

PREA Facility Audit Report: Final

Name of Facility: Memphis Youth Academy

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/04/2022

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: Shirley L. Turner	Date of Signature: 11/04/2022

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	09/19/2022
End Date of On-Site Audit:	09/20/2022

FACILITY INFORMATION	
Facility name:	Memphis Youth Academy
Facility physical address:	3030 Brunswick Road, Bartlett, Tennessee - 38133
Facility mailing address:	

Primary Contact	
Name:	Lemont Daniels
Email Address:	Lemont.Daniels@youthopportunity.com
Telephone Number:	870 413 2024

Superintendent/Director/Administrator	
Name:	Darrell Williams
Email Address:	Darrell.Williams@youthopportunity.com
Telephone Number:	901 531 1950

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

Facility Health Service Administrator On-Site	
Name:	Linda Stevens
Email Address:	Linda.Stevens@youthopportunity.com
Telephone Number:	901 493 1743

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	48
Average daily population for the past 12 months:	47
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-19
Facility security levels/resident custody levels:	Staff Secure
Number of staff currently employed at the facility who may have contact with residents:	57
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:	Youth Opportunity Investments, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	12775 Horseferry Road, Suite 230, Carmel, Indiana - 46032
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Lemont Daniels	Email Address:	Lemont.Daniels@youthopportunity.com

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:	2022-09-19
2. End date of the onsite portion of the audit:	2022-09-20

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:	Shelby County Crime Victims and Rape Crisis Center Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	47
16. Number of inmate/resident/detainee housing units:	2
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:	48
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	13
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:	1
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:	0
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:	0
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:	1
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):	The facility does not have segregated housing or use isolation.
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:	57
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:	2
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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?	Reviewed population roster and corroborated with staff.
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:	4
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations.
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:	3
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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations.
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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations.
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:	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.
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:	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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations. Question #64 - The resident did not "refuse" to be interviewed. It was just not feasible during the onsite audit phase due to scheduling and the resident's dental appointment. There was no applicable option to check for this question. However, the Therapist walked the Auditor through the steps to access the interpreter service and made the call to demonstrate the availability of services.
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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations.
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).	Reviewed population roster with staff members, reviewed sample of resident files, and observations.
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).	The facility does not have segregated housing as confirmed through interviews and observations.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

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:	No text provided.
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):	9
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
If "Other," provide additional specialized staff roles interviewed:	Training Director
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:	1

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
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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).	No text provided.

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

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

No text provided.

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	2	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	0	2	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility contracts with the State agency, Tennessee Department of Children's Services, to provide residential services. The investigations are conducted by the State agency who maintains the investigation files. The facility receives an outcome summary as a result of an administrative investigation.
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:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the past 12 months. The facility contracts with the State agency, Tennessee Department of Children's Services, to provide residential services. The investigations are conducted by the State agency who maintains the investigation files. The facility receives an outcome summary as a result of an administrative investigation.
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:	0
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
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
Identify the name of the third-party auditing entity	Correctional Management and Communications Group, LLC

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
	Documents: Policy 5-06, Prison Rape Elimination Act (PREA) Tennessee Department of Children's Services (DCS) PREA Policy, 18.8 Facility Organization Chart Agency Organization Chart Job Descriptions Interviews: Facility Administrator/PREA Compliance Manager State Director of Juvenile Justice Services/Youth Opportunity Investments (YOI) PREA Coordinator Random Staff Residents Provision (a): The policy requires zero-tolerance of sexual abuse and sexual harassment of residents and provides guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies provide and address conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in the policy and includes sanctions for those found to have participated in the prohibited behaviors. The facility also has additional policies which outline and support adherence to the PREA standards. Accessibility to PREA information by staff and residents; risk screening; and monitoring assist in detecting sexual abuse and sexual harassment. The identified and other supporting policies include but are not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews confirmed knowledge of the zero-tolerance and other related policies regarding sexual abuse and sexual harassment. The parent agency for the facility is Youth Opportunity Investments, LLC (YOI). The Tennessee Department of Children's Services (DCS) contracts with YOI for the provision of services to youth committed to the State. The DCS has an overarching PREA policy and requires the contractor to adhere to the PREA standards. Provision (b): Policy provides for the designation of an agency PREA Corporate Manager/PREA Coordinator. The PREA Coordinator provides oversight to the PREA implementation efforts statewide for the parent agency, Youth Opportunities Investments. The State Director of Juvenile Justice serves in the role of the agency's PREA Coordinator and reports directly to the . He has knowledge of the standards, implementation, and audit processes. Collaboration exists between the PREA Coordinator and the Facility Administrator. The interview with the YOI State Director, observations and other interviews revealed his authority to oversee the PREA initiatives and efforts at the facility. The State Director lends support and direction to this facility and one in Nashville, Tennessee as determined from interviews, observations, review of documentation, and communication between the Auditor and agency and facility staff. The State Director reports directly to the Chief Operating Officer of the agency.

The DCS policy requires that the contract agency designates a PREA Coordinator and where there are two or more facilities, a PREA Compliance Manager must be identified.

Provision (c):

The Facility Administrator has been designated as the PREA Compliance Manager and reports directly to the State Director. The interview with the Facility Administrator indicated he has the time to fulfill the PREA duties and it was determined that he has the authority required to fulfill those duties. Interviews conducted with staff revealed their awareness of the role of the PREA Compliance Manager. Observations confirmed the Facility Administrator has the support of the facility staff and State Director.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews: Facility Administrator/PREA Compliance Manager Vice President, Compliance and Implementation/Agency Head Designee Provisions (a) and (b): The Tennessee Department of Children's Services contracts for the confinement of some of its youth with Youth Opportunity Investments, LLC/Memphis Youth Academy. The facility is not involved in a contract with other facilities for the confinement of its assigned youth. This was confirmed by the interviews with the Facility Administrator and Vice President of Compliance and Implementation. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined compliance with this standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Tennessee Department of Children's Services PREA Policy Staffing Plan/Schedule Annual Staffing Plan Assessments Shift Schedules Daily Reports PREA Unannounced Rounds Forms Interviews: Assistant Facility Administrator/Intermediate or Higher Level Staff Facility Administrator/PREA Compliance Manager PREA Coordinator Provision (a): The policies and staffing plan/schedule collectively provide details for maintaining the staffing ratios and the staffing plan outlines the staffing requirements. The facility's staffing plan, internal controls and management ensures that the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. The number of staff increases as needed due to program activities, supervision needs, or other relevant factors. Observations during the comprehensive site review, subsequent walk-throughs, staff schedules and interviews confirm the PREA staffing ratios are maintained. The facility maintains a mandatory hold-over system to ensure adherence to the staffing ratio and staffing plan. The camera monitoring system is located in room which is used by direct care staff and is periodically monitored. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews and facility policy which outline staffing requirements. The work schedules are based on the facility's staffing plan and population. The Facility Administrator prepares the work schedules. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies. Provision (b): There are no reported deviations from the staffing ratios in the past 12 months. A coordinated effort was described in maintaining the staffing ratios through communication, holdovers (blue dot system), in accordance with the staffing plan and consideration of the population. The facility is prepared to document any deviations from the staffing requirements. The Facility Administrator monitors the effectiveness of the work schedules based on the staffing plan requirements. The staffing plan/schedules indicate the required staffing ratios. The staffing plan provides for the staffing ratios to be met and practice provides for additional staff for days and times if increased staffing is required. Provision (c): Staffing ratios for the facility are routinely provided by the direct care staff and staff with the same required training to act in the stead due to staff shortage. The security practices and contract ensure the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The facility's contract and practice require less residents to a staff member during the waking hours (1:6) and during the sleeping hours (1:8) which ensures the PREA ratios will be met. The ratios were discussed

and observed for and determined to be met during the comprehensive site review. Direct care staff members provide direct observation of residents. The average daily number of residents is 47. The average daily number of residents on which the staffing plan was predicated is 48. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

The most recent staffing plan assessment was completed and signed by the Security Manager, PREA Coordinator and PREA Compliance Manager on September 1, 2022. He also facilitated the process, in collaboration with the Facility Administrator. The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; review of related policy and procedures; electronic monitoring system; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made by the implementation of a corrective action plan that would be indicated through findings or recommendations.

