and both staff and residents feel safe</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Yes, this auditor requested the Risk / Victimization Screening spreadsheet, oversampled background checks, risk screens, PREA Education, viewed storage set up and surveillance camera views.</p>
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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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	Brooklyn House has not had any sexual abuse reports per Administration, random staff or resident interviews;

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The one reported incident was determined to be "Unfounded". They uploaded, at this auditor's request, the PREA investigation, Sexual Abuse Incident Review Team form, and witness statements
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

96. 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

97. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Brooklyn House has an established and well documented zero tolerance policy. This is evidenced by the Brooklyn House Operations Manual / Policy and Procedure "Staff and Resident Rights-Sexual Victimization," Brooklyn House Resident Handbook, and as per all interviews completed with staff and residents. Further support for standard compliance includes the multitude of posters hanging throughout the facility in English and Spanish, entitled as follows: "Sexual Abuse is a Crime," "Brooklyn House RRC-The Safe Horizon: Brooklyn Community Program," "Brooklyn House Language and Interpretation Service Provider/Inclusive Communication Services Contact Information," and "Brooklyn House RRC Interpretation Service Provider / Helen Keller Services for the Blind Contact Information."</p> <p>Corrective Action included the need to provide policy that supports 115.211 (a)-5, which specifically requires a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. At Brooklyn House, strategies and responses include staff training, resident education, reporting procedures, investigative protocols, and support systems for victims, all with a</p>

	<p>strong focus on creating a culture of zero tolerance for any form of sexual misconduct within the facility. In addition, an updated Visitation Log was requested with the disclaimer included stating that the facility has a zero tolerance policy with regard to sexual abuse, victimization, and/or harassment as well as direction as to how to report it. Furthermore, all zero tolerance posters and all requested documentation was uploaded as requested.</p> <p>As indicated, community confinement facilities are required to have only an agency-wide, upper level PREA Coordinator. This requirement is met by Brooklyn House's Facility Director, who serves as the PREA Coordinator. In addition, the Brooklyn House Quality Assurance Specialist also serves as the facility-based PREA Compliance Manager. Within the facility's organizational structure, The PREA Retaliation Specialist, PREA Investigator, and two PREA Advocates are also clearly labeled. During interviews with the PREA Coordinator and PREA Compliance Manager, each of these two staff indicated they have sufficient time and authority to develop, implement, and oversee agency/facility efforts to comply with the PREA standards. During this audit process, both the auditor and Brooklyn House administration worked collaboratively to ensure the organizational flow chart clearly indicated both the PREA Coordinator and PREA Compliance Manager. Because the facility has a designated PREA Compliance Manager when only a PREA Coordinator is required, this auditor believes Brooklyn House exceeds the standard requirements.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>According to the uploaded 2020 contract and an interview with the CORE Services Group's Vice President & Chief Operating Officer, the Federal Bureau of Prisons entered into a new contract with the Brooklyn House facility on June 5, 2020. She stated that there is a Board of Prisons Residential Reentry Manager, who is an oversight specialist that monitors the contract for PREA compliance, with results submitted and reviewed annually. A complete report completed on June 28, 2024, was uploaded at this auditor's request to support this requirement. There are no examples in which Brooklyn House, or the CORE Services Group, had entered into a contract and the entity failed to comply with the PREA standards.</p> <p>Administration was asked to upload the full Bureau of Prisons monitoring review completed by the Residential Reentry Manager on 6-28-24, which was uploaded onto the Online Automated System as requested. Compliance with PREA requirements was reviewed and no related issues or concerns were identified at Brooklyn House. As a result, Brooklyn House was determined to be compliant with this standard.</p>

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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All elements of this standard are included in Brooklyn House Operations Manual / Policy & Procedure "Supervision and Monitoring." A review of rosters and schedules in addition to interviews with the Facility Director / PREA Coordinator and the Quality Assurance Specialist / PREA Compliance Manager indicate that the staffing plan did not deviate.</p> <p>According to the Facility Director / PREA Coordinator, there is at least one Guard II on every shift and one female and male staff on 1st shift, one female and two males on 2nd shift, and two females and two males on 3rd shift. In addition, the Deputy Director of Operations provides additional coverage on these shifts as needed.</p> <p>Guards conduct roves or tours of the housing areas every two hours during the 1st and 2nd shifts and hourly during the 3rd shift. There was always at least one female and one male staff on duty per shift over the course of the past year.</p> <p>In addition, a key feature of the facility is a state-of-the art surveillance system with fifty-nine cameras in total. These cameras are monitored from the control desk or by key staff who are authorized to have remote access.</p> <p>During the 2018 PREA auditing process with this auditor, in an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas. Staff inquired as to how they might address some of the identified concerns during the tour. One such option was that the facility considers adding an electronic monitoring system. On December 14, 2018, Proxiguard Live, a real time guard tour system was introduced during a Brooklyn House staff meeting. Although within the uploaded meeting minutes it did not state specifically how such additions would enhance the agency's ability to protect residents from sexual abuse, overall safety was implied in the write up. Administration also provided minutes indicating that annual meetings are held in which staffing plans are reviewed, which also addresses the use of video monitoring surveillance and monitoring technologies. This auditor recommended that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.</p> <p><u>Corrective Action</u></p> <p>Per 115.213 (a), "For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse." Also, per 115.213 (c)-1, "at</p>

	<p>least once every year the agency reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan." Administration was asked to upload the Oversight Committee minutes from 2022 and 2023 to demonstrate compliance, which coincides with the Oversight Committee minutes from 2024 already uploaded in the Pre-Audit Questionnaire. As suggested during the onsite visit and above, it was recommended that the four items listed in 115.213 (c)-1 remain as standing agenda items within regularly scheduled or Oversight Committee meetings to ensure it is addressed and regularly.</p> <p>Upon review of the information provided within the Pre-Audit Questionnaire, and in consideration of the documentation uploaded upon request, Brooklyn House is considered to be compliant with this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>According to the Brooklyn House Operations Manual / Policy & Procedure "Limits to Cross Gender Viewing and Searches," and the Brooklyn House Training Curriculum, which included a video produced by the National PREA Resource Center on the "Guidelines on Cross Gender/ Transgender Pat Searches." Brooklyn House does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, even in exigent circumstances. If a situation calls for a female resident to be searched, staff are trained to contact female staff from other departments to conduct the search. If no female staff are available from those departments, staff are instructed to conduct searches with a wand, which involves no physical contact with the resident. In the past twelve months, the PREA Coordinator, PREA Compliance Manager, and staff and resident interviews supports the claim that there have been no instances in which hands-on searches occurred. As per this standard, facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The training curriculum was reviewed and is appropriate.</p> <p>Within the Pre-Audit Questionnaire, the residents' ability to shower separately was addressed, but there was no mention in what was uploaded as to a policy and a procedure for performing bodily functions and changing clothing without being</p>

