

PREA Facility Audit Report: Final

Name of Facility: Shelby County Juvenile Detention Facility

Facility Type: Juvenile

Date Interim Report Submitted: 04/10/2023

Date Final Report Submitted: 10/19/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
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.	☐
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 10/19/ 2023

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	02/06/2023
End Date of On-Site Audit:	02/08/2023

FACILITY INFORMATION	
Facility name:	Shelby County Juvenile Detention Facility
Facility physical address:	616 Adams Avenue, Memphis, Tennessee - 38103
Facility mailing address:	

Primary Contact	
Name:	Patricia Dixon
Email Address:	patricia.dixon@shelby-sheriff.org
Telephone Number:	901-508-6090

Superintendent/Director/Administrator	
Name:	Takeitha Tuggle
Email Address:	takeitha.tuggle@shelby-sheriff.org
Telephone Number:	901-222-5297

Facility PREA Compliance Manager	
Name:	Devita Dyer
Email Address:	devita.dyer@shelby-sheriff.org
Telephone Number:	O: 901-482-6464

Facility Health Service Administrator On-Site	
Name:	Jeremy Sanders
Email Address:	jrsanders@wellpath.us
Telephone Number:	901-340-0235

Facility Characteristics	
Designed facility capacity:	135
Current population of facility:	79
Average daily population for the past 12 months:	63
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	12-18
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	61
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Shelby County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	201 Poplar Avenue , Memphis , Tennessee - 38103
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Patricia Dixon	Email Address:	patricia.dixon@shelby-sheriff.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

43

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:	2023-02-06
2. End date of the onsite portion of the audit:	2023-02-08

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Rape Crisis Center of Shelby County

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	135
15. Average daily population for the past 12 months:	65
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☒ Yes ☐ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	69
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	69
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	N/A
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	59

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	26
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	N/A
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	17
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	This auditor reviewed the facility's roster of residents and their demographical information in their electronic resident file.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
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".	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	17
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This auditor reviewed SCSO-JDC's roster, spoke to the PREA Compliance Manager, and spoke with Mental Health/Medical staff to confirm that residents who fit this targeted area were not on the facility's roster or in the population. This auditor also informally asked each interviewed resident during interviews.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	N/A
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	36

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Race, Gender, Contractor, Volunteer, Education Staff
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	☒ Yes ☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	6
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☒ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	N/A
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	N/A
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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.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:	SCSO-JDC had 0 sexual abuse investigations between 2/6/22 through 2/6/23. This asked during auditor formal and informal interviews with residents, as well as during interviews with SCSO PREA Investigators and PREA Coordinator.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
- 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)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.311. Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) submitted their Inmate Sexual Harassment Policy #839 (Pages 1-4) policy as evidence of compliance with PREA Standard 115.311. SCSO-JDC's Inmate Sexual Harassment Policy #839 has the necessary language to align with PREA Standards. This PREA auditor observed and interacted with SCSO's PREA Coordinator and the SCSO-JDC PREA Compliance Manager. This PREA Auditor also interviewed the PREA Coordinator and Compliance Manager. SCSO-JDC's PREA Compliance Manager shared that she was supported in her efforts and was allotted enough time and authority to effectively engage in her PREA Compliance Manager role. However,

	when this PREA auditor interviewed SCSO's PREA Coordinator, this auditor discovered that SCSO's PREA Coordinator does not have enough sufficient time to perform her PREA Coordinating duties with the 3 SCSO facilities (JDC, Women's Jail, Men's Jail). Currently, SCSO's PREA Coordinator serves as Accreditation Manager, Men's Jail Program Manager, and Sheriff's Office PREA Coordinator. After further examination of each role, each of the three roles carried out by the PREA Coordinator are each full-time individual positions, requiring 3 employees. Additionally, this PREA Auditor reviewed the SCSO's "Jail Administration" Organizational Chart. Due to the PREA Coordinator's multiplicity of roles previously mentioned above, SCSO's PREA Coordinator reports to a different supervisor for each role. This does not allow for SCSO to sustain consistency in their PREA efforts over time, if the current PREA Coordinator is no longer employed at SCSO. This auditor recommended that SCSO's Chief Jailer develop an independent job title/ position and responsibilities which entails the PREA Coordination within Shelby County Sheriff's Office facilities. This person should also hold a position of authority, which has a direct line of reporting to the Chief Jailer, to ensure PREA efforts are not hindered, limited, or without obstacle. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.311. During SCSO-JDC's corrective action period, Shelby County's Chief Jailer requested the assistance of this PREA auditor to share sample job description for a PREA Coordinator and/or an Accreditation Manager. Multiple examples were submitted to Shelby County Sheriff's Office Chief Jailer and Human Resources (HR). SCSO's HR has finalized a job description and is waiting for the county board's approval. SCSO's PREA Coordinator submitted a memo from SCSO's Chief Jailer, sharing that the county is awaiting final approval, then the position will be officially posted. Additionally, SCSO's Chief Jailer shared that SCSO's PREA Coordinator multiple roles has been officially decreased to PREA Coordination and other Accreditation Oversight responsibilities. Finally, SCSO's PREA Coordinator submitted email correspondence from Jail Administrator to all management staff, stating that the SCSO's PREA Coordinator sole duties will be PREA, TCI, and ACA Accreditation. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.311.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site

	interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.312. Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) reported that they do not contract with other entities for the confinement of residents. SCSO-JDC also did not submit any contractual agreements. This auditor also reviewed the rosters during the onsite audit. All residents placed in SCSO-JDC were Shelby County residents which would be confined at the SCSO-JDC by the Shelby County Juvenile Court. This PREA auditor concludes that SCSO-JDC is in compliance with PREA Standard 115.312.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.312. Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) submitted their Juvenile Detention Staff Analysis (2016) as evidence of compliance with PREA Standard 115.313. SCSO-JDC's Juvenile Detention Staff Analysis identified their various housing units and the demographics, staff to resident ratios expectations, internal and external factors which impacts their staffing, staffing relief factors, and their set plan to provide adequate staff/resident ratio supervision. SCSO-JDC also submitted their PREA Response Procedures Policy 339.05 which has the necessary language to align with PREA Standard 115.313 on unannounced rounds by supervisory and higher staff. While on-site, this PREA auditor did observe the facility in ratio with two security staff to each 8 residents. Each informally and formally interviewed staff shared that SCSO-JDC's ratio is one security staff to each 16 residents. Documentation was viewed regarding the SCSO-JDC's staffing plan for 2016, however this auditor was not able to see any evidence of annual reviews of the staffing plan. This auditor did not see any evidence that staffing plan reviews occurred in 2017, 2018, 2019, 2020, 2021, or 2022. Shelby County submitted their annual "2022-23 Staffing Selection as evidence of compliance with PREA's Staffing Plan standard. However, PREA Standard 115.313 also requires annual review of staff patterns, deployment of video, incident reviews, and additional resources available to adhere to staff plan. Additionally, this auditor reviewed SCSO-JDC's logbooks for unannounced rounds by supervisory staff or higher, within the previous 12-months. SCSO-JDC submitted, in

	OAS, random days of unannounced rounds by supervisory staff or higher. This auditor also interviewed 23 security staff (4 were security supervisory staff). Each shared that unannounced rounds are conducted consistently and daily on various shifts. Each also shared that unannounced round conducted, is done so without prior notification. Finally, this auditor reviewed logbooks from each housing units (4) and reviewed random dates within the past 12-months of the onsite audit. There were at least 2 documented unannounced rounds on each of the 15 randomly selected dates from each housing unit's logbook. This auditor recommended that SCSO-JDC show evidence of conducting staffing plan reviews for the previous years after 2016, not submitted (2017, 2018, 2019, 2020, 2021, 2022). If SCSO-JDC does not have evidence of previous years' staffing plan reviews, this auditor recommended that SCSO-JDC immediately establish a staffing plan review to re-establish consistency in reviews. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.313. During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator submitted a revised "Staffing Plan" for SCSO-JDC which sufficiently aligns with PREA Standard 115.313's goal of providing adequate staffing to protect residents from sexual abuse. This revised Staffing Plan submitted by SCSO's PREA Coordinator will be the plan SCSO-JDC's future staffing plan reviews will be based by SCSO-JDC's review team. Each component of PREA Standard 115.313 will be reviewed going forward to determine if SCSO is providing adequate staffing to protect residents from sexual abuse. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.313.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.315. SCSO-JDC submitted their Inmate Searches and Contraband Control Policy 316.09 (Pages 5-6). Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) also submitted their Inmates Rights Policy 836.03H (Page 2) as evidence of compliance with PREA Standard 115.315. SCSO-JDC's Inmates Rights Policy identified resident's rights to shower, perform bodily function, and change clothing without being viewed by non-medical staff of