The annual assessment documents the summarization of the review including the staffing, physical plant and the electronic monitoring system. The Staffing Plan Assessment did not contain any recommendations for corrective actions and states the facility has the resources to maintain the contracted staffing ratios. This premise is also supported by policy 5-06.

Provision (e):

Unannounced rounds are conducted by management and supervisory staff members and the rounds are documented through the use of PREA Unannounced Rounds forms. The rounds are made at various times. The interview with the Assistant Facility Administrator and review of documentation and policy confirmed the unannounced rounds occur. Policy and practice provide that the unannounced rounds are conducted at least monthly on all shifts.

The staff is not informed of when the rounds will occur and administrative staff or supervisor will randomly show up at the facility. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff when the rounds are occurring which is in accordance with policy. The facility reports there were no deviations from the staffing plan which was also supported by the Staffing Plan Assessment and interview with Facility Administrator.

Conclusion:

Based upon the review of documentation, interviews and observations, the facility is compliant with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Search Request for Transgender and Intersex Youth Training Records Interviews: Random Staff Residents Provision (a): Cross-gender strip searches, visual body cavity searches and cross-gender pat-down searches are prohibited and searches must be documented. The policy and training provide guidance to staff on how the searches are to be conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to the interviews, no type of cross-gender search has been conducted at the facility during the past 12 months. Provision (b): Policy does not support staff conducting cross-gender pat-down searches; all searches must be documented. Responses from staff included that only male staff conduct searches. Staff receives training on how to conduct searches, including cross gender searches and searches of transgender and intersex youth. Staff interviews confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months. Provision (c): Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There was no evidence documenting any type cross-gender searches. Provision (d): Bathroom/Shower Protocols exist and are posted at those areas. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the comprehensive site review, the Facility Administrator explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the bathroom. There are separate and private shower and toilet stalls. Residents use the toilets one at a time. Staff members of the opposite gender announce their presence when entering the residents' housing or bathroom area as demonstrated during the site review. The residents and staff stated female staff announce their presence upon entering the living units. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations support that viewing of the camera monitors does not show residents when they are showering, using the toilet or changing clothes. The bathroom area does not allow staff to get a view of the resident while performing bodily functions. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

The policy and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred or would occur at the facility. The facility reports that staff received the training on conducting searches and searches of transgender and intersex residents. Staff interviews confirmed they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private. The facility will utilize the Search Request for Transgender and Intersex Youth form when indicated by a resident regarding the gender of the staff preferred to conduct the search as directed by policy.

Provision (f):

The training curricula for staff provides information on conducting cross-gender pat-down searches and searches of transgender and intersex residents. Training materials indicate the provision of search techniques consistent with the security needs. The form, Search Request for Transgender and Intersex Youth, is to be used for a resident to identify the sexual preference of the staff he prefers to conduct the searches. No such searches have been conducted during the past 12 months.

Conclusion:

Based on the triangulation of the evidence, the facility is compliant with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Client Services Agreement, Tennessee Language Center Training Records Accessibility Booklet Staff Training Acknowledgement Form Youth Acknowledgement Form Home Language Survey PREA Brochure and Other Printed Materials Interviews: Facility Administrator Residents Random Staff Provision (a): Policy addresses the provision of support services for Limited English Proficient and disabled residents by providing residents with an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents are not used as readers or interpreters, confirmed by staff interviews. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. Policy provides for interpreter and translation services, including the services for the Deaf by requiring PREA education to be in formats accessible to all residents. The education staff also provides support services through accommodating resources, including a certified teacher with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Provision (b): A Client Service Agreement exists between the parent agency and the Tennessee Language Center for professional interpreting services as needed to ensure the residents' understanding of PREA and related information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially. Provision (c): The use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The posted PREA information and a brochure are written in Spanish, as well as English. The facility documents that there is access to services. The education unit and mental health staff members have the

capabilities to provide support services. The facility has the resources available to get the PREA information translated and printed in additional languages as needed.

Conclusion:

Based upon the evidence, including interviews, the Auditor determined the facility is compliant with this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 1-14, Background Screening Policy 5-06, PREA Background Check Histories Interview: Human Resources Manager Provisions (a) and (f): The Policies address hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks. The background checks occur initially and every five years thereafter, aligned with Policy. The personnel files include the completed background checks and hiring documents. Sources for background checks include but are not limited to: National Sex Offender Registry; Vulnerable Persons Abuse Registry; Tennessee Felony Database Clearance; local law enforcement; Out-of-State Child Abuse/Neglect Check; and fingerprint results (Tennessee Bureau of Investigation/Federal Bureau Investigation). Through the employment application process, prior to hire and promotion, it was inferred through various questions and background checks that applicants had not participated in the following behaviors: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged in the activity described above. A corrective action was implemented for the agency that placed the specific questions about an applicant's previous sexual misconduct on an existing form. The applicant now has the questions explicitly asked of him/her on one form where he/she has to respond specifically to the inquiries in writing. The interview and a review of policies provided details about the hiring process, completion of background checks, and grounds for termination. The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. The enhancement of the personnel form now speaks directly to and at a glance, an applicant's prior sexual misconduct. Provision (b): The policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The revised form specifically documents the inquiries made during the application process regarding previous sexual misconduct. Policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Provisions (c) and (d): The background check process includes consulting child abuse registries, annually, which include the National Sex Offender Registry, Vulnerable Persons Abuse Registry, and the Out-of-State Child Abuse/Neglect Check, if applicable. The prospective employee or contractor also has to be cleared through other sources which include fingerprint results through the Tennessee Bureau of Investigations and the Federal Bureau of Investigations, and driver's license check. Best efforts are made to identify information of incidents or allegations of sexual abuse by a prospective employee. Provision (e):

Initial background checks are conducted and are conducted annually thereafter, as required by the State of Tennessee. The interview, review of documentation and a review of the policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with policy. This information is also covered in the new employee orientation training. Staff members have a continuing duty to report related misconduct. Employees are informed during new employee orientation that they have a continuing affirmative duty to disclose any such misconduct.