	<p>viewed. Furthermore, there was no policy uploaded to meet the requirement that staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Corrective action included Administration uploading the relevant policy and procedure from the Brooklyn House Operations Manual entitled, "Limits to Cross-Gender Viewing and Searches."</p> <p>In order to demonstrate compliance for 115.215 (f)-1, three training attendance sheets with fourteen staff who had not received the training was provided on the Pre-Audit Questionnaire. Administration was asked to ensure those staff were trained on Searches, have them sign a verification sheet that it was provided and that it was understood; and have them uploaded to the Online Auditing System (OAS) for evidence, which was completed as requested.</p> <p>None of the fifty-nine surveillance cameras allow for staff to view toilet/shower areas and it was clear that staff have integrated the practice of staff announcing their presence when entering housing units for cross-gender residents. This was evident during the tour and confirmed during all staff and resident interviews. All residents reported they have privacy when changing, showering, or when using the bathroom. The staff and resident interviews in combination with Administration providing the requested training, uploading the requested policy and procedure, resulted in the determination of compliance with this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Brooklyn House Operations Manual / Policy & Procedure "Residents with Disabilities and Residents Who are Limited English Proficient" includes the key elements of this standard. Written materials for effective communication and Language Translation Services documentation was also reviewed in support of standard compliance. No residents at the facility during the time of the on-site visit were identified as needing or reported the need for interpretive services with the exception of one who spoke Spanish, but limited English.</p> <p>Policy states, "Brooklyn House shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision." Further support for standard compliance includes the multitude of posters hanging throughout the facility in</p>

English and Spanish, entitled as follows: "Brooklyn House Language and Interpretation Service Provider/Inclusive Communication Services Contact Information" and "Brooklyn House RRC Interpretation Service Provider / Helen Keller Services for the Blind Contact Information."

When residents arrive at the facility, residents are immediately provided with a resident handbook and a comprehensive facility-based PREA pamphlet, which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, immediate steps to take, how to report, and how to get help. The auditor observed PREA audit notices and Zero Tolerance posters throughout the facility where both residents and staff could readily view or access the information in English, but not in Spanish.

Corrective Action

Corrective action involved posting the Zero Tolerance posters in Spanish, including one entitled "Sexual Abuse is a Crime." Pictures were taken as evidence, and they were uploaded onto the Online Auditing System.

Three out of twelve staff interviewed were not certain of the policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations. Staff were not aware of the interpretation service utilized, specifically Inclusive Communication Services and Helen Keller Services for the Blind (Deaf, blind, or low vision). Corrective action included providing key points on a sheet specifying the agency policy and instructions on how staff can use the aforementioned services. Administration was asked to provide the training sheets with signatures as verification for each staff person and upload them to the Online Auditing System to ensure compliance.

In order to appropriately orient the Spanish-speaking resident, Administration was asked to utilize the Deputy Director of Programs, who is reportedly the only staff person at Brooklyn House that speaks fluent Spanish, or to have staff utilize Inclusive Communication Services (ICS) to do so. Moving forward, any Spanish-speaking residents should be provided orientation with the use of ICS or one to one by the Deputy Director of Programs. The resident was subsequently oriented in Spanish, both verbally and in writing, on October 31, 2024. The client signed off that he had received and understood the orientation provided and it was uploaded for verification.

In order to demonstrate compliance for 115.216 (a)-1 and (b)-1, three training attendance sheets with fourteen staff who had not received the training was provided on the Pre-Audit Questionnaire. Administration was asked to ensure those staff were trained on Inclusive Communication Services and Helen Keller Services for the Blind, have them sign a verification sheet that it was provided and that it was understood, and have them upload the training and verification sheet to the Online Auditing System (OAS) for evidence.

	<p>Under 115.216 (a)-1, Administration was asked to correct and upload a poster that was misspelled. It should read "Language Translation Services" rather than "Languague." The form was uploaded as was all other requested documentation. As a result, Brooklyn House was determined to be compliant with this standard.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Staff Hiring, Orientation, Training, and Promotion" includes all the required elements of this standard. All twenty-one staff interviewed during this process had background checks completed as required, all having been completed within the past five years. The "PREA New Hire and Promotion Candidate Certification" forms were reviewed and completed for all nineteen new hires and staff promotions. An interview with the Facility Director / PREA Coordinator and the Vice President of Human Resources & Staff Development provided further support of the stated policy and standard practice. The latter described a process where staff are checked in real time and on a continuous basis for new offenses committed so that the agency does not have to wait up to five years to learn of criminal offenses that may have been committed.</p> <p>In order to support a compliance rating for this standard, staff were asked to upload the twenty-one reviewed background checks and at least five of the completed "PREA New Hire and Promotion Candidate Certification" forms for new hires and promoted staff onto the Online Auditing System. Documentation was uploaded as requested and the facility was determined to be compliant with this standard.</p>

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Brooklyn House initially opened its doors September 13, 2012, complete with the installation of a state-of-the-art surveillance system. Plans had been developed and established well before the standard's August 20, 2012, cut off period. In separate interviews with the agency's Vice President & Chief Operating Officer and the Facility Director / PREA Coordinator, both emphasized Brooklyn House's commitment to safety. The PREA Coordinator reported the addition of three additional</p>

	<p>surveillance cameras in the Administration wing of the facility where there is frequent resident traffic, totaling 59 cameras throughout the facility. This was consistent with the uploaded CCTV Maintenance Checklist. Although the planning process did not specifically state that facility modifications or installation of the surveillance cameras were related to protecting residents from sexual abuse, overall resident safety, which includes protecting residents from sexual abuse, was the primary goal.</p> <p>During the 2018 PREA auditing process with this auditor, in an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas, staff inquired as to how they might address some of the identified concerns during our tour. One such option was that the facility considers adding an electronic monitoring system. On December 14, 2018, Proxiguard Live, a real-time guard tour system was introduced during a Brooklyn House staff meeting. Although within the uploaded meeting minutes it did not state specifically how such additions would enhance the agency's ability to protect residents from sexual abuse, overall safety was implied in the write up. Administration also provided minutes indicating that annual meetings are held in which staffing plans are reviewed, which also addresses the use of video monitoring surveillance and monitoring technologies. This auditor continues to recommend that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Brooklyn House Operations Manual / Policy & Procedure "Evidence Protocol and Investigation of Sexual Misconduct," a Memorandum of Understanding (dated August 20, 2024) with Safe Horizon of Brooklyn for crisis counseling services, a Memorandum of Understanding (dated August 7, 2024) with Sonja Roberts, LCSW-R for crisis counseling services, a contract (dated August 18, 2014) with Woodhull Medical Center for medical services, and a pamphlet provided to residents developed by the New York Police Department entitled, "Making Communities Safer from Sexual Violence" which explains protocol in cases of sexual assault were reviewed. Interviews with the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager as well as phone conversations with a member of Woodhull Medical Center's SAFE/SANE team, and Safe Horizon's Associate Vice President of Community Programs all provided information in the determination of compliance.</p> <p>Brooklyn House does not conduct an investigation of sexual misconduct without first receiving the approval of the Contracting Officer's Technical Representative (COTR). The facility will conduct investigations only to the extent it has been authorized;</p>