	opposite gender. SCSO-JDC's Policy 316.09 and Policy 836.03H has the necessary language to align with PREA Standard 115.315. While on-site, this PREA auditor interviewed 17 randomly selected residents. Each interviewed resident verified that they are only searched by staff of the same gender. Additionally, interviewed residents also shared that they allowed to shower, perform bodily functions, and get dressed without being viewed by staff. This auditor also verified, through formally interviewed residents and informally questioned residents, that only one resident at a time is allowed in the shower room during showering procedures. This auditor interviewed 23 security and security supervisory staff that confirmed shower procedures. Residents also shared that staff of opposite gender staff announce their presence prior to entering the resident's housing units. This auditor also viewed "opposite gender announcement" reminders posted on the entry doors of all SCSO-JDC housing units. Furthermore, during interviews with a random selection of 23 security and security supervisor staff, there were differences in staff responses to pat down procedures of transgender/intersex residents. When this auditor asked the 23 interviewees SCSO-JDC's pat search procedures, there were mixed responses. Staff responses were a) "transgender residents are pat searched based on their biological parts; b) female staff pat search transgender/intersex residents; and c) allow the transgender/intersex resident to choose what gender staff pat search transgender/intersex residents. This PREA auditor recommended that SCSO-JDC conduct a refresher training on SCSO-JDC's transgender/intersex residents. The goal of the refresher training was to ensure staff uniformly follow SCSO-JDC's cross-gender pat down search policy, as well as professional and respectful approaches. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.315. During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator submitted a blank example of their "Transgender Search Form," which is used to ensure that transgender inmates are provided with gender of staff they choose. SCSO's PREA Coordinator also submitted a blank example of SCSO's "Acknowledgement Form" used to verify staff was trained in transgender/intersex pat searches, and professional interactions. Finally, SCSO's PREA coordinator submitted 37 signed "Acknowledge Forms" verifying that SCSO-JDC staff received refresher training on SCSO-JDC's PREA policy on transgender/intersex professional interactions and pat-search procedures with transgender/intersex residents. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.315.
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115.316	Residents with disabilities and residents who are limited English proficient
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.316. SCSO-JDC submitted their Accommodations for Inmates with Disabilities Policy 857.04C (Page 3) regarding accommodations for residents with disabilities and Limited English Proficient residents, as additional evidence of providing access to residents with disabilities (Limited English Proficient, deaf, low-vision, etc.). SCSO-JDC's Policy 857.04C has the necessary language to align with PREA Standard 115.316. Shelby County Sheriff's Office-JDC (SCSO-JDC) submitted through the PREA Online Audit System (OAS), an invoice from "<i>Real Time Translation Services</i>," which is used as the primary translation service for LEP residents. SCSO-JDC also submitted a "<i>Language Line</i>" Interpretation/Translation, as additional evidence of providing access to residents with disabilities (Limited English Proficient, deaf, low-vision, etc.). This auditor tested SCSO-JDC's "<i>Language Line</i>" to confirm their submitted interpretation services. After this auditor typed in PCJDC's access code, the language line prompted this auditor to identify the preferred language translation. Additionally, while onsite, this auditor reviewed pamphlets which were in English and Spanish, as well as resident reporting postings in English and Spanish. Finally, SCSO-JDC's resident's PREA education video, which provides information access for residents who are low-vision or unable to read. Additionally, this PREA auditor interviewed 33 various SCSO-JDC staff members/contractors, who knew that "<i>Real Time Translation Services</i>" and "<i>Language Line</i>" is used. The staff also shared that the use of other residents to translate in almost never used. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.316.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site

	interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.317. SCSO-JDC submitted their Selection Process Policy 345.15ABC (Pages 7-8), which had the necessary language to align with PREA Standard 115.317 regarding the selection, screening, hiring, and promotion considerations of employees, as well as volunteer involvement with SCSO-JDC. This PREA auditor interviewed <i>Human Resource (HR) Manager and Bureau of Professional Standards and Integrity (BOPSI) Sergeant</i>, who identified that they utilize the E-Agent Program to conduct their NCIC checks of active staff members annually. This occurs during annual in-service staff training. BPSI also shared that they run their NCIC checks 6 different ways to capture the following: driver's license checks, state checks, federal checks, sex offender registry checks, warrants, and protection order history). SCSO's Human Resource Department also has added a "PREA Certification Acknowledgement Form," in addition to employee background investigation for potential candidates. Additionally, prior to candidates being assigned to the Juvenile Detention Center, potential candidates undergo Child Abuse Registry by SCSO's Bureau of Professional Standards Integrity (BPSI) Department. SCSO's Bureau of Professional Standards Integrity Department showed evidence of 6 randomly selected employee files, as evidence of annual background checks. This auditor was also satisfied with the evidence of annual background checks being conducted that any new information on employee promotion selections would be captured. Shelby County Sheriff's Office HR Manager also shared that BOPSI Department also conducts background checks on all prospective contractors and volunteers. SCSO's Bureau of Professional Standards Integrity (BPSI) Department showed this auditor evidence of 3 randomly selected contractor's files that background checks and child registry checks are conducted. SCSO's HR Manager confirmed that substantiated allegations are provided to prospective employers, as requested by the agency, unless prohibited by law. Finally, SCSO-JDC's PREA Coordinator submitted 88 updated and completed child abuse registry checks of current staff, through the Tennessee Department of Child Services (TNDCS). This updated process implemented by SCSO's PREA Coordinator, has a faster response to improve SCSO's ability to onboard staff for SCSO-JDC. This process will be added to SCSO's BOPSI team's background check process. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.317.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.318. Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) reported that they have not acquired a new facility, made any facility upgrades or expansions to the facility since August 20, 2012. However, this auditor interviewed SCSO's Chief Jailer and SCSO-JDC's Chief Administrator. Both shared that SCSO has been in the process of building another JDC, namely <i>Shelby County Juvenile Detention Services</i>. Furthermore, SCSO's Chief Jailer and JDC's Chief Administrator shared that the new juvenile detention facility will have state-of-the-art video deployment, physical plant, recreation, and other technologies to keep resident safe from sexual abuse/sexual harassment. According to the Chief Jailer and Chief Administrator, the expected completion date is Fall 2023. Finally, this auditor had the opportunity to drive past the erected facility (in progress of being completed). This PREA auditor concludes that SCSO-JDC is in compliance with PREA Standard 115.318.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.321. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy 839-H (Pages 12-13), regarding SCSO-JDC's efforts to provide victim advocacy to all alleged victims of sexual abuse, preservation of usable evidence, and the investigation protocol. SCSO-JDC also submitted their Standard Operating Procedure (SOP) 339.08, which states that SCSO and the Shelby County Crime Victims and Rape Crisis Center (CVRCC) has entered a Memorandum of Understanding (MOU) regarding forensic examinations, crisis intervention, and rape victim advocacy. SCSO-JDC's Policy 839-H and their SOP 339.08 has the necessary language to align with PREA Standard 115.321. This PREA auditor reviewed the Memorandum of Understanding (MOU) between SCSO and Shelby County Crime Victims & Rape Crisis Center (dated 10/14/2019). Shelby County Crime Victims & Rape Crisis Center

	serves as the central location for emotional support for victims, as well as provide confidential Sexual Abuse Forensic Examinations (SAFE). This auditor also interviewed SCSO-JDC's contracted Health Services Administrator (HSA), contracted Mental Health Services Supervisor, as well as 23 security staff and supervisory security staff who were familiar with the MOU collaboration with SCSO-JDC and Shelby County Crime Victims & Rape Crisis Center. Additionally, each of the 23 interviewed security/supervisory security staff knew their 1st responder duties to secure the scene of the alleged sexual abuse incident, to preserve usable evidence for the investigators. During randomly selected interviews with this auditor, each knew that the Rape Crisis Center was SCSO-JDC's identified agency for forensic examinations and emotional support. Finally, this auditor interviewed 17 randomly selected residents. When asked, "Who's the community agency that is available to provide emotional support to victims of sexual abuse?" Most interviewed residents either responded, "The Rape Crisis Center" or "That rape place posted in our Shadow Board." This auditor viewed the "Shadow Boards on each resident housing unit and identified the Shelby County Crime Victims & Rape Crisis Center's information/contact numbers were posted in plain sight (near the telephones). This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.321.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.322. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839-H-I (Pages 10-13), regarding SCSO-JDC's criminal and administrative investigation procedures. SCSO-JDC's Policy 839-H-I has the necessary language to align with PREA Standard 115.322. This PREA auditor reviewed the General Investigative Bureau's (GIB) Standard Operating Procedures for Detectives. This auditor also interviewed a GIB Detective, who investigates all PREA sexual abuse allegations for SCSO. During this interview, the GIB detective shared how he receives reports from SCSO-JDC, his investigative process, and how he follows PREA Standards regarding preponderance of evidence. If not criminal, the SCSO-JDC specialized trained Gang Intelligence Unit (GIU) investigator investigates all administrative (non-criminal) PREA-related allegations.