Provision (h):

When a former employee applies for work at another institution, upon a written request from that institution, information will be provided regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Conclusion:

Based on the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews: Facility Administrator/PREA Compliance Manager State Director of Juvenile Justice/PREA Coordinator Vice President, Compliance and Implementation/Agency Head Designee Provision (a): Observations and the interviews confirmed the facility has not completed major renovations since the past year. Provision (b): The camera system enhances direct supervision provided to residents by staff. The interviews and observations confirm that cameras have been placed in the residents' rooms. There are no sinks or toilets in the rooms.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Tennessee Department of Children's Services (DCS) PREA Policy 18.8 DCS First Responding Guidelines for Sexual Assaults, Policy 18.8, Supplement Memorandum of Understanding (MOU) Interviews: Random Staff Facility Administrator Clinical Director Nurse DCS Investigator Rape Crisis Center Representative Provisions (a) and (b): In accordance with the policies, administrative investigations are conducted by DCS Child Protective Services/Special Investigations Unit and allegations that are criminal in nature are investigated by law enforcement. The agency and facility collective policies and protocols require that the investigations be conducted in accordance with the standard. The interviews with the DCS PREA Investigator and random staff confirmed awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations. The protocols for investigations is appropriate for youth and the investigative entities are aware of the protocols regarding PREA investigations. Provision (c): A MOU exists between the facility and the Shelby County Crime Victims and Rape Crisis Center. The MOU provides for forensic medical examinations be conducted by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner or other qualified medical practitioner. Forensic medical examinations will be provided at no cost to the victim as specified in the MOU and as advertised by the Shelby County Crime Victims and Rape Crisis Center. The Memphis Youth Academy's medical and mental health staff have the capability to provide follow-up services after an incident of sexual abuse. No forensic medical examinations were conducted during this audit period. The advocacy agency representative confirmed that services will be provided as stated in the MOU. The Shelby County Crime Victims and Rape Crisis Center provides 24-hour confidential sexual assault services. The agency is also the primary provider of sexual assault forensic examinations for the county and many surrounding jurisdictions. The youth are informed of services at the Shelby County Crime Victims and Rape Crisis Center during PREA education sessions and the information is posted. Provisions (d) and (e): Victim advocacy services provide a range of services and the MOU shows both agencies working together to form the written agreement. The advocacy agency follows all applicable laws and regulations with respect to confidentiality. The victim advocacy services include but are not limited to the following: · 24-hour hotline; · Emotional Support;

- Accompaniment for or Performance of forensic medical examination;
- Accompaniment for investigative interview;
- Information and Referrals;
- Utilize uniform evidence protocol that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Information regarding victim advocacy services is provided to the residents during the intake process, according to staff, and is provided through the accessibility of information. The interviews with the residents also confirm general familiarity regarding victim advocacy services. The MOU states that appropriate steps will be taken to ensure all residents with disabilities or that are limited English proficient have the opportunity to benefit from the services provided.

Provisions (f) and (g):

The PREA Investigator, DCS Child Protective Services/Special Investigations, will conduct administrative investigations in accordance with DCS and facility policies which are aligned. Investigations of allegations of sexual abuse or sexual harassment that is criminal in nature are investigated by local law enforcement.

Provision (h):

The facility has made arrangements for victim advocacy services as confirmed through the interviews and MOU. The background and training of some treatment staff provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed.

Conclusion:

Based on the review and analysis of evidence, interviews and observations, the facility is compliant with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Department of Children's Services (DCS) Policy 18.8 DCS Policy 18.8 Supplement Policy 5-06 Incident Reports Interviews: DCS PREA Investigator Youth Opportunity Investments Agency Head Designee Random Staff Provision (a): Policies provide that staff report all allegations of sexual abuse and sexual harassment and to document reports; staff members are aware of the requirements. Sexual abuse and sexual harassment allegations are referred to the DCS Child Protective Services/Special Investigations and local law enforcement when the allegation is criminal in nature. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. Provisions (b) and (c): Policy and reporting information are located on the parent agency's website and the contracting agency's website. Reporting information is posted within the facility and is accessible to the public. Policies and interviews confirmed allegations of sexual abuse and sexual harassment will be investigated. Administrative investigations are conducted by a trained investigator. Allegations of sexual abuse and sexual harassment that are criminal in nature are referred to local law enforcement. Provision (d): The DCS has policies governing administrative investigations of sexual abuse and sexual harassment and a trained investigator is utilized. The interview with the Investigator and other documentation confirm that administrative investigations are conducted by a trained investigator and allegations that are criminal in nature are referred to local law enforcement. Provision (e): The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility. Conclusion: Based on the triangulation of information, the facility is compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA DCS Policy, 18.8 Annual Training Plan New Hire Training Plan Training Curricula Training Sheets Training Certificates Acknowledgement Statements Interviews: Facility Administrator Random Staff Senior Director of Staff Development Provisions (a) and (c): The policies address PREA related training for staff which is provided initially upon employment and annually. Interviewed staff members were generally familiar with the PREA information. Facility policy provides for refresher training to occur annually. PREA training is provided to staff, as indicated by a review of facility and agency policies, training documents and interviews. The facility reports all staff members that may have contact with residents have been trained or re-trained on the PREA standards requirements. Provision (b): The facility houses males only and staff training does consider the needs of the population served as indicated by the interviews and training curriculum. The policies and interviews support training being tailored to the needs and attributes of the population served. The program provides gender-responsive services that are tailored to the special needs of the population served and contribute to strong peer support. Interaction with the residents, observations, staff and resident interactions indicate the positive gender-responsive culture within the facility including the treatment process and group activities. All staff within the facility are provided PREA training. Provision (d): The PREA training reviewed was documented electronically, manually, and with training certificates. PREA related training was verified through staff interviews and the agency's training curricula. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA Contractor and Volunteer Training Records Training Acknowledgement Statements Interview: Contractor Facility Administrator Provision (a): The policy requires volunteers and contractors who have contact with residents to be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. The training includes but is not limited to reporting allegations of sexual abuse and sexual harassment, mandated reporting, and maintaining professional relationships with residents. The contractor provides mental health services, as needed. The interview revealed knowledge of the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. Provision (b): The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their general responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by the contractors and volunteers. There are no volunteers providing regular services in the facility at this time. The number of active volunteers was affected by COVID-19 concerns. The interview with the contractor revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. The interview confirmed that the review of the zero-tolerance policy for the facility and agency is included in the PREA training. The contractor interviewed provides mental health services to the residents as needed. PREA training for volunteers and contractors may be provided by the Human Resources Manager or Clinical Director. Provision (c): The training documentation and interviews confirmed the receipt and awareness of PREA training by the contractors and volunteers. The interview with the contractor indicated the understanding of the training received. There are no regular in-person services by volunteers at this time. Conclusion: Based on the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA DCS Policy 18.8 Youth and Parent Handbook PREA Education Materials Youth Acknowledgement Statements Interviews: Residents Therapist/Intake Staff Provisions (a) and (b): All residents receive directions on how to report allegations of sexual abuse and sexual harassment; and information about the right to be free from retaliation for reporting, in accordance with policy. This premise was supported through the review of documentation and the interviews. A review of the education materials indicated the information provided to the residents is age-appropriate. The Therapist reviewed the subject matter, during the interview, that is used to provide PREA education to residents. The residents initially sign acknowledgement statements which represent receipt of the PREA information provided. The interviews with the residents revealed their understanding of the information covered in the PREA education sessions. The Therapist and residents revealed the initial PREA education is generally conducted on the first day of admission to the facility during the intake process. PREA refresher education sessions are conducted during unit and/or treatment meetings. The education materials include brochures, video, review of PREA information by staff, and pre and post tests. Provision (c): Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), residents received PREA education. The facility reports that 127 youth were admitted to the facility during the past 12 months prior to the onsite audit phase and all participated in PREA education sessions. Forty-eight residents were in the facility and all had been involved in PREA education sessions. Acknowledgement statements, observed posted information, brochures, and the interviews indicate that general PREA education is provided to residents. The PREA information is posted and residents are provided brochures. The printed information is posted at eye levels accessible to residents, staff and visitors. Provision (d): The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The education unit is also a resource for accessibility and accommodations. The education staff provide support services through certified teachers with the educational background to modify/adapt information for all residents to understand. Policies address the provision of support services for limited English proficient and disabled residents by the requirement of providing residents an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Assistance may also be provided by the treatment staff and bilingual staff to ensure all residents' understanding of the PREA information. Printed materials are provided in English and Spanish. The facility also has the resources to obtain information in other languages as needed. The staff revealed a practice of residents not used as translators or readers for other residents. The facility has knowledge of

the youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents. The special arrangements are coordinated by treatment team staff in collaboration with the administrative staff.