however, if during an authorized investigation criminal behavior is uncovered, staff are advised to stop what they are doing and refer the case immediately to the appropriate law enforcement agency, i.e. New York Police Department (NYPD). Investigative authorities include, but are not limited to, the Department of Justice, Federal Bureau of Investigation, and US Marshals Service.

The "Brooklyn House PREA Incident Criminal Investigation Guideline" delineates the specific responsibilities expected of not only Brooklyn House, but of the investigating agency in an effort to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence. Residents are provided related information through 'Making Communities Safer from Sexual Violence' pamphlets. Per interviews with the facility's Investigation Specialist, Quality Assurance Specialist / PREA Compliance Manager, and the Facility Director / PREA Coordinator, facility staff cooperate and provide assistance to those entities at their discretion.

Forensic medical exams, when needed, would be conducted at Woodhull Medical Center in Brooklyn, NY. According to a member of Woodhull Medical Center's SAFE/SANE team, Woodhull is a SAFE-certified program, and the medical center has a primary and secondary provider utilized in conducting such examinations 24 four hours per day and 7 days per week. He reported he is not aware of any Brooklyn House residents that have required or were offered this intervention.

Although SAFE Horizon and Sonja Roberts, LCSW-R are contracted to provide rape crisis counseling services, neither provides a victim advocate to accompany residents to or meet with at the medical center. Brooklyn House therefore identified a male staff, the facility's Employment Specialist to serve in this capacity. In response to this auditor's suggestion during the 2021 audit that they consider having a male and a female victim advocate, the Life Skills Instructor/Transitional Coordinator was assigned as a female PREA Advocate and trained to provide such services, if necessary. Verification of the training completed by both PREA Advocates was provided in the Pre-Audit Questionnaire. Both PREA Advocates are identified on the facility's organizational structure

Corrective Action

Upon request, Safe Horizon's Memorandum of Agreement, PREA Advocate training signature sheets, and the PREA Advocate training entitled, "Access to Confidential Support Services for Sexual Assault Survivors Who Are Confined: National Focus Group Findings" were all uploaded to provide additional support. The complete Brooklyn House PREA policy was uploaded with the purpose of addressing 115.221 (a)-1 and (a)-2 as it relates to investigations, which is addressed within p. 151-153.

Concerning the two PREA Advocates, the Facility Director / PREA Coordinator stated that one has a Bachelor's Degree in Human Development and the other an Associate's Degree in Criminal Justice [115.221 (d)-3].

Consistent with 115.221(f), the New York Police Department developed the pamphlet handed out to residents entitled, "Making Communities Safer from Sexual

	<p>Violence.” Guidelines on procedures used during investigations by the New York Police Department are provided on the CORE Services Group, Inc., website:</p> <p>In consideration of the information provided and the documentation uploaded in response to this auditor's request, Brooklyn House was determined to be compliant with this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Brooklyn House’s Residential Reentry Center Operations Manual / Policy & Procedure "Evidence Protocol and Investigation of Sexual Misconduct" and the “Brooklyn House PREA Incident Criminal Investigation Guideline” was reviewed. Interviews with the Facility Director / PREA Coordinator, Investigative Specialist, Vice President & Chief Operating Officer, and Quality Assurance Specialist / PREA Compliance Manager also provided information in the determination of compliance.</p> <p>The “Brooklyn House PREA Incident Criminal Investigation Guideline” delineates the specific responsibilities expected of not only Brooklyn House, but of the investigating agency in an effort to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence. Residents are provided related information through the “Making Communities Safer from Sexual Violence” pamphlet, produced by the New York City Police Department. Per interviews with the facility’s Investigation Specialist, Facility Director / PREA Coordinator, and the Quality Assurance Specialist / PREA Compliance Manager, facility staff cooperate and provide assistance to those entities at their discretion. The following web address can be used to find this information on the agency website:</p> <p>http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/</p> <p>From the link provided above, the agency’s 2015-2024 annual reports, entitled “Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report” is available to the public through the agency website. It indicates no reports of sexual abuse or victimization have been made between 2015 and 2024 at Brooklyn House. Interviews with the agency’s Vice President & Chief Administrative Officer and Investigative Staff further confirmed adherence to this policy and practice.</p> <p><u>Corrective Action</u></p>

	<p>Administration was asked to upload any relevant documentation related to a potential PREA incident that was reported on January 22, 2024, in which a resident alleged that a staff person had been harassing him in the resident bathroom while getting a urine sample. The PREA Sexual Abuse Incident Review completed on February 12, 2024, the PREA Report complete with witness statements, and Memoranda from the Facility Director and Employment Specialist were uploaded for review. Although cameras do not provide coverage in the bathroom/shower areas, the Investigation Specialist reviewed the camera footage leading into the bathroom. Witness statements and video footage resulted in the claim being "Unfounded" as the resident attempted to falsify a drug test using a prophylactic device and the staff person was deemed to have been conducting his job duties. As a result of the information provided and documentation reviewed for this standard, this auditor has no grounds to refute this claim and, therefore, the facility is compliant with this standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>According to 115.231 (a), all staff are required to receive PREA training, which includes the ten basic PREA elements indicated above. The PowerPoint slides uploaded in the Pre-Audit Questionnaire addressed all ten elements as required.</p> <p>Refresher training is provided at least every two years, but according to the random staff interviewed, the Facility Director / PREA Coordinator, the Deputy Director of Programs, Quality Assurance Specialist / PREA Compliance Manager, and training records, PREA topics are a common theme throughout the year. Upon completion of the trainings, staff sign a PREA acknowledgment form indicating that they not only received the training but understand the content as well. Documentation of completed staff training was uploaded to support compliance with this standard.</p>

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Volunteers, Interns and Contractors" (p. 144), the "Brooklyn House PREA Fact Sheet for Contractors and Volunteers," and a signed attestation sheet that verifies the volunteers, interns, or contractors understood the PREA training provided were all</p>

reviewed and an interview with the Quality Assurance Specialist / PREA Compliance Manager as well as the facility's one longtime volunteer were all considered in the determination for standard compliance.