	This auditor also reviewed this GIB detective training files and identified recent refresher specialized training certificates of completion. This auditor also interviewed SCSO's Gang Intelligence Unit's (GIU) Lieutenant, who investigates non-criminal sexual harassments allegations. This GIU Administrative PREA Investigators explained GIU's responsibility for investigating all non-criminal sexual harassments allegations for the SCSO. She shared her investigation process, inmate rights, witness interviews, and preponderance of evidence conclusions. She also shared that each allegation follows PREA Resource Center's approved specialized investigator training. This auditor also reviewed this GIU lieutenant training files and identified recent updated refresher specialized training certificates of completion. Finally, the SCSO-JDC submitted and electronic copy of their website which states their PREA No-Tolerance policy, reporting avenues, and investigations. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.322.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.331. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839-K (Page 16) and their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures (SOP) #339 (Page 6) as evidence of alignment with PREA Standard 115.331. SCSO-JDC's Policy #839 and SOP has the necessary language to align with PREA Standard 115.331 regarding SCSO-JDC's employee PREA training, employee responsibilities, and being annually trained. This auditor interviewed 36 randomly selected staff (specialized, direct supervision, and contracted), to assess their knowledge of PREA, PREA's purpose, and how PREA relates to each staff's role. Each interviewed staff had adequate knowledge of PREA, its zero tolerance, inmate rights, their professional boundaries, and their coordinated response to sexual abuse allegations. Each interviewed staff were also asked the same scenario-based question, <i>"If a resident runs to you frantically and immediately states that another resident sexually abused them in a room nearby where you are standing (and penetration occurred). You look at the location and you see another resident exiting the room and fixing their clothing. What is your response?"</i> Each staff shared their 1st Responder responsibilities in separating the victim/perpetrator, preserving the potential crime scene for usable evidence, notify

	a supervisor or security staff, and request that the victim/perpetrator do not change clothing or use the bathroom. This auditor also viewed the files of the 36 interviewed SCSO-JDC staff to verify that each received Comprehensive PREA Training and a refresher every 2 years. Each had their training certificate or electronic signature verification of attending employee training. SCSO's PREA coordinator provided this auditor with electronic evidence of each staff's initial PREA Training (during academy), as well as annual in-service PREA training. SCSO's PREA Coordinator explained that each year, during annual in-service, every SCSO-JDC employee receives a background check and comprehensive PREA refresher training. This auditor also reviewed the Power Point training used to train employees, contractors, and volunteers. The Power Point Training covered the components identified in PREA Standard 115.331. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.331.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.331. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839-K (Page 16) and their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures (SOP) #339 (Page 6) as evidence of alignment with PREA Standard 115.332. SCSO-JDC's Policy #839 and SOP has the necessary language to align with PREA Standard 115.332 regarding SCSO-JDC's employee, contractor, and volunteer PREA training. This auditor interviewed 6 randomly selected contracted specialized staff (education, medical, and mental health), to assess their knowledge of PREA, PREA's purpose, and how PREA relates to each staff's role. Each interviewed staff had adequate knowledge of PREA, its zero tolerance, inmate rights, their professional boundaries, and their coordinated response to a sexual abuse allegation. Each interviewed staff were also asked the same scenario-based question, <i>"If a resident runs to you frantically and immediately states that another resident sexually abused them in a room nearby where you are standing (and penetration occurred). You look at the location and you see another resident exiting the room and fixing their clothing. What is your response?"</i> Each staff shared their 1st Responder responsibilities in separating the victim/perpetrator, preserving the potential crime

	scene for usable evidence, notify a supervisor or security staff, and request that the victim/perpetrator do not change clothing or use the bathroom. This auditor also viewed the files of the 6 interviewed SCSO-JDC staff to verify that each received comprehensive PREA Training, based on their extent of contact and annual refresher. Each contracted staff had their training certificate or electronic signature verification of attending employee training in their training file. SCSO's PREA coordinator provided this auditor with electronic evidence each contracted staff's PREA Training, as well as annual in-service PREA trainings. This auditor also reviewed the Power Point training used to train employees, contractors, and volunteers. The Power Point Training covered the components identified in PREA Standard 115.332. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.332.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.333. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839.04B (Page 4) and their Prison Rape Elimination Act (PREA) Response Procedures Policy #339-03 (Page 6) as evidence of alignment with PREA Standard 115.333. regarding SCSO-JDC's resident orientation, SCSO-JDC's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Standard 115.332. SCSO-JDC's Policy #839.04 and SOP #339 has the necessary language to align with PREA Standard 115.333, regarding SCSO-JDC's resident PREA Intake Orientation and PREA Comprehensive Education. This PREA auditor retrieved a physical copy of their "Detainee Handbook" (in English and Spanish) from SCSO-JDC's intake location. Pages 11-12 provided information/education about PREA and resident rights. This auditor also observed large decorative "Shadow Boxed" on each housing unit (next to each telephone area). Inside each "Shadow Box" was PREA Posters, PREA reporting information, Hotline numbers, outside access for victim advocacy, and tips to stay safe while in Detention. These "Shadow Boxes" were well organized and age-appropriate for juveniles. Additionally, during the onsite audit, this auditor observed a PREA video being played simultaneously on each housing unit at set/scheduled times (in the AM

and PM). This auditor also interviewed 17 residents. 15/17 residents verified receiving PREA information during intake (handbook), and comprehensive PREA education through daily videos and staff processing groups. However, SCSO-JDC could not show documented evidence that residents have signed off after receiving PREA Education.

This auditor believes that SCSO-JDC is practicing PREA Standard 115.333. However, while onsite this PREA auditor observed SCSO-JDC's process of providing PREA Orientation to residents at intake. This auditor interviewed 3 intake staff (2 staff and 1 intake supervisor). They informed this auditor that they give each resident an "PREA Orientation Acknowledgement Form" to read then sign. This is what SCSO-JDC's intake staff consider PREA Orientation. This auditor asked the SCSO-JDC intake staff, "How do you provide PREA Orientation to residents who are unable to read, Limited English Proficient, etc. through just giving them the "PREA Orientation Acknowledgement Form" to review/read on their own?" They could not answer the question.

As it pertains to comprehensive PREA Education, this auditor could not verify any documentation that SCSO-JDC is providing each resident with PREA Education within 10 days of their arrival. This auditor shared that showing the video daily to residents is a good practice after an official comprehensive PREA Education session has occurred. However, if SCSO-JDC does not have any initial documented evidence that comprehensive PREA Education was provided to each resident initially, then the daily video alone would not suffice as PREA Education. If the video follows documented comprehensive PREA education within 10 days, then SCSO-JDC exceeds the PREA Standard subsection 115.333(b).

This auditor recommended that SCSO-JDC intake staff revamp their PREA Orientation process at intake, by reading the "PREA Orientation Acknowledgement Form" to each resident at intake. SCSO-JDC should also provide each resident with a PREA Brochure" to take with them to their housing/room location. By reading the "PREA Orientation Acknowledgement Form" to each resident, SCSO-JDC would be able to ensure that limited reading, limited English proficient, low vision, and hard of hearing residents would still be able to understand their rights, zero tolerance, how to report, and medical/mental health access at SCSO-JDC. This auditor also recommended that SCSO-JDC identify a way for residents to acknowledge receiving comprehensive PREA Education within 10 days of their arrival. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.333.

During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator submitted a SCSO-JDC's "PREA Comprehensive Resident Education Script" (English and Spanish), which provide the counseling staff a uniformed process of delivering PREA education to each resident. The counseling staff generally facilitates PREA resident comprehensive education at SCSO-JDC. Additionally, SCSO's PREA Coordinator submitted SCSO's "Morning Reports" from 5/23/23 through 10/3/23. The "Morning Reports" are generated and submitted by SCSO-JDC counselors, showing the names of new residents who were provided PREA comprehensive resident