Residents are asked about feelings of safety during informal encounters with staff and during formal treatment team meetings. PREA information is included in the Youth and Parent Program Handbook and the information is posted. The PREA brochures and Handbook are accessible in languages other than English, as needed. The facility's parent agency has a Client Services Agreement with the Tennessee Language Center for professional translation services. The facility has a contractual agreement as needed with a reputable agency that provides services for the Deaf and hard of hearing. The services include but are not limited to sign language interpreting, video remote interpreting and after-hours jobs.

The Therapist explained and walked through the process of how to access the language interpreting services, confirming the accessibility. Professional interpreters are available through a contract with the facility's parent agency on an as needed basis. The targeted interview was not conducted due to the resident not being available.

Provision (e):

Signed acknowledgement statements support the residents' involvement in PREA education sessions. The interviews with the residents and Therapist confirm PREA education sessions occur. The residents are aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. The residents are aware of their PREA related rights and are generally aware of the availability of advocacy services if needed.

Provision (f):

The interviews with the residents and observations confirmed PREA information is continuously and readily available and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; definitions of related terms; safety tips; and reporting information. Each resident and parents are provided a Youth and Parent Handbook which also contains PREA and reporting information.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation: Department of Children's Services (DCS) PREA Policy, 18.8 DCS Policy 14.7, Child Protective Services Investigation Tracks DCS Policy 14.25, Special Investigations Unit Child Protective Services Investigations Interview: DCS PREA Investigator Provisions (a) and (b): Administrative investigations are conducted by the DCS, Special Investigations Unit. The facility staff does not conduct any type of investigations. The parent agency, Youth Opportunity Investments, LLC, contracts with DCS for the provision of services. Regular PREA training is required in addition to the specialized training regarding conducting administrative investigations. Allegations that are criminal in nature are referred to local law enforcement. The interview with the DCS PREA Investigator and review of the investigation outcome summary confirmed administrative investigations are conducted by a trained investigator. Provision (c): The Investigator provided that additional training is provided by and through the DCS. An informal conversation with the DCS statewide PREA Coordinator supported that the Investigator receives specialized training for investigators. Allegations that are criminal in nature are referred to law enforcement and the DCS conducts administrative investigations. All allegations of sexual abuse and sexual harassment are reported to DCS. Provision (d): The DCS provides training to its investigators who will conduct administrative investigations at the contract facilities which was confirmed by the formal interview with the Investigator and the informal conversation with the supervisor, DCS statewide PREA Coordinator . Local law enforcement is responsible for training their investigators who conduct sexual abuse investigations that are criminal in nature. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA Training Curricula Training Certificates Interviews: Health Services Administrator Clinical Director Provision (a): The policy requires medical and mental health staff members to receive the regular PREA training as well as the specialized training. Training records and interviews document regular PREA training and the specialized training for medical and mental health staff members and the interviews confirmed the training. Provision (b): Forensic examinations are not conducted by facility staff. Provision (c): Training records and interviews with medical and mental health staff confirm receipt of the regular and specialized training. The regular training may be provided online and in-person. The specialized PREA training is provided online through different modules. Regular and refresher PREA trainings are also provided at the facility through sessions incorporated in staff meetings and training sessions when appropriate. Provision (d): Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided online and the records are maintained. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06 PREA Education Materials Youth Acknowledgement Statements Assessment, Checklist and Protocol for Behavior and Risk of Victimization in a Youth Development Center Safe Housing Assessment Interviews: Youth Opportunity Investments (YOI) PREA Coordinator Facility Administrator/PREA Compliance Manager Therapist/Risk Screener Residents Provision (a): The policy provides for each resident to be screened within 24 hours for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident. The interviews and practice indicate the risk assessment is generally completed on the day of admission. The Therapist revealed that the youth is asked questions and probing is done as needed regarding some of the questions. The youth is interviewed to obtain elements about personal history and behavior. Pertinent information is also gleaned from paperwork from the Tennessee Department of Children's Services. The primary PREA intake screening instrument, Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, is used to document such assessment. The interviews revealed the practice of the risk screening being conducted in accordance with the policies and standard. Review of the screening instrument and interviews with the Therapist and residents confirmed the information obtained includes but is not limited to: · Prior sexual victimization or abusiveness · Resident's own perception of vulnerability · Current charges and offense history · Self-identification of resident · Intellectual or developmental disabilities · Physical disabilities · Confirmation of size and stature · Confirmation of Age Policy addresses the occurrence and criteria regarding formal reassessments of residents. The interview with the Therapist supports reassessments are conducted at least annually and when the room of a resident is changed. It is reported that the number of youths admitted to the facility within the past 12 months who were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents prior to the onsite audit phase is 127. The risk assessments are accessible to the clinical team, Facility Administrator and Assistant Facility Administrator. The resident files were observed to be maintained in a confidential manner within lockable offices within the key control system.

Provision (b):

An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding his/her own safety. The instrument is tabulated based on the information received where certain responses can identify any special needs and safety concerns. The PREA screening assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness.

The Safe Housing Assessment is an additional instrument used in the facility for measuring risk, including sexual safety. The assessment instrument measures the youth's exhibition of tendencies toward sexually aggressive behavior and toward vulnerabilities to victimization. The Safe Housing Assessment also considers the number of adjudications for felonies as a risk factor.

Provision (c):

Through the Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, the facility obtains the following information, aligned with policy and the standard:

- (1) Prior sexual victimization or abusiveness;
- (2) 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;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included within the instrument. The interview with the Therapist confirmed awareness of the elements of the risk screening instrument and the use of the instrument was explained. The resident interviews also confirmed the administration of the screening instrument and the general inquiries made. The interviews revealed the practice is that the instrument is generally administered the first day of the youth's admission to the facility.

Provision (d):

The information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth, review of the packet received from the Department of Children's Services, and other assessments. Additional information may be obtained from interviews with parents/guardians where indicated. The facility is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the resident's record in an effort to preliminarily prepare for the needs prior to arrival. Additional assessments and screenings are completed after the youth is admitted to the facility to obtain supportive information for treatment planning and sexual safety.

Provision (e):

Staff takes appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner, behind locked doors. The online information on computers, including database, are password protected and only accessible to identified staff. The Therapist and Facility Administrator addressed the management of sensitive information and the limited and guarded access by treatment and management staff. Pertinent information is

provided to other staff based on the need to know. Staff training includes information regarding confidentiality of information concerning residents.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: Policy 5-06 Policy 5-19, Controlled Observation Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center Safe Housing Assessment Interviews: PREA Coordinator PREA Compliance Manager Risk Screener Medical Mental Health Random Staff Provision (a): Policy 5-06 provide guidance to staff regarding the use of the information obtained from the PREA-related screening instruments. The interviews indicate the screening and assessment information and observations are used to inform staff of information based on the need to know, housing and program assignments, and assist in identifying treatment and any special services. Provision (b): Policy 5-19 provides that isolation is not used in this facility and interviews and observations supported this premise. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents; notifying other staff, including treatment staff and administrators; and implementing closer supervision measures. No residents were determined to be at risk for sexual victimization during this audit period. Provision (c): Gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status, in accordance with the policy. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed or identified to be reserved for gay, bisexual, transgender or intersex youth. Housing assignments are made on a case-by-case basis as supported by policy, interviews and practice. Provision (d): Policy and practice support that housing and program assignments for transgender or intersex residents are based on the need of the resident which was evident from staff interviews. Policy prohibits placing such youth in specific housing or making other assignments solely based on how the residents identify or their status. Housing and program assignments are decided on a case-by-case basis considering whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staff's awareness and the importance of their efforts in keeping transgender and intersex residents safe.