The Quality Assurance Specialist / PREA Compliance Manager reported that these individuals are typically here for one brief visit, such as the insurance salesman, exterminator, or for repair services. They are never left with residents unsupervised. Individuals classified in this category receive a copy of the "Brooklyn House Fact Sheet for Contractors and Volunteers" as well as sign in on a sheet that briefly describes the facility's zero tolerance policy for sexual abuse and harassment and directs them on how to report such incidents. There was only one individual identified as a volunteer and verification of his training was reviewed and uploaded. He received and signed off on the "Brooklyn House Volunteer / Mentor Training," which includes a brief basic PREA training.

Corrective Action

Administration was asked to replace the Visitor Log found at the on-site visit with the one utilized previously in which there is a disclaimer at the top stating that by signing below that individual has received and understands that Brooklyn House is a zero tolerance policy pertaining to sexual assault and harassment. All claims of sexual assault or sexual harassment will be reported immediately. Administration was asked to upload a copy of the blank form and four weeks of sign-ins to demonstrate that it has become part of the facility procedure. Documentation was uploaded as requested as was the PREA Policy ("Chapter 15-Staff and Residents Rights -Sexual Victimization") and this standard was determined to be compliant within the facility.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All residents receive PREA-related education during the intake admission process to inform them of the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation. Residents are provided a "Brooklyn House Resident Handbook" which includes current information on how residents may contact outside agencies to report allegations of sexual abuse as well as provide specifics related to the grievance process. Residents sign that they receive education related to PREA, which was confirmed in a random review of documentation and through fourteen random resident interviews. PREA education documentation for all fourteen of the random residents interviewed illustrated that most residents receive the PREA education on the date of their admission and the others within twenty-four hours,

which far exceeds the seventy-two-hour requirement.

Corrective Action:

Three out of twelve staff interviewed were not certain of the policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations. Staff were not aware of the interpretation service utilized, specifically Inclusive Communication Services and Helen Keller Services for the Blind, the latter providing interpretation for those identified as deaf, blind, or that have low vision. Corrective action included providing key points on a sheet specifying the Brooklyn House policy and instructions on how staff can use the aforementioned services. Administration was asked to provide the training sheets with signatures as verification for each staff person and upload them to the Online Auditing System to ensure compliance.

Administration was asked to upload all signs and posters in English and in Spanish as requested during the onsite visit and label "Signs and Posters." Furthermore, staff were asked to take pictures of bulletin boards or signs throughout the facility with Zero Tolerance signs posted in English and Spanish and upload pictures and signs to the Online Auditing System for evidence.

Upon review of the requested training provided by Brooklyn House staff and the uploaded documentation, this standard was considered to be compliant.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Brooklyn House does not conduct criminal investigations (New York Police Department serves this function) and their role in administrative investigations is limited; however, facility-based staff involvement is possible, but would be at the discretion of the Federal Bureau of Prisons. The facility employs an Investigative Specialist who has received the training developed by the National Institute of Corrections "Specialized Training: Investigating Sexual Abuse in Confinement Settings."</p> <p>The topics covered include specialized training for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, legal issues and agency liability, trauma and victim responses, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Three of the nine modules in the</p>

	<p>training are optional, but all of the required modules for this training were completed as required. As a result, this standard was determined to be compliant.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Brooklyn House residents receive medical and mental health treatment from various community providers. No medical or mental health services are provided on-site at the facility. As a result, this standard is not applicable to Brooklyn House, but because 'N/A' is not an option, the "Meets Standard" option has been selected instead.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Brooklyn House Operations Manual / Policy & Procedure "Screening for Risk of Victimization and Abusiveness" requires that all residents admitted to the facility are assessed at intake screening within 72 hours for their risk of being sexually abused by other residents or sexually abusive toward other residents. All nine criteria required in (d) are addressed in the screening tool for sexual victimization and abusiveness. In assessing a resident's risk of being sexually abusive, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse are included in the screening tool as well. All thirteen random residents and two other residents interviewed received their PREA Screening either on the same date of their arrival or within twenty-four hours, which is outstanding. Furthermore, nine of those fifteen residents interviewed stayed for more than thirty days, which means they needed a thirty-day re-assessment. All nine were re-assessed within that thirty-day period. This data was verified through a review of the documentation.</p> <p>Standard 115.241 requires that both residents classified as potential high risk for abuse and/or high risk for victimization are identified in order to provide appropriate protections. The objective screening tool developed by the South Dakota Department of Corrections has been utilized since the PREA audit completed in 2021. The tool classifies each resident as a Potential Aggressor (PA), Potential Victim</p>

(PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements and per policy:

1. Clients identified as PA can be housed with another PA or NS
2. Clients identified as a PV can be housed with a PV or NS
3. Clients identified with an NS can be housed with any other outcome
4. Clients identified as MX can be housed with another MX or PV
5. Some clients may receive a single room assignment regardless of score.

Corrective Action

As indicated above, staff are required to screen a resident’s risk for sexual victimization or risk of sexually abusing other residents within 72 hours of their arrival and again 30 days later. While eight of eleven random residents interviewed did not recall being asked related questions a second time thirty days later, documentation suggests otherwise. This emphasizes the point that staff need to verbally review and ask the risk assessment questions aloud rather than have them read the form themselves. Corrective action involved training staff and having them verify that they will read the risk assessment questions aloud at intake and again 30 days later with each resident. The training sheet with signatures as verification for each staff person that conducts risk assessments as well as a blank risk assessment tool were uploaded as requested to the Online Auditing System. As a result of the information reviewed and documentation provided by staff, Brooklyn House was determined to be compliant with the standard.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>All key elements of this standard are addressed within the Brooklyn House Operations Manual / Policy & Procedure "Housing Facility Assessment." Documentation on how decisions are made was provided and reviewed. Because sixteen of the seventeen units/rooms are for the male clients, there are more options on how to manage male residents at risk. Staff indicated that if a woman is considered to be at risk, the option to move that individual to another room is more of a challenge because there is only one female room in the facility. If the smaller male room adjacent to the female room is empty or there is someone housed in that room that is not required to be there, the male would potentially be moved upstairs and a woman considered to be at risk could be placed in that smaller room. If a potential or actual conflict develops between two women, the Facility Director / PREA Coordinator indicated it would be likely that Home Detention would be expedited for one of them based on eligibility dates and Federal Bureau of Prisons approval. This option is available for males as well. Ultimately, each situation is</p>