	education. SCSO-JDC counselors provides PREA resident education twice weekly, to ensure they are providing comprehensive resident education within 10 days of their intake. Finally, SCSO's PREA Coordinator submitted 71 signed <i>"Youth PREA Resident Comprehensive Education Acknowledgement Forms,"</i> as evidence of all current residents' receipt of refresher PREA comprehensive education. The training was facilitated by SCSO-JDC's PREA Compliance Manager on 10/2/23, 10/3/23, and 10/4/23). This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.333.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.334. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedure #339 (Page 5) as evidence of alignment with PREA Standard 115.334. This PREA auditor also reviewed SCSO's Detective Standard Operating Procedures (2022), as evidence of required procedures when investigating sexual abuse allegations. SCSO-JDC's Policy SOP #339 and SCSO's Detective Standard Operating Procedure (2022) has the necessary language to align with PREA Standard 115.334, regarding SCSO-JDC's regarding SCSO-JDC's specialized training for PREA investigators/detectives. This auditor also interviewed a GIB Detective, who investigates all PREA sexual abuse allegations for SCSO. During this interview, the GIB detective shared how he receives reports from SCSO-JDC, his investigative process, and how he follows PREA Standards regarding preponderance of evidence. If not criminal, the SCSO-JDC specialized trained Gang Intelligence Unit (GIU) investigator investigates all administrative (non-criminal) PREA-related allegations. This auditor also reviewed this GIB detective training files and identified recent refresher specialized training certificates of completion. This auditor also interviewed SCSO's Gang Intelligence Unit's (GIU) Lieutenant, who investigates non-criminal sexual harassments allegations. This GIU Administrative PREA Investigators explained GIU's responsibility for investigating all non-criminal sexual harassments allegations for the SCSO. She shared her investigation process, inmate rights, witness interviews, and preponderance of evidence conclusions. She also shared that each allegation follows PREA Resource Center's approved specialized investigator training. This auditor also reviewed this GIU Sergeant training files and identified updated

	refresher specialized training certificates of completion through NIC (Training dates: 5/24/22 and 6/22/22). This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.334.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.335. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedure #339 (Pages 5-6) as evidence of alignment with PREA Standard 115.335. SCSO-JDC's Policy SOP #339 (Pages 5-6) has the necessary language to align with PREA Standard 115.335, regarding SCSO-JDC's specialized training for PREA medical and mental health providers. This auditor also interviewed SCSO-JDC's contracted Health Services Administrator (HSA), contracted Mental Health Services Supervisor. Each interviewed contracted staff identified the training they received regarding effective and professional responding to juvenile sexual abuse victims, evidence preservation, reporting procedures, and forensic examination protocols. This PREA auditor also reviewed a random selection of 10 contracted Medical and Mental Health Care staff certificates, specifically the interviewed contracted HSA and Mental Health Supervisor. SCSO's PREA Coordinator and the contracted HSA submitted the specialized training certificates for the SCSO-JDC contracted Medical and Mental Health Care Personnel. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center

(SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.341. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 5) as evidence of alignment with PREA Standard 115.341. The policy has the necessary language to align with PREA Standard 115.341 regarding SCSO-JDC's use of an objective screening tool to identify resident's level of vulnerability and risk of sexual victimization.

This PREA auditor reviewed SCSO-JDC's intake Screening Tool for Identification of Sexual Aggression and Vulnerability. This auditor also conducted on-the-spot informal interviews with 3 intake staff (2 staff and 1 intake supervisor staff). This auditor asked them to share and show how youth are administered their Screening Tool for Identification of Sexual Aggression and Vulnerability. The intake staff shared and demonstrated how youth are screened for sexual victimization and abusiveness. This auditor observed that these risk screening are conducted publicly in an open setting, where residents sitting in chairs next to the screened resident, can hear the intimate/sensitive questions being asked by the screening intake staff and the self-disclosing/intimate answers from the resident. This setting is not conducive for the screener to gain accurate and honest self-disclosing responses or reveal if they were victimized or abusive in the past. Additionally, the screening form does not have an objective component, which directs the next steps if the resident answers certain questions with certain responses. There's no scoring mechanism nor are there indicator questions, which if a resident responds "yes" to would trigger a follow up meeting by mental health. Furthermore, the screening tool does not screen for "propensity to victimization" or "propensity to abusiveness." Finally, from intake staff sharing and observing demonstration of the risk screening process, mental health staff who conducts a portion/section of the risk screening at intake is the person determining follow-up, rather than the results of the completed objective risk screening tool. All these factors do not conclude that SCSO-JDC's current Screening Tool for Identification of Sexual Aggression and Vulnerability is not objective, does not identify resident propensity, and is conducted in a setting not conducive for a resident to feel unguarded and safe to adequately respond to intimate and sensitive questions.

This PREA auditor recommended that SCSO-JDC develop an objective screening tool which contains the required questions from standard 115.341. This screening tool should have a weighted/value-based score which helps to guide the objective outcome of the screening tool. The questions should also be categorized to screen for propensity to victimization or propensity to abusiveness. Additionally, this auditor also recommended that the results from the screening questions formulate a score to determine a final risk score, which guides recommendations for mental health follow-up within 14-days, programming, housing, bed, and education programming. Finally, this auditor recommended that all PREA Risk Screenings for Victimizations and Abusiveness be conducted in a private setting/location, to garner resident privacy, safety, and trust to gain accurate information. This PREA auditor

	concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.341. During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator in collaboration with a SCSO-JDC's leadership and technical assistance from this auditor, revised their <i>"PREA Screening for Sexual Victimization and Abusiveness."</i> After completing the revised screening tool, SCSO's PREA Coordinator submitted evidence of SCSO-JDC's intake, security supervisory, medical, and mental health staff being trained on how to administer the <i>"PREA Screening for Sexual Victimization and Abusiveness"</i> (6/28/23). These are the staff members who are intricately involved in completing the screening tool at intake. On 7/1/2023, SCSO-JDC implemented and tested the revised screening tool over a 3-month sample period of SCSO-JDC intakes. On 10/6/2023, SCSO's PREA Coordinator participated in a ZOOM call to demonstrate to this auditor how their revised <i>"PREA Screening for Sexual Victimization and Abusiveness"</i> works. This auditor observed the tool being in English and Spanish, as well as having a weighted/value-based score. This helps to guide the objective outcome of the screening tool. Additionally, the questions were categorized to screen for propensity to victimization and propensity to abusiveness. This auditor requested and received (in OAS) a random selection of 7 additional PREA risk screenings. Each screening tool had all the components to align with PREA Standard 115.341 and was properly documented and scored to identify the resident's risk. Finally, during this auditor's ZOOM call, SCSO's PREA Coordinator showed this auditor the private medical room inside their intake, which is a dedicated space for conducting medical screenings and PREA risk screening. This room is set off to the side, however visible, for security purposes. SCSO's PREA Coordinator continues to track the <i>"PREA Screening for Sexual Victimization and Abusiveness"</i> effectiveness, application, and any related trends. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.341.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.341. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #847 (Page 18) and Policy #839 (Page 8) as evidence

of alignment with PREA Standard 115.342. SCSO-JDC's policies #847 and #839 has the necessary language to align with PREA Standard 115.342 regarding SCSO-JDC's use of an objective screening tool to identify resident's level of vulnerability and risk of sexual victimization to determine housing, bedding, programming, and education.

This PREA auditor reviewed SCSO-JDC's intake Screening Tool for Identification of Sexual Aggression and Vulnerability. This auditor also conducted an on-the-spot informal interview with 3 intake staff (2 staff and 1 intake supervisor staff). This auditor asked them to share and show how youth are administered their Screening Tool for Identification of Sexual Aggression and Vulnerability. The intake staff shared and demonstrated how youth are screened for sexual victimization and abusiveness. This auditor observed that these risk screening are conducted publicly in an open setting, where residents sitting in chairs next to the screened resident, can hear the intimate/sensitive questions being asked by the screening intake staff and the self-disclosing/intimate answers from the resident. This setting is not conducive for the screener to gain accurate and honest self-disclosing responses or reveal if they were victimized or abusive in the past. Additionally, the screening form does not have an objective component, which directs the next steps if the resident answers certain questions with certain responses. There's no scoring mechanism nor are there indicator questions, which if a resident responds "yes" to would trigger a follow up meeting by mental health. Furthermore, the screening tool does not screen for "propensity to victimization" or "propensity to abusiveness." Finally, from intake staff sharing and observing demonstration of the risk screening process, mental health staff who conducts a portion/section of the risk screening at intake is the person determining follow-up, rather than the results of the completed objective risk screening tool. All these factors do not conclude that SCSO-JDC's current Screening Tool for Identification of Sexual Aggression and Vulnerability is not objective, does not identify resident propensity, and is conducted in a setting not conducive for a resident to feel unguarded and safe to adequately respond to intimate and sensitive questions.

This PREA auditor recommended that SCSO-JDC develop an objective screening tool which contains the required questions from standard 115.341. This screening tool should have a weighted/value-based score which helps to guide the objective outcome of the screening tool. The questions should also be categorized to screen for propensity to victimization or propensity to abusiveness. Additionally, this auditor also recommended that the results from the screening questions formulate a score to determine a final risk score, which guides recommendations for mental health follow-up within 14-days, programming, housing, bed, and education programming. Finally, this auditor recommended that all PREA Risk Screenings for Victimization and Abusiveness be conducted in a private setting/location, to garner resident privacy, safety, and trust to gain accurate information. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.342.