Provision (e):

The Department of Children's Services PREA policy provides placement for each resident be reassessed every 90 days and within two days of any occurrence requiring a room change, through the application of the Safe Housing Re-Assessment instrument to determine any threats to safety experienced by the resident. The interview with the Therapist confirmed familiarity with application of Safe Housing Re-assessments. There were no transgender or intersex residents identified in the facility during this audit period.

Provision (f):

The resident's concern for their own safety is taken into account through the administration of the risk vulnerability screening instruments, treatment team meetings and individual sessions, and informal interactions with treatment and other staff. The interviews with staff and review of documentation were aligned with policy.

Provision (g):

Transgender or intersex residents will be given the opportunity to shower separately from other residents which is supported by interviews and policy.

Provision (h):

Policy 5-19 provides that a resident will not be placed in isolation. No residents were determined at risk of sexual victimization in the 12 months preceding the audit. The interviews and observations during the comprehensive site review confirm that isolation is not used in this facility.

Provision (i):

Isolation is not used in this facility. No residents were identified to be at risk of sexual victimization in the 12 months preceding the audit.

Conclusion:

Based upon review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Policy 3.03, Abuse and Neglect Reporting Policy 3.04, Grievance Procedure Youth and Parent Program Handbook Interviews: Residents Random Staff Facility Administrator Provision (a): The policies collectively provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour Tennessee child abuse reporting hotline. In accordance with facility policy, telephones throughout the facility, including in the living area, are made accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of a telephone accessible for residents to report allegations of sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents; or to request advocacy services. Policy, posters, brochures and the Parent and Youth Handbook collectively provide telephone numbers, information and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing the Grievance Form or Can We Talk Form, or use the DCS abuse reporting hotline regarding allegations of sexual abuse or sexual harassment. The residents interviewed could identify someone who did not work at the facility they would report to about sexual abuse or sexual harassment if needed. The random staff and resident interviews collectively revealed residents may use the telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing through posted information and other printed materials. The posted materials are clear and at varying eye levels. Residents have access to writing materials; Grievance, Can We Talk, and Sick Call Request Forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations. Written notes or letters may also be given to staff or placed in the locked box. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with the policies. The Grievance Procedure Policy, 3.04, informs staff to immediately activate the reporting requirements when an allegation of sexual abuse is placed on a grievance form. Staff is to immediately report the allegation to the supervisor, Facility Administrator or Administrator on call. All grievances received alleging sexual abuse or sexual harassment are reported to Child Protective Services Central Intake, according to policy and the staff interviews. A written PREA related allegation does not have to be given to staff and the resident does not have to discuss the situation with staff involved. Grievances alleging sexual abuse will be handled directly by the facility administrators or designee and reported to Child Protective Services Central Intake and law enforcement, if criminal in nature. The residents interviewed understood the process for using the Grievance Form to report allegations of sexual abuse and sexual harassment if they wanted to.

The Can We Talk Form allows the resident to request the specific staff member he would like to speak with and includes the following staff:

- Facility Administrator;
- Assistant Facility Administrator;
- Therapist;
- Teacher;
- Grievance Officer
- Direct Care Staff

PREA information is posted and each resident is provided a Youth and Parent Program Handbook which contains general PREA related information. Residents sign an acknowledgement statement confirming receipt of PREA information and receipt of Youth and Parent Handbook. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, staff meetings, and posted information.

Provision (b):

The abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The abuse hotline reporting number is in the telephone area and is easily read. The PREA audit notices were posted and easily identifiable. The interviews revealed familiarity with policies, posted and other printed information on how to report allegations of sexual abuse and sexual harassment. Telephones are accessible to all staff and are made accessible to residents by staff. The reports of sexual abuse or sexual harassment are accepted and referred for an investigation. The abuse reporting hotline was tested by the Auditor and was in working condition. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

The interviews, aligned with policy, confirmed methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The residents' interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. Staff members are aware of their duty to receive and document the receipt of verbal reports and that the documentation must be done as soon as possible.

Provision (d):

Observations during the comprehensive site review and interviews revealed writing materials are available for residents to complete Grievance, Can We Talk and Sick Call Request forms or write notes. Each resident is provided PREA brochures, Handbook and are surrounded by posted information regarding reporting allegations and the residents are informed of the reporting methods during PREA education sessions. The interviews, review of documents and facility practices, and observations revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.

Provision (e):

The majority of random staff interviews revealed staff can privately report allegations of sexual abuse and sexual harassment through the abuse reporting hotline. Other staff indicated they could privately report to their supervisor or the Facility Administrator.

Conclusion:

Based upon the review of documentation, interviews, and observations, the Auditor determined the facility is compliant with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Policy 3.04, Grievance Procedure Interview: Facility Administrator Provision (a): When a Grievance Form is received that contains an allegation of sexual abuse or sexual harassment, the policy and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for the facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported to the Department of Children's Services/Child Protective Services Central Intake Unit and local law enforcement if the allegation is criminal in nature. Provision (b): There is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located in the living units for residents to deposit Forms or notes if they choose. Policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitations has expired. Provision (c): The grievance system does not include investigating allegations of sexual abuse and sexual harassment. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. The staff member involved in the complaint will not be involved in reporting the allegation stated on the Grievance Form. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, residents may put the completed Grievance Form in the locked box. The abuse reporting hotline and the contact information is provided and the residents are informed that they will have unhindered access to a telephone. The locked boxes are located in the living units for depositing Forms or notes. Residents do not have to give a completed Grievance Form to any staff member and it may be placed in the locked box. Provision (d): All Grievance Forms that contain an allegation of sexual abuse or sexual harassment will be referred for an investigation in accordance with policy. The purpose of the submission of a PREA related complaint on a Grievance Form provides residents and staff another avenue for ensuring the reporting of allegations and provides management staff with the opportunity to protect the resident. The Grievance Procedure policy, 3.04, specifically addresses "Allegations of Abuse/Misconduct" and provides that such type grievances shall immediately be reported to the supervisor, Facility Administrator, or administrator on-call. The policy further provides that all such grievances shall be reported to the DCS Child Protective Services Central Intake Unit. The telephone number is contained in the policy and is posted. Provision (e): When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual

harassment. The allegation on the Grievance Form is reported and an investigation will be conducted by the investigative entity as appropriate.

Provision (f):

If a Grievance Form alleging sexual abuse is received, it is reported by staff to the appropriate investigative entities. Policy provides for the staff response to the emergency complaint includes measures to ensure the safety of the resident making the allegation through the development of a Safety Plan. There has not been a grievance submitted alleging sexual abuse during this audit period.

Provision (g):