	<p>taken on a case-by-case basis.</p> <p>Multiple interviews were conducted, including the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, a Caseworker responsible for risk screening, as well as one resident who identifies as gay, all confirming practice consistent with stated policy. There were no transgender or intersex residents in the facility at the time of the audit and the facility does not have any type of isolation unit or practice.</p> <p>The information obtained from the intake, screening, and assessment process is used to assign residents to an appropriate housing unit to ensure their safety and security.</p> <p>Standard 115.241 requires that both residents classified as potential high risk for abuse and/or high risk for victimization are identified in order to provide appropriate protections. The objective screening tool developed by the South Dakota Department of Corrections has been utilized since the PREA audit completed in 2021. The tool classifies each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements and per policy:</p> <ol style="list-style-type: none"> 1. Clients identified as PA can be housed with another PA or NS 2. Clients identified as a PV can be housed with a PV or NS 3. Clients identified with an NS can be housed with any other outcome 4. Clients identified as MX can be housed with another MX or PV 5. Some clients may receive a single room assignment regardless of score. <p>Ten of 196 residents were screened and identified as Potential Victims, but none as Potential Aggressors. Five of the ten were "Home Confinement" residents so housing was not an issue. The other five, consistent with the tool instructions and Brooklyn House policy, were either assigned a room of their own or with a resident or residents who obtained "Not Scored" or "NS" designations. As a result of Brooklyn House's response to the corrective action requests and the information uploaded to the Online Auditing System, a finding of compliance with this standard was determined.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>During the tour, resident interviews, and informal discussions with staff, it was confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment, retaliation, and staff negligence by residents or staff. This was also reflected in the Brooklyn House Operations Manual / Policy & Procedure "Resident Reporting," the "Sexual Abuse is a Crime" poster, as well as the</p>

Brooklyn House Resident Handbook.

All residents were aware of the toll free rape crisis hotline number for Safe Horizon provided on the posters posted throughout the facility and provided multiple examples of who to contact in the event there was sexual abuse or sexual harassment, including facility staff, family members, an attorney, the NYPD or 911, they could write to the Federal Bureau of Prisons regional office, or send an electronic message to staff on the ALERT system.

Staff were aware of the need to document any resident allegations of sexual abuse and sexual harassment as well as methods for privately reporting it, including telling the Facility Director / PREA Coordinator or Quality Assurance Specialist / PREA Compliance Manager, calling 911, Safe Horizon, CORE Services Group corporate office, or the Federal Bureau of Prisons. The "Brooklyn House RRC Personnel Manual" includes the address for the Department of Justice, Office of the Inspector General, to which staff can report sexual abuse allegations privately.

Within the Memorandum of Agreement with Safe Horizon, there was nothing within it that would meet the requirements of 115.251 (b) which would require an anonymous report of sexual assault to be forwarded from an outside agency to an official within the CORE Services Group, Inc., outside of the facility. Instead, a Memorandum of Understanding between Brooklyn House and Sonja Roberts, LCSW-R, Behavioral Health Supervisor of Wellcome Care Health, was established on August 7, 2024, to meet this requirement. In a phone call between this auditor and Ms. Roberts, she reported that she had the contact information for the Facility Director / PREA Coordinator and that she would call her directly if a resident made an anonymous report of sexual abuse. Posters indicating her contact information and stating that "Victims Can Report Anonymously" have been posted in English and Spanish as well as provided in the Brooklyn House Resident Handbook.

Corrective Action:

115.251 (c) requires that "staff shall accept reports made verbally, in writing, anonymously, and from third parties." Two out of thirteen residents interviewed were not certain of this, with the concept of third-party reporting being the most questionable. Corrective action included providing key points on a sheet and uploading verification that the resident training had been provided.

Consistent with 115.251 (d)-2, staff are informed of ways to privately report sexual abuse and sexual harassment of residents. Per the Facility Director / PREA Coordinator staff are informed at orientation and annually through their required PREA training.

The requested documentation was uploaded to the Online Auditing System and Brooklyn House was determined to be compliant with this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Brooklyn House Operations Manual / Policy & Procedure "Exhaustion of Administrative Remedies" and the Brooklyn House Resident Handbook were reviewed. The Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager were also interviewed to determine compliance with this standard.</p> <p>A resident may file a grievance at any time to bring a problem to staff's attention. Third parties including residents, staff members, family members, attorneys or others shall be permitted to assist a resident in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the resident's behalf. If a resident declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the resident's decision. Brooklyn House will ensure that a resident who alleges sexual abuse or harassment may submit a grievance without submitting it to the staff person who is the subject of the complaint. In addition, a grievance should never be referred to the staff person involved in a complaint.</p> <p>After receipt of an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse the facility shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.</p> <p>There have been no grievances submitted or allegations of sexual abuse in the past twelve months at Brooklyn House. Brooklyn House is the only facility required to be compliant with the PREA standards that is associated with the Core Services Group, Inc, so as a result, there were no examples of related grievances in the past three years neither within this program nor within the agency as well.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Brooklyn House Operations Manual / Policy and Procedure "Resident Access to Outside Confidential Supportive Services" and the Safe Horizon Memorandum of Understanding were reviewed. Interviews with staff and residents as well as telephone conversations with Sonja Roberts, LCSW, and the Safe Horizon Associate Vice President of the Brooklyn Community Program were also considered in</p>

determining compliance with this standard.

On August 20, 2024, Brooklyn House re-entered into a new Memorandum of Understanding with Safe Horizon, a community organization that provides emotional support services in response to sexual abuse. In order to meet the requirements of 115.251 (b) and provide residents with another avenue for emotional support. A Memorandum of Understanding between Brooklyn House and Sonja Roberts, LCSW-R, LCSW-R, Behavioral Health Supervisor of Wellcome Care Health, was established on August 7, 2024, to ensure residents can report sexual assault anonymously and that it would be shared with administration outside the facility.

Corrective Action

Five out of fifteen residents interviewed were not certain that there are services available outside of the facility for dealing with sexual abuse if it was needed and eight out of eleven residents were not aware of what services are available outside of the facility for dealing with sexual abuse if it was needed.