During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator in collaboration with a SCSO-JDC's leadership and technical assistance from this

	auditor, revised their “PREA Screening for Sexual Victimization and Abusiveness.” After completing the revised screening tool, SCSO’s PREA Coordinator submitted evidence of SCSO-JDC’s intake, security supervisory, medical, and mental health staff being trained on how to administer the “PREA Screening for Sexual Victimization and Abusiveness” (6/28/23). These are the staff members who are intricately involved in completing the screening tool at intake. On 7/1/2023, SCSO-JDC implemented and tested the revised screening tool over a 3-month sample period of SCSO-JDC intakes. On 10/6/2023, SCSO’s PREA Coordinator participated in a ZOOM call to demonstrate to this auditor how their revised “PREA Screening for Sexual Victimization and Abusiveness” works. This auditor observed the tool being in English and Spanish, as well as having an objective, weighted, and value-based score. The questions were categorized to screen for propensity to victimization and propensity to abusiveness. This revised PREA risk screening tool’s objective scoring also helps to inform and guide SCSO-JDC’s housing, programming, sleeping, showering, and interactions decisions with each resident. This auditor requested and received (in OAS) a random selection of 7 additional PREA risk screenings. Each screening tool had all the components to align with PREA Standard 115.341 and was properly documented and scored to identify the resident’s risk. Finally, during this ZOOM call, SCSO’s PREA Coordinator showed this auditor the private medical room inside their intake, which is a dedicated space for conducting medical screenings and PREA risk screening. This room is set off to the side, however visible, for security purposes. SCSO’s PREA Coordinator continues to track the “PREA Screening for Sexual Victimization and Abusiveness” effectiveness, application, and any related trends. This PREA auditor concludes that Shelby County Sheriff’s Office-JDC is in compliance with PREA Standard 115.342.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff’s Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.351. SCSO-JDC submitted their Prison Rape Elimination ACT (PREA) Response Procedures Policy #339.06 (A, B, C, D) (Page 7), Inmate Sexual Assault (PREA) Policy #839 (Page 9), as evidence of alignment with PREA Standard 115.351. SCSO-JDC’s Policy #839 and SOP #339 have the necessary

	language to align with PREA Standard 115.351, regarding SCSO-JDC's resident having multiple avenues to report PREA-related incidents. This PREA auditor reviewed SCSO-JDC's PREA Orientation/Acknowledgement form, as well as their Break the Silence pamphlet. Each piece of material is given to all residents during initial intake. The PREA Orientation/Acknowledgement Form and Pamphlet's contents identify avenues to report sexual abuse/harassment. Those contents included: Reporting to a trusting staff, agency hotline, sexual assault hotline, Parents, Guardians, Attorney, another resident, medical, and through grievances. This auditor also reviewed SCSO-JDC's Detainee Handbook, which is given to all residents after intake. This Detainee Handbook (Pages 11-12) also discusses PREA's zero tolerance and identifies avenues to report sexual abuse/harassment. Additionally, this auditor interviewed 17 residents, who knew at least 3 to 4 avenues to report sexual abuse/harassment. This auditor verified the free Tennessee Sexual Assault Hotline 1(877) 237-0004 posted next to the phones on each housing unit. Finally, this auditor called *9999, which serves as a confidential hotline for residents to report a PREA incident. This auditor left a message. The call was returned within 2 hours by SCSO's Gang Intelligence Unit's (GIU) PREA Administrative Investigator. According to this auditor's interview with the GIU PREA Administrative Investigator, she normally comes out to interview the resident who reports. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.351.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.352. SCSO-JDC submitted their Inmate/ Detainee Grievance Process Policy #840.05 (Pages 1, 4-7) and Inmate Sexual Assault (PREA) Policy #839 (Page 9, 10, & 11), as evidence of alignment with PREA Standard 115.352. SCSO-JDC's Policies #839 has the necessary language to align with PREA Standard 115.352, regarding SCSO-JDC's administrative remedies for resident filing grievances, third-party reporting, and timelines on administrative investigating and responses. This PREA auditor interviewed four supervisory staff, SCSO's GIU administrative PREA investigator, and SCSO-JDC's Grievance Coordinator who identified their

	response to grievances and protection of resident's confidentiality and retaliation. This same information was also documented in SCSO-JDC's Detainee Handbook. During the onsite visit, this auditor viewed grievances boxes on housing units, in school and in sporadic places where all residents can have access. This auditor also interviewed 17 randomly selected residents, who shared that they trust the grievance process. Each resident stated that they believe that SCSO-JDC grievances boxes are confidential. 17/17 (100%) reported that they knew that they could report sexual abuse of sexual harassment incidents through a grievance. Fifteen of the 17 residents stated that they have submitted a grievance. Each of the 15 interviewed who submitted a grievance stated that the response time was within adequate (within 72 hours). Finally, this auditor reviewed 20 randomly selected grievances from 12-months prior to this onsite audit. Each grievance reviewed have all the components, timelines met, and resident signature/responses. There were 0 reviewed grievances in which residents appealed. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.352.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.353. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures (SOP) #339 (Page 7 and 9) as evidence of alignment with PREA Standard 115.353. This SOP #339 has the necessary language to align with PREA Standard 115.353 regarding SCSO-JDC's resident access to outside support services and legal representation. This PREA auditor reviewed SCSO-JDC's Memorandum of Understanding (MOU) with Shelby County Rape Crisis Center, which has rape victim advocates. <i>Shelby County Rape Crisis Center</i> information was also identified in their Break the Silence pamphlet, given to all residents during initial intake and after receiving PREA Orientation. This auditor also reviewed SCSO-JDC's Detainee Handbook, which is given to all residents after intake. <i>Shelby County Rape Crisis Center</i> information was identified in the Detainee Handbook. Additionally, during the onsite audit, this auditor also observed well organized shadow boards in each resident's housing units, placed next to resident telephones. These shadow boards displayed PREA zero

	tolerance/resident rights information, ways to report and their contact information to hotlines, as well a contact information to <i>Shelby County Rape Crisis Center</i> for victim's advocacy. Finally, this auditor interviewed 17 residents. Fourteen of the 17 residents had direct knowledge of victim advocacy access for victims of sexual abuse. Three of the 17 knew that SCSO-JDC provided access, however, did not know the exact name of the <i>Shelby County Rape Crisis Center</i>. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.353.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.354. SCSO-JDC submitted their Inmate/ Detainee Grievance Process Policy #840.05 (Pages 4-7) and Inmate Sexual Assault (PREA) Policy #839 (Page 10-11), as evidence of alignment with PREA Standard 115.354. Each of these policies has the necessary language to align with PREA Standard 115.354 regarding SCSO-JDC's methods to receive and respond to third-party reporting. This auditor also reviewed SCSO-JDC's <i>Break the Silence</i> Pamphlet and their Detainee Handbook, which provided information on ways to report sexual abuse/ harassment through a third-party (legal, family member, friend). This auditor also reviewed the third-party reporting posted on SCSO's website <u>Jail & Inmate Information Shelby County Sheriff's Office (shelby-sheriff.org)</u>. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.354.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's

	Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.361. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Pages 8 and 13) and PREA Response Procedures Standard Operating Procedures (SOP) #339 (Pages 5 and 8) as evidence of alignment with PREA Standard 115.361. SCSO's Policy #839 and SOP #339 has the necessary language to align with PREA Standard 115.361 regarding SCSO-JDC's agency and staff reporting responsibilities when they become aware sexual abuse/harassment. This auditor also reviewed SCSO-JDC's Break the Silence Pamphlet and their Detainee Handbook, which provided information to youth on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), and hotline. This auditor also interviewed 36 various SCSO-JDC staff, contracted staff, and volunteers who knew their duties/responsibilities, if informed or become aware of sexual abuse at SCSO-JDC. Each of 36 staff, contractors, volunteers knew that they had additional responsibilities, based on their respective roles, to report to licensing entities, legal, guardians, and child protection/abuse hotlines. Finally, this auditor interviewed 17 randomly selected residents who reported that staff immediately respond to any reports, observance, or suspicion of sexual abuse or sexual harassment. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.361.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.362. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 4), as evidence of alignment with PREA Standard 115.362. SCSO-JDC's policy #839 has the necessary language to align with PREA Standard 115.362 regarding SCSO-JDC's protection duties to residents at risk of victimization. This auditor also interviewed 19 randomly selected security staff and asked the question, "If you learn that a resident may be subject to imminent risk of sexual abuse, however, no incident has occurred yet. You assess that this resident could be

	at risk with the current resident group. What steps you would take to protect this resident?” There was a consensus amongst the 19 interviewed security staff that they would identify alternative housing, programming, or immediately inform their supervisor. This PREA auditor concludes that Shelby County Sheriff’s Office-JDC is in compliance with PREA Standard 115.362.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff’s Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.363. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 11), as evidence of alignment with PREA Standard 115.363. SCSO-JDC’s policy #839 has the necessary language to align with PREA Standard 115.363 regarding SCSO-JDC leadership notifying other confinement facilities upon receiving an allegation that a resident was sexually abused/harassed while confined at another facility. This auditor interviewed SCSO-JDC’s Assistant Chief Jailer (agency head), who reported that SCSO-JDC does actively practice reporting and responding to other confined facilities He shared that he is responsible for sending the report to other confinement facilities, if a resident reports sexual abuse at a previous facility. Furthermore, he shared that there hasn’t been an incident where a resident reported sexual abuse stemming from another facility. SCSO’s PREA Coordinator submitted 2 reports received by SCSO’s Chief Jailer from other facilities. When this auditor interviewed the PREA Coordinator, who informed that all facility-to-facility correspondence is recorded/documented in the SCSO Offender Management System (OMS). SCSO’s PREA Coordinator did submit a template of the formal letter sent out by SCSO to other facilities. This PREA auditor concludes that Shelby County Sheriff’s Office-JDC is in compliance with PREA Standard 115.363.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard

	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.364. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures #339.05B (Pages 3-4), as evidence of alignment with PREA Standard 115.364. This policy has the necessary language to align with PREA Standard 115.364 regarding SCSO-JDC's first responder duties. This auditor interviewed a random selection of 36 SCSO-JDC specialized staff, security staff, contracted staff, and volunteers. Each knew their responsibilities as first responders to be informed, notified, or observe sexual abuse or sexual harassment of a resident. Of the 36 interviewed staff, 23 staff were security and security supervisory staff. Each of the 23 interviewed security and security supervisory staff knew to separate the alleged victim/perpetrator, preserve the scene if the alleged incident, encourage alleged victim/perpetrator not to use toilet, change clothing, or wash up, and report the incident to their supervisor/medical/ respective reporting entities. Furthermore, this auditor observed that each SCSO-JDC staff carried around a "First Responder Card," which serves as an immediate reference when they encounter an incident where they are first responders. This auditor also reviewed and received a copy of SCSO-JDC's training power point slideshow. The 17 randomly selected interviewed residents shared that they felt comfortable informing staff of any PREA-related incident. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.364.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.365. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures Policy

	#339.05 (Pages 3-4), as evidence of alignment with PREA Standard 115.365. SCSO-JDC's policy #339 has the necessary language to align with PREA Standard 115.365 regarding SCSO-JDC's coordinated response when allegations of sexual abuse is reported. This auditor also reviewed SCSO-JDC's Civilian Coordinated Response, Medical Coordinated Response, and Security Coordinated Response. This auditor also interviewed 36 various SCSO-JDC staff, contracted staff, and volunteers. Each interviewed staff knew their duties if informed or become aware of an incident sexual abuse at SCSO-JDC. During each of these interviews, this auditor asked, "If a report or incident of sexual abuse occurs while you are on duty at SCSO-JDC, what is your responsibilities?" Each interviewed staff, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate guardians and community entities, law enforcement, documentation, etc. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.365.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.366. This PREA Auditor did not receive any pre-audit documents by Shelby County Sheriff's Office-Juvenile Detention Center to be reviewed, to determine compliance for Standard 115.366. SCSO-JDC's PREA Compliance Manager submitted a "memo" on behalf of SCSO, reporting that they have not engaged in collective bargaining on their agency's behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.366.

115.367	Agency protection against retaliation
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.367. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 11), as well as their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedures (SOP) #339 (Page 8), as evidence of alignment with PREA Standard 115.367. SCSO-JDC's policy #839 and SOP #339 has the necessary language to align with PREA Standard 115.367, regarding SCSO-JDC's protecting those who report or are a cooperating witness of an incident of reported sexual abuse. This auditor interviewed SCSO-JDC's PREA Compliance Manager, who is responsible for retaliation monitoring. She shared with this auditor her process of monitoring retaliation. SCSO-JDC retaliation monitoring form asked relevant questions and the frequency in monitoring at a Juvenile Detention Center with shorter average length of stays, seemed appropriate. This auditor also reviewed 2 of SCSO-JDC's Administrative Investigative Reports. Both Investigative Reports Zero had their retaliation monitoring documentation present and accurately completed. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.368. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 8) as evidence of alignment with PREA Standard 115.368. This policy has the necessary language to align with PREA Standard 115.368 regarding SCSO-JDC's use of protective custody for residents who report/allege sexual abuse/harassment. While on-site, this auditor interviewed SCSO-JDC's Facility Chief and 4 Security Supervisor staff who shared that room confinement is sole based on immediate

	safety issues, harm to self, or others. Furthermore, each stated that SCSO-JDC do not have a segregated housing unit or use segregation confinement for residents who are screened to have suffered sexual abuse. Rather residents are sent to their own personal rooms for time-limited timeouts (single cell housing). Finally, each shared that residents do not lose any of their legally required programming (education, visits, meals, large muscle exercise, etc.). This auditor also interviewed 2 residents who were screened to have a history of sexual abuse. Both residents shared that they were not segregated because of their screening. This auditor also interviewed 19 randomly selected direct supervision security staff and asked if room confinement is used to protect resident victims of sexual abuse. Each interviewed staff either stated that residents may be placed in separate housing units and program assignments, rather than using room confinement/isolation as an initial resort. According to the interviewed staff, room confinement is primarily used when a resident's behavior presents harm to himself or other residents. Finally, this auditor interviewed 17 randomly selected residents and asked if residents who are screened to have been sexually abused are isolated to protect them from perpetrators. Each resident had similar responses, stating that residents are not isolated. They may be temporarily sent to their room, for behavioral issues. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.368.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.371. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Pages 12-14) as evidence of compliance with PREA Standard 115.371. This PREA auditor also reviewed the General Investigative Bureau's (GIB) Standard Operating Procedures for Detectives. SCSO-JDC's Policy #839 and GIB's SOP have the necessary language to align with PREA Standard 115.371 regarding SCSO-JDC's criminal and administrative investigation procedures. This auditor interviewed one member of SCSO's GIB and SCSO's Administrative PREA Investigator from their Gang Intelligence Unit (GIU). Both explained that GIB are responsible for investigating all sex crimes for SCSO and GIU are responsible for all administrative sexual harassment investigations at SCSO facilities. They further

	reported that each allegation is investigated for criminal violations and all video, witness statements, interviews, and physical evidence is considered in all investigations. If not criminal, the GIU specialized trained investigator investigates all administrative (non-criminal) PREA-Related allegations. Furthermore, this PREA auditor reviewed 2 of SCSO-JDC's most recent randomly selected PREA Administrative Investigation files (no criminal files identified). Each of the 2 selected files were structured, organized, and used preponderance of evidence in determining the outcome of each investigation. Finally, the SCSO's PREA Coordinator submitted copies of both interviewed PREA Investigator's specialized training through the National Institute of Corrections (NIC). This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.371.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.372. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Pages 13) as evidence of compliance with PREA Standard 115.371. SCSO-JDC's Policy #839 has the necessary language to align with PREA Standard 115.372 regarding SCSO-JDC's evidentiary standards for PREA criminal and administrative investigations. This auditor interviewed one member of SCSO's GIB and SCSO's Administrative PREA Investigator from their Gang Intelligence Unit (GIU). Both explained that GIB are responsible for investigating all sex crimes for SCSO and GIU are responsible for all administrative sexual harassment investigations at SCSO facilities. They further reported that each allegation is investigated for criminal violations and all video, witness statements, interviews, and physical evidence is considered in all investigations. If not criminal, the GIU specialized trained investigator investigates all administrative (non-criminal) PREA-Related allegations. Finally, the SCSO's PREA Coordinator submitted copies of both interviewed PREA Investigator's specialized training through the National Institute of Corrections (NIC). Furthermore, both interviewed GIB and GIU investigators confirmed that ALL PREA Investigators are trained to solely use "Preponderance of Evidence" as their standard in determining investigations (Substantiated, Unsubstantiated, or Unfounded). This PREA auditor also reviewed 2 of the most recent randomly

	selected PREA Administrative Investigation files (no criminal files identified). Each of the 2 selected files were structured, organized, and used preponderance of evidence in determining the outcome of each investigation. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.372.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.373. SCSO-JDC submitted their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedure (SOP) #339.06 (Page 7-8) as evidence of alignment with PREA Standard 115.373. SCSO-JDC's SOP #339 has the necessary language to align with PREA Standard 115.373 regarding SCSO-JDC's process for reporting investigation outcomes of investigations to victim/residents. This PREA auditor also reviewed 2 of the most recent randomly selected PREA Administrative Investigation files (no criminal files identified). Each of the 2 selected files were structured, organized, and used preponderance of evidence in determining the outcome of each investigation. Both SCSO-JDC's administrative investigation files had their Detainee PREA Notification Form present, signed by the victim resident, and a part of the completed investigation packet. This auditor also interviewed the PREA Coordinator and PREA Compliance Manager who also confirmed the use of the Detainee PREA Notification Form for all substantiated and unsubstantiated investigations (excluding unfounded). Zero of the 17 randomly selected interviewed residents reported sexual harassment during their stay. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.373.