Residents will not be punished for filing a complaint made in good faith, even if the allegation is unsubstantiated, in accordance with policy. Once a Grievance Form alleging sexual abuse is received, the allegation is reported to the appropriate investigative entities and an investigation will be conducted.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Memorandum of Understanding Youth and Parent Program Handbook Posted Information PREA Education Materials Acknowledgement Statements Interviews: Residents Facility Administrator Representative, Shelby County Crime Victims and Rape Crisis Center Provision (a): General information for advocacy services is a part of the PREA education sessions with the residents. Interviews revealed that residents are generally familiar with the victim advocacy services that are available if needed. There is a Memorandum of Understanding (MOU) between the facility and the Shelby County Crime Victims and Rape Crisis Center. Services may be requested by the resident, facility staff or law enforcement personnel. The provision of services was confirmed by the written agreement and interview with the representative from the Shelby County Crime Victims and Rape Crisis Center. Information is provided during PREA education sessions and is posted. The advocacy services include but are not limited to emotional support, accompaniment through the forensic medical examination and investigative interview, and referral services. Residents are also provided contact information for additional advocacy and service agencies which is posted. The posted information is easy to read and the facility has the resources to provide the information in the primary languages spoken in the facility. Provision (b): The policy, facility staff interviews, MOU and PREA education sessions provide that there will be adherence to confidentiality measures regarding advocacy services. Residents learn about staff being mandated reporters and the limitations of confidentiality through the intake process and subsequent meetings with key staff and others. Provision (c): The interviews and MOU document the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination and investigation interview; access to other support services; and referrals. The services are accessible to the resident through written means or use of the telephone. Provision (d): The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews and the Youth and Parent Program Handbook. Residents have been provided the opportunity to video chat with parents or guardians and with attorneys and court workers as needed. All residents interviewed confirmed communication opportunities occur which include letter writing, telephone calls and visitation. The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to

attorneys and court representatives. He also confirmed reasonable access to parents/legal guardians and the private areas and general visitation area were observed during the site review.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Posted Information Interviews: Random Staff Residents Facility Administrator Standard 115.354: Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment may be done and indicated the information will be accepted and reported. Staff members are to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline, tell a supervisor and/or administrator. The Department of Children's Services and Youth Opportunity Investments, LLC websites contain the information needed for third-parties to report allegations of sexual abuse and sexual harassment. Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. The posted information is consistent and easily readable. All residents interviewed indicated knowing someone who did not work at the facility they have contact with and could report allegations of sexual abuse and sexual harassment to. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. The abuse reporting hotline was tested by the Auditor and was found to be in working order. No third-party reports were received during this audit period. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Incident Reports Investigation Summary Interviews: Facility Administrator Nurse Clinical Director Random Staff Provision (a) and (b): The policies support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Staff members are deemed as mandated reporters by the State. A trained DCS agency PREA Investigator conducts administrative investigations and allegations that are criminal in nature are investigated by trained law enforcement investigators. The facility and State agency policies collectively provide guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder. Provision (c): Policies and practices collectively address confidentiality of information and the conditions for providing information. Once allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary for the investigation and treatment and management decisions. Provision (d): The clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State requirements. The notification is documented in secondary materials. Provision (e): Reports of allegations of sexual abuse or sexual harassment are made as soon as possible through the DCS child abuse reporting hotline and to parents/legal guardians. Policy and interview with the Facility Administrator confirmed that a resident's caseworker rather than a parent would be notified where indicated that the resident is under the guardianship of the child welfare agency. The resident's attorney would be notified of an allegation of sexual abuse within 14 days, where applicable and accordance with policy. Timelines and directions to staff for reporting allegations are provided in policy. Provision (f): The policies and interviews provide for all allegations to be reported. Administrative investigations are conducted by the DCS PREA Investigator. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed

through interviews. The interviews confirmed all allegations are reported to DCS, and to law enforcement when the allegation is criminal in nature.

Conclusion:

The review of evidence, including interviews indicate the facility is in compliance with this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06. PREA Risk Screening Instruments Housing Assessments Help Request Forms Interviews: Facility Administrator Youth Opportunity Investments Agency Head Designee Random Staff Provision (a): The staff is required to protect the residents through implementing protective measures. Administration of the risk screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments provide information which offer supporting information in determining the risk level of each resident. The interviews revealed protective measures include but are not limited to separating youth; transferring youth to another facility; one-on-one staff supervision; and contacting administrators, supervisors and other staff. The help request forms (Grievance, Sick Call Request, Can We Talk) are displayed for residents to complete to gain assistance. Residents have unimpeded access to the aforementioned forms. The facility environment encourages residents to complete a help request form, talk to a trusted staff member, talk to a parent/guardian or other approved outside contact, or make a report using the abuse reporting hotline regarding allegations of sexual abuse and sexual harassment. The expectation is that any action to protect a resident would be taken immediately as deemed from interviews. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the primary sexual safety instrument. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard Auditor Discussion Document: Policy 5-06, PREA Interview: Facility Administrator Provisions (a)-(d): The policy and interview provide that when an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the Facility Administrator will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification will be made as soon as possible and within 72 hours and documented in accordance with policy. The Facility Administrator is also required to make a report to the Department of Children's Services. The policy and interview support allegations of sexual abuse or sexual harassment from a resident regarding their stay in another facility will be reported and investigated as required. In the past 12 months, there were no allegations reported by a resident of sexual abuse occurring at another facility. Conclusion: Based upon the information received and interview, the Auditor determined the facility is compliant with this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA DCS PREA Policy, 18.8 Coordinated Response Plan Interviews: Random Staff Facility Administrator Provision (a): The interviews and review of the written Coordinated Response support the familiarity with appropriate intervention. Policy and training provide that upon learning of an allegation that a resident was sexually abused, the staff response would basically include but not be limited to the following: - Separate the alleged victim and abuser. - Preserve and protect the scene until appropriate steps can be taken to collect any evidence. - Request that the alleged victim not take any actions that could destroy physical evidence. - Take actions to ensure the alleged abuser does not take any actions that could destroy physical evidence. - Ensure the safety of the victim. - Make the required notifications. Provision (b): The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no incidents where any staff member had to act as a first responder in the last 12 months. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Coordinated Response Plan Interviews: Random Staff Facility Administrator Provision (a): The Coordinated Response document will be implemented in the event of an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members in general and the plan's format identifies each step and roles such as the first responder; supervisors; medical; mental health; and management staff and when to contact such. Policy provides guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse. Conclusion: Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews: Facility Administrator Agency Head Designee Provisions (a) and (b): The facility is not involved in any collective bargaining agreements.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA PREA: Post Incident Monitoring and Review Training Guide Training Acknowledgement Statements Retaliation Monitoring Form Interviews: Unit Manager/Retaliation Monitor Facility Administrator Youth Opportunity Investments Agency Head Designee Provision (a): The policy and interviews support protecting 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. The Unit Manager is responsible for conducting and/or ensuring retaliation monitoring occurs. The Unit Manager is familiar with the role of retaliation monitor and its purpose. The retaliation monitoring activities will be documented on the Retaliation Monitoring Form. Training has been conducted with staff regarding the duties required for retaliation monitoring and documented on the training Acknowledgement form. During the onsite audit phase, there were no residents in the facility that reported allegations of sexual abuse or sexual harassment. Provision (b): Protective measures were generally identified during the interviews and are aligned with policy and the provision of the standard. The interviews revealed that implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; transfer resident or staff to another facility; staff discipline including termination; closer monitoring; and change in shift assignments; increase in counseling sessions for residents. The retaliation monitoring will be documented and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring. The interviews confirmed measures would be taken to detect and protect staff and residents from retaliation. Provision (c): The policy and interview with Unit Manager provide that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period may last longer and additional information gathered where required, according to the Unit Manager. The interview and the Retaliation Monitoring Form identify items that would be monitored to assess retaliation and included interactions which may lead to housing and program changes to eliminate interaction as needed. The Retaliation Monitoring Form requires the monitor's assessment to include checking for verbal and non-verbal threats and considerations for unfair treatment. Provision (d): Policy and the interview with the Unit Manager indicate that status checks will occur as a part of retaliation monitoring. The interview revealed that initial and follow-up contact would be made.

Provision (e):

Policy application is extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interview and policy indicate the appropriate measures would be taken to protect any related individuals against retaliation.