Three of eleven residents interviewed were not sure or were aware of where one may find mailing addresses and phone numbers for available outside services. Only one of eleven residents interviewed did not know that phone calls to outside support services could be made 24 hours per day.

One of eleven random residents interviewed were not aware what remains private and if it's monitored when calling crisis hotlines and related services.

115.253 (b)-1 states, '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.

115.253 (b)-2 states, 'The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

Administration was asked to provide key points on a sheet, have residents sign off that the training has been received and is understood, and upload it for review. Brooklyn House staff were also asked to upload the Brooklyn House Resident Handbook as well as the posters with mailing addresses and phone numbers for Safe Horizon and Sonja Roberts, LCSW-R.

As a result of these actions and the documentation provided, Brooklyn House was considered to be compliant with this standard.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Brooklyn House Residential Reentry Center Operations Manual / Policy & Procedure "Third-Party Reporting" and the agency website were reviewed, and the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager interviewed to determine compliance with this standard.</p> <p>Individuals are publicly informed via the agency website on how to make third party reports by accessing the following link:</p> <p>http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/.</p> <p>When an individual clicks on the link for "How to Report Incidents of Sexual Abuse and Sexual Harassment," a list of methods are provided, which is also the same information residents see on the "Sexual Abuse is a Crime" posters found throughout the facility. Methods include calling 911, contacting the Facility Director at Brooklyn House, contact the Corporate Office, contacting the Residential Reentry Manager, or by writing to the Office of the Inspector General/U.S. Department of Justice.</p>

<p>115.261</p>	<p>Staff and agency reporting duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>All of the elements of this standard were contained within the Brooklyn House Operations Manual / Policy & Procedure "Staff and Brooklyn House Residential Reentry Center Reporting Duties." Staff interviews confirmed that this practice is not only addressed in training but continues to be emphasized by administration. During this audit period, however, there have been no reported or documented examples in which this standard practice was necessary. Facility policy also requires that all staff are required to report any retaliation against residents or staff who made a report and prohibits the disclosure of information related to a report of sexual abuse, other than to the extent necessary to make treatment, investigation, and other security and management decisions. There are no residents admitted to the facility under the age of 18, so (d) would not apply in part; however, if an alleged victim is considered a vulnerable adult, facility policy and state mandatory reporting laws apply.</p> <p>Furthermore, there have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August</p>

	<p>2012. Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations in the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p><u>Corrective Action:</u></p> <p>Corrective action only entailed uploading the Brooklyn House Operations Manual policy to meet the requirements for 115.261 (c,d,e), entitled, 'Staff and Brooklyn House Residential Reentry Center Reporting Duties' that supports this standard. This policy was uploaded as requested and the standard was determined to be compliant.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This standard is addressed within Brooklyn House Operations Manual / Policy & Procedure "Staff and Brooklyn House Reporting Duties." During the past calendar year, there have been no reported or documented examples of residents considered to be subject to substantial risk of imminent sexual abuse. Interviews with all staff confirmed that staff have received training as to how to immediately protect identified residents by immediately separating the resident from the potential risk or alleged perpetrator, notifying their respective supervisor, and documenting the information in an incident report.</p> <p>Furthermore, there have been no grievances submitted, or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances in the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p><u>Corrective Action</u></p> <p>Corrective action only included uploading the Brooklyn House Resident Handbook and the Risk Screening spreadsheet to provide additional support as to how staff may identify risk upon orientation. All 196 residents on the spreadsheet were screened for risk either on the same day or within 24 hours of admission. None were identified as being at substantial risk for imminent sexual abuse. Administration provided the additional documentation and, as a result, Brooklyn House was determined to be compliant with the standard.</p>

115.263	Reporting to other confinement facilities
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>In the past twelve months, there have been no reported or documented Brooklyn House resident allegations of sexual abuse while confined at another facility. The Brooklyn House Operations Manual / Policy & Procedure "Reporting of Sexual Misconduct" requires notification of that prior facility within 72 hours, documentation that such notification has been received, and that the allegation is investigated in accordance with the standards. This policy was confirmed in separate interviews with the Vice President & Chief Operating Officer and the Facility Director / PREA Coordinator.</p> <p>In addition, there have been no grievances submitted, or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p><u>Corrective Action</u></p> <p>Corrective action required providing the policy that indicates that the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The 'Reporting of Sexual Misconduct' policy was edited to reflect this requirement and it was uploaded as requested. As a result, Brooklyn House was considered to be compliant with this standard.</p>

<p>115.264</p>	<p>Staff first responder duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Brooklyn House Operations Manual / Policy & Procedure "Evidence Protocol and Investigation of Sexual Misconduct" contains all of the elements required by the standard. Although there have been no instances or reports of sexual abuse within the last twelve months, interviews with twelve random staff and a review of documentation confirmed training and awareness of protocol and knowledge of these procedures.</p> <p>Furthermore, Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards. As a result, there were reportedly no incidents involving sexual assault in the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Brooklyn House has a comprehensive facility-specific institutional plan to coordinate actions taken in response to an incident of sexual abuse, which is delineated in the "Sexual Abuse and Victimization Resource Guide." This was further evident through this auditor's interview with the Facility Director / PREA Coordinator and Vice President & Chief Operating Officer.</p> <p><u>Corrective Action</u></p> <p>Within 115.265 (a)-1, 'The facility is required to have 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. What was provided during the Pre-Audit Questionnaire did not meet standard requirements. Administration was asked to provide a policy or documentation to address this aspect of the standard. The "Coordinated Response" policy was uploaded as requested and, as a result and in addition to the other information reviewed, Brooklyn House was determined to be compliant with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Brooklyn House has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was confirmed in an interview with the Brooklyn House Facility Director / PREA Coordinator and the CORE Services Group Vice President & Chief Operating Officer.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The Brooklyn House Operations Manual / Policy & Procedure "Staff and Brooklyn House Residential Reentry Center Reporting Duties" is written to protect all residents and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard. The Facility Director / PREA Coordinator, Deputy Director of Programs (who is charged with monitoring retaliation), Quality Assurance Specialist / PREA Compliance Manager, and the Vice President & Chief Operating Officer were all interviewed and confirmed their knowledge of and requirements related to this standard.</p> <p>There have been no incidents of sexual abuse or sexual harassment reported or documented in the past twelve months; therefore, there have been neither related incidents of retaliation nor a need to monitor or follow-up any residents for retaliation. Brooklyn House is the only facility affiliated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p><u>Corrective Action</u></p> <p>115.267 (b) requires that facilities specify "protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." Documentation was not found within the Pre-Audit Questionnaire that met this aspect of the standard. Corrective action involved uploading the Brooklyn House Protection Against Retaliation form, which listed factors that include housing changes, facility transfer, removal of alleged staff abuser from contact with victim, removal of alleged resident abuser from contact with victim, emotional support services, as potential options in addressing retaliation. As a result of all the information reviewed and provided, Brooklyn House was determined to be compliant with this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled "Evidence Protocol & Investigation of Sexual Misconduct" incorporates the essential elements of this standard. Although there have been no instances of reported or documented sexual misconduct in the past twelve months, an interview with the Investigative Specialist confirmed knowledge and familiarity with the investigative process as it pertains to this standard. She also received the required specialized training developed by the National Institute of Corrections: "Training for Investigators</p>