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

	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.376. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 14) as evidence of compliance with PREA standard 115.376. SCSO-JDC's policy #839 has the necessary language to align with PREA Standard 115.376 regarding SCSO-JDC's disciplinary standards for staff substantiated in PREA criminal and administrative investigations. This PREA auditor interviewed SCSO-JDC's Facility Chief, who shared that substantiated sexual abuse investigations are met with termination and criminal charges filed against the staff member. SCSO-JDC's Facility Chief also shared that disciplinary actions for substantiated Administrative PREA Investigation are case-by-case and circumstantial determinations, up to termination of employment. This auditor interviewed one member of the GIB and one member of the GIU Administrative PREA Investigators. Both explained that they seek prosecution for all criminal PREA-related investigations, as well as recommend termination. Additionally, while on-site this PREA auditor interviewed the (SCSO) Human Resources (HR) Manager, who shared the agency's protocol on substantiated sexual abuse investigations. SCSO's HR Manager also showed their policy related to disciplinary actions for staff substantiated for sexual abuse (which adheres to PREA Standard 115.376). This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.376.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.377. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Pages 9 and 14) as evidence of compliance with PREA standard 115.377. SCSO-JDC's policy #839 has the necessary language to align with PREA Standard 115.377 regarding SCSO-JDC's corrective actions for contractors and volunteers substantiated in PREA criminal and administrative investigations.

	This PREA auditor interviewed SCSO-JDC's Facility Chief and SCSO's PREA Coordinator, who shared that immediate action is taken to prohibit contractors/ volunteers from having contact with residents while investigation is being conducted. Furthermore, both shared that substantiated sexual abuse investigations are met with criminal charges filed against the contractor/volunteer, as well as notifying any relevant licensing boards, etc. This auditor also interviewed SCSO's Human Resources (HR) Manager, who shared the agency's protocol on substantiated sexual abuse investigations. SCSO's HR Manager also showed their policy related to corrective actions for contractors and volunteers substantiated for sexual abuse (which adheres to PREA Standard 115.377). This PREA auditor also reviewed the General Investigative Bureau's (GIB) Standard Operating Procedures for Detectives, as well as interviewed one member of the GIB and one Administrative PREA Investigator, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommends termination. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.377.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.378. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 8) and their Prison Rape Elimination Act (PREA) Response Procedures Standard Operating Procedure (SOP) #339 (Pages 6-7). SCSO-JDC's policy #839 and SOP #339 have the necessary language to align with PREA Standard 115.378 regarding interventions and disciplinary sanctions for SCSO-JDC residents who are substantiated for sexual abuse, sexual harassment, or does not make PREA-related reports in good-faith. This auditor interviewed 17 randomly selected residents and asked about rules and sanctions for substantiated sexual abuse allegations and not reporting in good faith. Each gave clear answers as to the type of if any disciplinary actions administered by SCSO-JDC. None identified isolation as a response to substantiated sexual abuse allegations. Each shared that additional charges may be filed against a perpetrator. Additionally, while on-site this PREA auditor interviewed SCSO-JDC's Facility Chief and Facility Operations Captain, as well as SCSO-JDC's PREA compliance Manager. All equally shared SCSO-JDC's protocol on substantiated sexual abuse

	investigations. All responses were based on allegation, preponderance of evidence, circumstantial information, and SCO-JDC's disciplinary continuum. This auditor believed that each response was aligned with PREA Standard 115.378 regarding resident sanctions. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.378.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.381. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Pages 5-7) as evidence of alignment with PREA Standard 115.381. SCSO-JDC's policy #839 has the necessary language to align with PREA Standard 115.381 regarding SCSO-JDC's use of an objective screening tool to identify resident's level of vulnerability and risk of sexual victimization to determine housing, bedding, programming, and education. This PREA auditor reviewed SCSO-JDC's intake Screening Tool for Identification of Sexual Aggression and Vulnerability. This auditor also conducted an on-the-spot informal interview with 3 intake staff (2 staff and 1 intake supervisor staff). This auditor asked them to share and show how youth are administered their Screening Tool for Identification of Sexual Aggression and Vulnerability. The intake staff shared and demonstrated how youth are screened for sexual victimization and abusiveness. This auditor observed that these risk screening are conducted publicly in an open setting, where residents sitting in chairs next to the screened resident, can hear the intimate/sensitive questions being asked by the screening intake staff and the self-disclosing/intimate answers from the resident. This setting is not conducive for the screener to gain accurate and honest self-disclosing responses or reveal if they were victimized or abusive in the past. Additionally, the screening form does not have an objective component, which directs the next steps if the resident answers certain questions with certain responses. There's no scoring mechanism nor are there indicator questions, which if a resident responds "yes" to would trigger a follow up meeting by mental health within 14 days. Furthermore, the screening tool does not screen for "propensity to victimization" or "propensity to abusiveness." Finally, from SCSO-JDC's intake staff sharing and this auditor observing demonstrations of the risk screening process, the

mental health staff who conducts a section of the risk screening is the person determining follow-up. In actuality, the results of the fully completed objective risk screening tool should determine follow-up. All the above factors concludes that SCSO-JDC's current Screening Tool for Identification of Sexual Aggression and Vulnerability is not objective, does not identify resident propensity, and is conducted in a setting not conducive for a resident to feel unguarded and safe to adequately respond to intimate and sensitive questions.

This PREA auditor recommended that SCSO-JDC develop an objective screening tool which contains the required questions from standard 115.341. This screening tool should have a weighted/value-based score which helps to guide the objective outcome of the screening tool. The questions should also be categorized to screen for "propensity to victimization" or "propensity to abusiveness." Additionally, this auditor also recommended that any resident who has history of sexual victimization and/or sexual abusiveness during the screening, are offered a follow up meeting with a mental health practitioner within 14 days. Additionally, the results of the screening should inform SCSO-JDC's programming, housing, bed, showering, education, and interaction decisions. Finally, this auditor recommended that all PREA Risk Screenings for Victimizations and Abusiveness be conducted in a private setting/location, to garner resident privacy, safety, and trust to gain accurate information. This PREA auditor concluded that Shelby County Sheriff's Office-JDC was not in compliance with PREA Standard 115.381.

During SCSO-JDC's corrective action period, Shelby County's PREA Coordinator in collaboration with a SCSO-JDC's leadership and technical assistance from this auditor, revised their "PREA Screening for Sexual Victimization and Abusiveness." After completing the revised screening tool, SCSO's PREA Coordinator submitted evidence of SCSO-JDC's intake, security supervisory, medical, and mental health staff being trained on how to administer the "PREA Screening for Sexual Victimization and Abusiveness" (6/28/23). These are the staff members who are intricately involved in completing the screening tool at intake.

On 7/1/2023, SCSO-JDC implemented and tested the revised screening tool over a 3-month sample period of SCSO-JDC intakes. On 10/6/2023, SCSO's PREA Coordinator participated in a ZOOM call to demonstrate to this auditor how their revised "PREA Screening for Sexual Victimization and Abusiveness" works. This auditor observed the tool being in English and Spanish, as well as having an objective, weighted, and value-based score. The questions were categorized to screen for propensity to victimization and propensity to abusiveness. This revised PREA risk screening tool's objective scoring also helps to inform and guide SCSO-JDC's housing, programming, sleeping, showering, and interactions decisions with each resident.

Furthermore, this screening tool had prompts to direct the screener to refer the resident with history of sexual victimization and/or sexual abusiveness to receive a follow-up from an SCSO-JDC's mental health clinician. SCSO-JDC's system sends an "email task," then an "email reminder" as the 14-day window draws closer without a documented follow-up session. This auditor requested and received (in OAS) a

	random selection of 7 additional PREA risk screenings. Each screening tool had all the components to align with PREA Standard 115.341, 115.342 and 115.381 and had completed recommendation and referral sections completed. There were 2 out of 6 of the randomly selected reviewed PREA risk screenings whose residents had a culmination of score, which identified each resident to be “high risk of abusiveness.” Each recommendation section and referral for mental health follow-up was completed. This auditor also reviewed properly documented mental health follow-up with the three residents within the 14-day window. Finally, during this ZOOM call, SCSO’s PREA Coordinator showed this auditor the private medical room inside their intake, which is a dedicated space for conducting medical screenings and PREA risk screening. This room is set off to the side, however visible, for security purposes. SCSO’s PREA Coordinator continues to track the “PREA Screening for Sexual Victimization and Abusiveness” effectiveness, application, and any related trends. This PREA auditor concludes that Shelby County Sheriff’s Office-JDC is in compliance with PREA Standard 115.381.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff’s Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.382. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 15) as evidence of alignment with PREA Standard 115.382. SCSO-JDC’s policy #839 contains the necessary language to align with PREA Standard 115.382, regarding victims of sexual abuse’s access to timely medical and mental health services. This auditor interviewed SCSO-JDC’s contracted medical and mental health practitioners to explore their responses to victims of sexual abuse. Each practitioner reported timely responses to residents who report sexual abuse. This auditor also interviewed 17 randomly selected residents, who also reported that medical and mental health are responsive to their needs. Each interviewed resident shared that medical pull “sick call/medical request forms” every morning. This auditor also interviewed SCSO-JDC contracted medical/mental health provider, specifically their Health Services Administrator (HSA) and Mental Health Supervisor (MH). When asked about timely and unimpeded access to medical treatment and crisis intervention for victims of sexual abuse, each shared that victims of sexual