Provision (f):

The obligation to monitor for retaliation terminates if it is determined that the allegation is unfounded. The interviews determined familiarity with the requirements regarding retaliation monitoring.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews: Facility Administrator Clinical Director Nurse Provision (a): Segregated housing is not used in the facility to protect residents who alleged to have suffered sexual abuse. The interviews were aligned with this premise. No segregated area was observed or identified during the comprehensive onsite review. Conclusion: Based upon the upon the review of policy, interviews and observations, the Auditor determined the facility is compliant with this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Department of Children's Services (DCS) PREA Policy 18.8 DCS Policy 14.5, Special Investigations Unit Child Protective Services Investigations DCS Supplemental Policy to 18.8 Interviews: DCS PREA Investigator Facility Administrator/PREA Compliance Manager Youth Opportunity Investments (YOI) PREA Coordinator YOI Agency Head Designee Provision (a): The administrative investigations are conducted by the PREA Investigator with the Tennessee Department of Children's Services (DCS); investigations are not conducted by facility staff. Based on policies and other documentation and interviews, the trained investigator conducts administrative investigations as prescribed by policies. Allegations that are criminal in nature are referred to local law enforcement. The interview with the Investigator indicated that investigations are conducted thoroughly and objectively. Investigator training is provided through DCS. Based on the review of documentation and information received, all allegations of a sexual nature are reported to DCS and are investigated as sexual abuse or sexual harassment. It is recommended that an appropriate staff member from each agency meet to review the PREA definitions and State law related to allegations to determine behavior that may or may not rise to the level of a PREA related allegation. It is also recommended that the discussion include a process review and any need for criteria for identifying an allegation or behaviors, before or after the investigation, as a facility rule violation rather than sexual abuse or sexual harassment. Provision (b) and (c): The DCS PREA Investigator will turn over any evidence found to law enforcement investigators regarding an allegation of sexual abuse and/or allegations that are criminal in nature. The Investigator will may review any video; gather witness statements; and gather and review incident reports during the administrative investigation of an allegation. The law enforcement investigator and/or qualified medical practitioner are responsible for collecting direct physical and DNA evidence. The facility staff and Investigator are trained on how to assist in preserving general evidence. The contract agency, DCS, is aware of the PREA protocols regarding PREA related investigations. The DCS PREA Coordinator also manages the investigations unit. The Investigator follows the DCS guidelines governing PREA related investigations, in accordance with agency policy. Provision (d): The interview with the PREA Investigator confirms the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment. Provision (e): The DCS agency PREA Investigator does not conduct compelled interviews.

Provision (f):

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff as supported by the interview with the Investigator. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

The interview supports that PREA investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Investigations in all facilities are completed with written reports that include investigative facts and findings as gleaned from the interview with the Investigator. The facility is provided an outcome summary of the investigations. The report contains information regarding the initial call or allegation; findings from results of data gathering and interviews; and conclusion.

All allegations of sexual misconduct are reported to DCS and are investigated as sexual abuse or sexual harassment. It is recommended that a staff member representing the DCS investigations and a YOI local representative meet to review the PREA related definitions of allegations to determine behavior that may rise to the level of a PREA allegation. The discussion may also include a systems review and any need for criteria for classifying an allegation, before or after the investigation, as a facility rule violation or sexual misconduct rather than sexual abuse or sexual harassment.

Provision (i):

The DCS PREA Investigator does not conduct criminal investigations. It is the responsibility of law enforcement personnel to refer cases for prosecution.

Provision (j):

The written investigative reports are maintained as directed by the standard.

Provision (k):

The interviews confirm that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.

Provision (l):

The investigative entities are aware of the PREA standards requirements through the initial sharing of PREA information and subsequent interactions. The contract agency's PREA Coordinator manages the investigations unit.

Provision (m):

The policies and interviews indicate that staff cooperate with investigators. Staff members of the facility's parent agency and DCS staff had a documented meeting to discuss and confirm the efforts to improve the process for the facility to be kept informed of the progress of an investigation, conclusion of the investigation; and the findings related to any opportunities for improvement related to the facility and staff performance. The Facility Administrator and/or his supervisor and the DCS PREA Coordinator will maintain effective communication until the conclusion of the investigation as indicated by the documented telephonic meeting and interview with the Agency Head Designee. The Facility Administrator and/or YOI State Director will maintain communication with local law enforcement as indicated.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: DCS Policy 18.8 Interview: DCS PREA Investigator Provision (a): The agency imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated. The interview and policy are aligned. Conclusion: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06 DCS PREA Policy Outcome Summary Juvenile Notification of Investigation Outcome Interviews: Facility Administrator DCS PREA Investigator Provision (a): Facility policy requires that the resident be informed when a sexual abuse investigation is completed and the outcome of the investigation provided to the resident and documented. The results of such investigations are documented and provided to the resident on the Juvenile Notification of Investigative Outcome form. The interviews revealed awareness of the requirement. The written notification is provided by facility staff. Provision (b): The Facility Administrator receives an Outcome Summary of the investigation. A meeting was held during the pre-on-site audit phase between the DCS PREA Coordinator and Vice President of Compliance and Implementation to improve the receipt and quality of written results following a PREA related investigation. The Facility Administrator and/or his supervisor remain abreast of an investigation conducted by law enforcement. The results of the investigation are provided by facility staff. Provision (c): The interview with the Facility Administrator is aligned with facility policy. The policy requires that following a resident's allegation that a staff member committed sexual abuse against a resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever: - The staff member is no longer posted within the resident's housing unit; - The staff member is no longer employed at the facility; - The staff member has been indicted on a charge related to sexual abuse in the facility; and/or - The staff member has been convicted on a charge related to sexual abuse in the facility. The interview with the Facility Administrator is aligned with facility policy. The form, Juvenile Notification of Investigation Outcome, is used to document the notification to the resident regarding the provisions of this standard. Provision (d): Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed whenever: - The alleged abuser is criminally charged related to the sexual abuse. - The alleged abuser is adjudicated on a charge related to sexual abuse within the facility. The Facility Administrator is familiar with the requirements of the policy and the standard provisions. The Juvenile Notification of Investigation Outcome form documents the provision of the information to the resident.

Provision (e):

Policy provides for the notification to the resident be documented. The Facility Administrator is familiar with the requirement of the policy and PREA requirements and use of the dedicated form form for documentation of the practice.

Provision (f):

Policy supports that that the facility's obligation to report under this standard terminates if the resident is released from the agency's custody. All notifications or attempted notifications are documented.

Conclusion:

The interviews and review of documentation confirmed the facility is compliant with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA Department of Children's Services (DCS) Agency Policy 3.13, Standards of Conduct and Grounds for Dismissal Employee Handbook Interview: Facility Administrator Provision (a): The policy and interview support that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. Provision (b): Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. There was no staff member that violated policy regarding sexual abuse or sexual harassment during this audit period. Provision (c): Any staff with findings other than actually engaging in sexual abuse will be subject to termination, and other measures appropriate to the circumstance of the incident and the other components of the provision and remedial in-service if permitted to return to work. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff. Provision (d): Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies, where applicable. Notification to a licensing body will occur where indicated. Conclusion: Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Policy 5-06, PREA Interviews: Facility Administrator Contractor Provision (a): Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. The interviews with the volunteer and contractor confirmed a clear understanding that sexual misconduct with a resident is prohibited. Any contractor or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegation of sexual abuse and no allegation of sexual harassment regarding a contractor or volunteer. The contractor provides mental health services as needed. Provision (b): The policy and interviews confirm the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. In the past 12 months, no contractor or volunteer was reported for allegations of sexual abuse or sexual harassment. Conclusion: Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Policy 5-06, PREA Youth and Parent Program Handbook Interviews: Facility Administrator Health Services Administrator Clinical Director Provision (a): An administrative process exists for dealing with violations and holding residents accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to a formal process. The consequences will be administered through the administrative system, encompassing the behavior management system. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities and may result in charges being filed and the resident being removed from the facility. Sexual activity between residents is prohibited. Provision (b): Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents. The review of policy support there is consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Isolation is not used as a disciplinary sanction. Provision (c): Per policy, disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. Provision (d): Consideration would be given regarding offering a perpetrator intervention services that are designed to address and correct underlying reasons or motivations for abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education. Staff members within the mental health unit are equipped to develop treatment planning and interventions to address underlying reasons or motivations for abuse with alleged victims and offending residents. Two psychiatrists provide services onsite to residents once a week. Provision (e): Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Provision (f): Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good

faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action as a rule violation. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.