	<p>Working in Correctional Settings” was provided during the Pre-Audit Questionnaire</p> <p>There have been no grievances submitted, or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor since its association with the CORE Services Group, Inc.</p> <p>Although Brooklyn House does not conduct criminal investigations and their role in administrative investigations is limited, facility-based staff involvement is possible; however, it would be at the discretion of the Federal Bureau of Prisons. The New York Police Department would be responsible for conducting criminal investigations in which sexual assault is suspected.</p> <p>Compliance with this standard was determined upon review of the uploaded policy and training verification.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Brooklyn House "shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." This is stated in the Brooklyn House Operations Manual policy "Evidentiary Standard for Administrative Investigations," found within the "Deduction for Non-Compliance" section.</p> <p>Furthermore, there were no applicable investigations and there have been no grievances submitted, or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. It shall be noted that Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>All elements of this standard are included in the Brooklyn House Operations Manual / Policy & Procedure entitled "Reporting to Residents." Although there have been no reported or documented allegations or subsequent investigations in the past twelve months, interviews with the Facility Director / PREA Coordinator and the facility's Investigative Specialist demonstrated their knowledge and understanding regarding this standard's requirements.</p> <p>Furthermore, Brooklyn House is the only facility associated with the CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months that required such actions, neither within this program nor within the agency.</p> <p><u>Corrective Action</u></p> <p>Within 115.273 (a)-1, the standard requires any resident 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. The phrase "verbally or in writing" was omitted within Brooklyn House policy. Corrective action required that phrase to be added, which it was to the "Reporting to Residents" policy, and uploaded to the Online Auditing System. As a result, Brooklyn House was considered to be compliant with this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>All elements of this standard are included in Brooklyn House's Operations Manual / Policy & Procedure entitled "Disciplinary Sanctions." There have been no reported or documented allegations of sexual abuse or disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment in the past twelve months. Furthermore, Brooklyn House is the only facility associated with the CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations that have required disciplinary sanctions within the past twelve months neither within this program nor within the agency.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Corrective Action for Contractors and Volunteers" addresses the elements of this standard as required. According to the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager, there have been no contractors or volunteers who have reportedly engaged in sexual abuse in the past twelve months. Brooklyn House is the only facility associated with the CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related grievances or allegations within the past twelve months that would have required disciplinary or corrective action, neither within this program nor within the agency.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled "Disciplinary Sanctions" was reviewed and interviews with the Vice President & Chief Operating Officer and the Facility Director / PREA Coordinator were conducted to assist in determining compliance with this standard. Although the facility does not have mental health services on-site, the facility can consider and refer residents to the community provider (Community Treatment Services) to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse.</p> <p>Administration was asked to review their response on the Pre-Audit Questionnaire to 115.278 (d)-1 and 2: If you have a 'no' for (d)-1, it would seem you cannot have 'yes' for (d)-2. In (d)-1 'The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.' In (d)-2, '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 resident to participate in such interventions as a condition of access to programming or other benefits.' The Facility Director /PREA Coordinator acknowledged the error, but indicated she was unable to modify the responses which is because Pre-Audit Questionnaire responses cannot be modified after being submitted.</p> <p>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. In the past twelve months, there have been no instances of reported or documented sexual abuse by residents or staff; therefore, there have been no sanctions levied on residents during this audit period. Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents or allegations within the past twelve months that would have required disciplinary sanctions for residents, neither within</p>

	<p>this program nor within the agency.</p> <p>A review of the information provided, a clarification of the aforementioned responses on the Pre-Audit Questionnaire, and interviews with Administration resulted in a finding of compliance for Brooklyn House as it relates to this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers," a Memorandum of Understanding with Safe Horizon and Sonja Roberts, LCSW-R, for supportive crisis counseling, and an Agreement for Back-Up Medical Services with Woodhull Medical and Mental Health Center were reviewed, and interviews with the Facility Director / PREA Coordinator; Quality Assurance Specialist / PREA Compliance Manager; a member of Woodhull's Hospital's SAFE team; Sonja Roberts, LCSW-R; and the Associate Vice President of the Brooklyn Community Program for Safe Horizon were all considered in the determination of compliance.</p> <p>Although there were no resident victims of sexual abuse in the past twelve months, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services without financial cost to the victim, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate.</p> <p>Forensic medical exams, when needed, would be conducted at Woodhull Medical Center in Brooklyn, NY. According to a member of Woodhull Medical Center's SAFE/ SANE team, Woodhull is a SAFE-certified program, and the medical center has a primary and secondary provider utilized in conducting such examinations 24 four hours per day and 7 days per week. He reported he is not aware of any Brooklyn House residents that have required or were offered this intervention.</p> <p>Although SAFE Horizon and Sonja Roberts, LCSW-R, are contracted to provide crisis counseling services, neither provides a victim advocate to accompany residents to or meet with at the medical center. Instead, Brooklyn House has a male staff, the Employment Specialist, and a female staff, the Life Skills Instructor/Transitional Coordinator, identified as PREA Advocates and have been trained to provide such services, if necessary.</p> <p>Furthermore, Brooklyn House is the only facility associated with the CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related incidents that required medical or mental health</p>

	<p>treatment within the past twelve months, neither within this program nor within the agency. In consideration of the factors indicated above, Brooklyn House was found to be compliant with this standard.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers" and a Memorandum of Understanding with Safe Horizon for advocacy services, an Agreement for Back-up Medical Services with Woodhull Medical and Mental Health Center were reviewed and interviews with the Facility Director / PREA Coordinator; Quality Assurance Specialist / PREA Compliance Manager; a member of Woodhull Medical Center's SAFE-Certified program; Sonja Roberts, LCSW-R; and the Associate Vice President of the Brooklyn Community Program for Safe Horizon were all considered in the determination of compliance.</p> <p>There were no incidents of sexual abuse reported in the past twelve months. As a result, there was no evidence of practice; however, all elements of this standard were met in Policy & Procedure "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers". The agency offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Although medical and mental health care is not provided on-site at Brooklyn House, it may be obtained in the community, including mental health case management services through Safe Horizon, and any sexual abuse related services would be provided at no cost to the victim.</p> <p>Victims are provided medical and mental health services consistent with the community level of care and are offered tests for sexually transmitted infections as medically appropriate. 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 a related incident.</p> <p>Furthermore, Brooklyn House is the only facility associated with the CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related incidents that required medical or mental health treatment within the past twelve months, neither within this program nor within the agency.</p>