	abuse take priority. Both also shared that they educate and provide victims with emergency contraception and STI prophylaxis. This auditor also reviewed a random selection of SCSO-JDC's Mental Health Daily Provider Record tracking forms. This tracking form demonstrated proper tracking of various youth being seen by medical and mental health daily. Finally, SCSO-JDC has a "Memorandum of Understanding" (MOU) with the Shelby County Rape Crisis Center, who also serves and the external resource for victims of sexual abuse who opt for external crisis counseling. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.382.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.383. SCSO-JDC submitted their <i>Inmate Sexual Assault (PREA) Policy #839</i> (Page 15-16) as evidence of alignment with PREA Standard 115.383. SCSO-JDC's policy #839 contains the necessary language to align with PREA Standard 115.383, regarding ongoing access to victims of sexual abuse's access to medical and mental health services. This auditor also interviewed SCSO-JDC contracted medical/mental health provider, specifically their Health Services Administrator (HSA) and Mental Health Supervisor (MHS), to explore their responses to victims of sexual abuse and ongoing access. The contracted medical/mental health provider's HSA/MHS stated, "<i>Access to Medical/MH services by resident victims is based on the victim's progress. If additional access is needed for the resident to further their recovery from this traumatic event, those services will be provided at no cost to the resident/their family.</i>" This auditor also interviewed 17 randomly selected residents, who also reported that medical and mental health are responsive to their needs. Additionally, SCSO-JDC has a "Memorandum of Understanding" (MOU) with the Shelby County Rape Crisis Center, who also serves and the external resource for victims of sexual abuse who opt for external crisis counseling. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.386. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 14) as evidence of alignment with PREA Standard 115.386. SCSO-JDC's policy #839 contained the necessary language to align with PREA Standard 115.386, regarding ongoing access to victims of sexual abuse's access to medical and mental health services. This PREA auditor also verified through interviews with SCSO-JDC's PREA Coordinator, PREA Compliance Manager, SCSO-JDC's Facility Chief that SCSO-JDC conduct Sexual Abuse Incident Review (SAIR) as a part of their security meetings (with upper-level security/mental health/medical staff). These security meeting contents include SAIR from the past 30-days. According to the minutes reviewed, if there were no PREA incidents, SCSO-JDC discussed possible vulnerable inmates (victim/ perpetrator), training issues, status on any cases still pending or prevention planning activities. Finally, from this auditor's review of physical minutes from randomly selected months within the previous 12 months. This demonstrated that SCSO-JDC has consistency in practice. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.386.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.387. SCSO-JDC submitted their Inmate Sexual Assault (PREA) Policy #839 (Page 17) as evidence of alignment with PREA Standard 115.387. SCSO-JDC's policy contains the necessary language to align with PREA Standard 115.387, regarding SCSO's ongoing collection of uniformed data regarding allegations of sexual abuse.

	This PREA auditor reviewed Shelby County Sheriff's Office 2022 Monthly Jail Report Card and was able to verify that uniformed data is collected and disseminated to the public. This report card also displayed aggregate data from SCSO-JDC. SCSO-JDC's PREA Coordinator and Assistant Chief Jailer was able to show how their data is collected and stored for audit, review, and corrective action purposes. This auditor also reviewed annual PREA data by facility on SCSO's website Jail & Inmate Information Shelby County Sheriff's Office (shelby-sheriff.org) This PREA auditor concludes that SCSO-JDC is in compliance with PREA standard 115.387.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.388. SCSO-JDC submitted their <i>Inmate Sexual Assault (PREA) Policy #839 (Page 17)</i> as evidence of alignment with PREA Standard 115.388. SCSO-JDC's policy contains the necessary language to align with PREA Standard 115.388, regarding SCSO's ongoing collection of uniformed data regarding allegations of sexual abuse. This PREA auditor reviewed <i>Shelby County Sheriff's Office 2022 Monthly Jail Report Card</i> and was able to verify that uniformed data is collected and disseminated to the public. This report card also displayed aggregate data from SCSO-JDC. SCSO-JDC's PREA Coordinator and Assistant Chief Jailer was able to show how their data is collected and stored for audit, review, and corrective action purposes. This auditor also reviewed annual PREA data by facility on SCSO's website: <i>Jail & Inmate Information Shelby County Sheriff's Office (shelby-sheriff.org)</i> This PREA auditor concludes that SCSO-JDC is in compliance with PREA standard 115.388.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	This PREA Auditor reviewed Shelby County Sheriff's Office-Juvenile Detention Center (SCSO-JDC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.389. SCSO-JDC submitted their <i>Inmate Sexual Assault (PREA) Policy #839 (Page 18)</i> as evidence of alignment with PREA Standard 115.389. SCSO-JDC's policy contains the necessary language to align with PREA Standard 115.389, regarding SCSO's ongoing collection of uniformed data regarding allegations of sexual abuse. This PREA auditor reviewed <i>Shelby County Sheriff's Office 2022 Monthly Jail Report Card</i> and was able to verify that uniformed data is collected and disseminated to the public. This report card also displayed aggregate data from SCSO-JDC. SCSO-JDC's PREA Coordinator and Assistant Chief Jailer was able to show how their data is collected and stored for audit, review, and corrective action purposes. SCSO Chief Jailer and PREA Coordinator also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.387). Finally, this auditor reviewed annual PREA data by facility on SCSO's website: <i>Jail & Inmate Information Shelby County Sheriff's Office (shelby-sheriff.org)</i> This PREA auditor concludes that SCSO-JDC is in compliance with PREA standard 115.389.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion SCSO-JDC understands that they are required to have a PREA audit every three years, starting October 16, 2019, after the conclusion of their first cycle PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The SCSO-JDC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. This PREA auditor concludes that Shelby County Sheriff's Office-JDC is in compliance with PREA Standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Shelby County Sheriff’s Office-Juvenile Detention Center (SCSO-JDC) has published their 8/4/2020 <i>PREA Final Audit Report</i> , as well as their Annual PREA Reports” and “Monthly Data Reporting on their agency website: <i>Jail & Inmate Information Shelby County Sheriff’s Office (shelby-sheriff.org)</i>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (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 facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (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 OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	yes
115.315 (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 a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (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
115.316 (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:	yes

	Residents who have speech disabilities?	
	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
115.316 (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
115.316 (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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (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 bullet immediately above?	yes
	Does the agency prohibit the enlistment of 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 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	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: Consult any child abuse registry maintained by the State or locality in which the employee would work?	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
115.317 (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
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (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
115.317 (f)	Hiring and promotion decisions	
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (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
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience 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
115.321 (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
115.321 (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
115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (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

115.322 (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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	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
115.331 (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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (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
115.332 (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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (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
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	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
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (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.)	yes
	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.)	yes
	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 juvenile 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.)	yes
	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.)	yes
115.335 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (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.)	yes

115.335 (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 §115.331? (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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (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: 2. 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
115.351 (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	yes

	entity or office that is not part of the agency?	
	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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (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.	yes
115.352 (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 an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (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
115.352 (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 of time to respond is 70 days per 115.352(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
115.352 (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, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (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
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (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
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	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
115.362 (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
115.363 (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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (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
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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
115.364 (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
115.365 (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
115.366 (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
115.367 (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
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any 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: 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: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (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
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (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 involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	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
115.371	Criminal and administrative agency investigations	

(f)		
	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
115.371 (g)	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
115.371 (h)	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	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	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (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 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.)	yes
115.373 (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	yes

	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?	
	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
115.373 (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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (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

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (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
115.376 (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
115.377 (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
115.377 (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

115.378 (a)	Interventions and 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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and 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
115.378 (d)	Interventions and 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 offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and 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
115.378 (f)	Interventions and 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
115.378 (g)	Interventions and 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (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
115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (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
115.383 (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
115.383 (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
115.383 (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.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (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
115.383 (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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (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
115.386 (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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (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
115.386 (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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (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
115.387 (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	yes

	the confinement of its residents.)	
115.387 (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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, 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
115.388 (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
115.388 (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
115.388 (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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 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.)	no
	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.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	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 same manner as if they were communicating with legal counsel?	yes
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