<p>115.286</p>	<p>Sexual abuse incident reviews</p>
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Program Evaluation" incorporates all the required elements of this standard. An alleged PREA incident that took was reported in January 2024 was determined to be "Unfounded". As a result, a sexual abuse incident review was completed. Interviews with the CORE Service Group, Inc.'s Vice President & Chief Operating Officer, Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, and Investigative Specialist indicated knowledge and understanding of the team's purpose and goals should it be necessary to convene for that purpose in the future.</p> <p><u>Corrective Action</u></p> <p>Administration was asked to upload any relevant documentation related to the aforementioned potential PREA incident that was reported on January 22, 2024, in which a resident alleged that a staff person had been harassing him in the resident bathroom while getting a urine sample. The PREA Sexual Abuse Incident Review completed on February 12, 2024, the PREA Report complete with witness statements, and Memorandums from the Facility Director and Employment Specialist were uploaded for review. The Sexual Abuse Incident Review Team form included all the required elements consistent with the standard. Although cameras do not provide coverage in the bathroom/shower areas, the Investigation Specialist reviewed the camera footage leading into the bathroom. Witness statements and video footage resulted in the claim being unfounded as the resident attempted to falsify a drug test using a prophylactic device and the staff person was deemed to have been conducting his job duties.</p> <p>Consistent with 115.286 (c)-1, 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. Membership per the 'Program Evaluation' (p.154) subsection of the Brooklyn House PREA Policy, includes the PREA Coordinator/Facility Director, PREA Investigative Specialist, PREA Compliance Manager/Quality Assurance Specialist, PREA Advocates, PREA Retaliation Staff/Deputy Director of Programs and medical or mental health practitioners.</p> <p>As a result of the information provided and documentation reviewed for this standard, this auditor has no grounds to refute this claim and, therefore, the facility is compliant with this standard.</p>

<p>115.287</p>	<p>Data collection</p>
	<p>Auditor Overall Determination: Meets Standard</p>

	<p>Auditor Discussion</p> <p>All elements of this standard, where applicable, are included in the Brooklyn House Operations Manual / Policy & Procedure entitled, "Data Collection." Although there have been no reported or documented allegations of sexual abuse in the past twelve months, Brooklyn House has a mechanism in place to collect, aggregate, and maintain the data, per standard requirements. The data collection instrument is used to collect the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. The 2024 Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report was uploaded in the Pre-Audit Questionnaire documentation.</p> <p>The agency's annual reports (one for each year from 2015-2024 entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" are available to the public via the agency website at:</p> <p>http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/.</p> <p>The reports indicate there have been no reports of sexual abuse or victimization between 2012 and 2024.</p> <p>A review of the materials provided determined that Brooklyn House is compliant with this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Data Review for Corrective Action" addresses all the necessary requirements of this standard. Interviews with the agency's Vice President & Chief Operating Officer and the Facility Director/ PREA Coordinator further confirmed adherence to this policy and practice.</p> <p>The agency's 2015-2024 annual reports, entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website at:</p> <p>http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/</p> <p>At the above link/website, the reports reference that there have been no incidents of sexual abuse or victimization at least since 2012, the year the PREA requirements</p>

	<p>went into effect.</p> <p>The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an on-going basis; and 3. Preparing an annual report of its findings and corrective actions <p>As stated earlier, between the years of 2012 and 2024, there were no reported or documented incidents of sexual abuse, thus "Data Review for Corrective Action" was not required. It shall be noted that Brooklyn House is the only facility associated with CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents of sexual abuse that required corrective action during this review period, neither within this program nor within the agency. Based on the information provided and the data reviewed, Brooklyn House has been determined to be compliant with this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Brooklyn House Operations Manual / Policy & Procedure entitled, "Data Storage, Publication, and Destruction" addresses all the elements of this standard. A review of the agency's website and interviews with the agency's Facility Director/ PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager confirmed adherence to this policy and practice.</p> <p>The agency's 2015-2024 annual reports entitled, "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" are available to the public through the agency website at:</p> <p>http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/ and references that there have been no reports of sexual abuse or victimization between 2012 and 2024.</p> <p>Per policy, data would be securely retained in a locked file cabinet in the Facility Director's office and such data shall be retained for 10 years after the initial date of collection. The Facility Director/PREA Coordinator and the Investigative Specialist will have access to those files.</p> <p>According to the annual reports posted on the website, between the years of 2012 and 2024, there were no reported or documented incidents of sexual abuse, thus</p>

	<p>related data retention and storage has not been required. It shall be noted that Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents of sexual abuse that required data storage and retention during this review period, neither within this program nor within the agency.</p> <p><u>Corrective Action</u></p> <p>Consistent with 115.289 (b)-1, '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.' Administration was asked to add the phrase “through its website” to the 'Data Storage, Publication, and Destruction' policy and upload to the Online Auditing System in addition to the 2024 Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report.</p> <p>As required by 115.289 (c)-1, 'Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers' administration was asked to add this to policy. As a result, the 'Data Storage, Publication, and Destruction' policy was modified as requested and it was uploaded to the Online Auditing System.</p> <p>Upon review of the information provided for the Pre-Audit Questionnaire and uploaded at the request of this auditor, Brooklyn House was determined to be compliant with this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Brooklyn House is the only facility within the organization that requires a PREA audit. Brooklyn House was audited initially in 2015, 2018, and again in 2021 by this auditor, with all three prior audits finding Brooklyn House to be compliant with the PREA standards. During the on-site visit, this auditor had access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documentation. All resident and staff interviews were conducted in private rooms and no correspondence was received by the auditor prior to the on-site audit or within the interim prior to completing this report.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Brooklyn House was audited initially in 2015, 2018, and again in 2021 by this auditor, with all three prior audits finding Brooklyn House to be compliant with the PREA standards. Brooklyn House has published on its website all three prior Brooklyn House Final PREA Audit Reports and they have been instructed to post the Final PREA Report within ninety days of issuance by this auditor.</p>
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	no
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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