Conclusion:

Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA Assessment, Checklist and Protocol for Behavior for Victimization Tools Safe Housing Assessment Tools YOI Safety Plan Case Notes Interviews: Health Services Administrator Clinical Director Facility Administrator Provisions (a) and (b): Policy provides that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff and a review of documentation reveal that issues are identified and addressed with residents in a timely manner and as needed. The practice is residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process and follow-up is provided immediately. Where indicated, a Safety Plan may be developed by mental health staff based on the meeting and/or a screening assessment. In addition to addressing various needs of the resident, the Safety Plan identifies risk behaviors that require close monitoring. Provision (c): Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the onsite review, the files were observed to be maintained in a secure manner in locked offices and information that is maintained electronically is password protected. A review of the files was conducted with the Clinical Director. Provision (d): Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. The interviews were aligned with the policy. Informed consent may be documented in the session notes or nurse's notes. Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Documents:

Policy 5-06, PREA

YOI Safety Plans

Initial Mental Health Crisis Assessment Tools

Coordinated Response

Interviews:

Mental Health

Medical

Provision (a):

The interviews, policies and assessment tools support that the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with policy including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services and meet with those practitioners and are provided services during the intake process and throughout their stay in the facility. There were no residents in the facility during the site review that had reported allegations of sexual abuse.

An alleged victim will be provided services within the facility as well as timely services in the community. An alleged victim will be transported to the local hospital or rape crisis center for a forensic medical examination that will be conducted by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner or other qualified medical practitioner. The examination will be performed at no cost to the victim, in accordance with policy, in response to an allegation of sexual abuse. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of encounters with residents at the facility.

Provision (b):

Interviews and the written Coordinated Response to an allegation of sexual abuse revealed residents have access to unimpeded access to emergency services. The policy provides guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities.

A review of the documentation; observations of the interactions among residents and staff during the onsite audit phase; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Staff training and the Coordinated Response prepare staff members to properly report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities.

Provision (c):

Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. If needed after an incident, follow-up services may be provided by the facility's medical and mental health staff members to collaborate and provide clinical and medical support services as needed. The standard of care within the facility ensures the appropriate medical and mental health follow-up will be provided.

Provision (d):

The interviews and policy provide that treatment services will be provided to the victim without financial cost to the victim regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident.

Conclusion:

Based on the evidence, including interviews, the Auditor determined the facility is compliant with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document: Policy 5-06, PREA Interviews: Clinical Director Registered Nurse Facility Administrator Provision (a): The Policies and interviews support that medical and mental health evaluations and treatment services will be offered to resident victims of sexual abuse. Follow-up services will be provided that include but are not limited to crisis and nursing assessments, treatment of any injuries; increased sessions with Therapist, development of a specialized Safety Plan; and referral services as needed. A trauma assessment will be conducted within 30 days. Provision (b): Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning, evaluations, and clinical follow-up and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract and referral services. The medical staff will ensure the medical discharge orders are followed. Provision (c): Review of policy, interviews and observations during the site review indicated medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interviews and observations during the site review emphasized the treatment services at the facility are consistent with the community level of care. Provision (d): The facility provides services for all males. Provision (e): The facility serves all males. Provision (f): The interviews and policy ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate as confirmed by the Nurse and Clinical Director. There have been no allegations of sexual abuse during this audit period. Provision (g): All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to the policy and interviews. Provision (h):

The policy provides that an attempt be made for a mental health evaluation to be conducted within 60 days for all known resident-on-resident abusers. Treatment will be offered to residents as deemed appropriate by mental health staff.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Outcome Summary PREA Sexual Abuse Incident Review PREA: Post Incident Monitoring and Review, Training Guide Letter of Intent, Department of Children's Services (DCS) PREA Coordinator Training Acknowledgement Statement Interviews: Unit Manager/Incident Review Team Member Facility Administrator Youth Opportunity Investments Agency Head Designee Provision (a): The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of the policy and interviews confirmed incident reviews will be conducted at the conclusion of an investigation of an allegation of sexual abuse, unless determined to be unfounded. The interviews confirm this premise and the Facility Administrator/PREA Compliance Manager serves as the facilitator of the PREA incident review team meetings. The incident review team meetings are held during the regular morning management team meetings. The meetings consist of management, treatment and supervisory staff members. A significant incident, including a PREA incident not determined unfounded, may be reviewed during the management team meetings. The facility has a recently developed dedicated form, PREA Sexual Abuse Incident Review, for formally documenting the review of a PREA incident to confirm the occurrence during any management team meeting. Provision (b): Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews will occur within the stated time period. The interviews revealed knowledge of the purpose of the incident review process. There were two allegations of resident-on-resident sexual abuse reported during the past 12 months. One administrative allegation was found to be unsubstantiated and the other administrative investigation is pending. The completed incident review was formally documented late due to a delay in the notification of the outcome of the investigation. A meeting was held to discuss the improvement of the process of notification, prior to the onsite audit phase, and a letter of intent was provided by the DCS statewide PREA Coordinator confirming the improved process moving forward. Provision (c): Policy and interviews collectively identify members of the incident review team to include but not limited to upper-level management, with input from line supervisors, investigator, and mental health and medical practitioners. The morning management team meetings are used to also review PREA incidents and to formally review allegations of sexual abuse determined to be substantiated or unsubstantiated following an investigation. Additionally, the State Director/PREA Coordinator may participate in the PREA incident review team meetings. The Facility Administrator facilitates the incident review team meetings.

Provision (d):

The policy, dedicated form and interviews collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is documented utilizing the dedicated form. The meeting minutes for an incident review team meeting are recorded. The written report also includes any recommendations for improvement. Based on the documentation, the minutes from an incident review team meeting will be documented and consideration will be given in accordance with this provision of the standard.

Provision (e):

The policy provides for recommendations to be made and that the reasons for not following recommendations be documented. The interviews revealed familiarity with the policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A format for documenting the incident review process has been developed and provides for recommendations where indicated. There were no recommendations noted on the completed incident review form however it was noted that the process for making appropriate bed checks was reviewed with staff.

Conclusion:

Based upon the review of documentation and interviews, the Auditor determined the facility is in compliant with this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Policy 5-06, PREA Department of Children's Services (DCS) PREA Policy, 18.8 Annual Report Interviews: Facility Administrator Youth Opportunity Investments (YOI) Agency Head Designee Provisions (a) and (c): The policies collectively provide for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. Both agencies collect the data and completes an annual report with the compilation of data gleaned from the facilities in each agency. Both DCS and YOI have a central reporting system. Agency and facility policies contain a standardized set of definitions and provides support for the collection of accurate and uniform data. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request. Provision (b): The incident-based uniform data is aggregated regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual reports for YOI which is supported by the reviewed data and policy. Provision (d): The facility's data is collected and various types of data are identified and related documents regarding PREA information as applicable. The facility practices, based on supporting policies, includes an annual PREA report and that statistical information is maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The DCS collects and maintains data for state-run and contract facilities and aggregates the data. Provision (e): The YOI collects and maintains data for all of its facilities and aggregates the data which culminates into the annual report and DCS collects data for its state-run and contract facilities. Provision (f): Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization. Conclusion: Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Annual Report Interviews: Facility Administrator State Director/Youth Opportunity Investments (YOI) PREA Coordinator YOI Agency Head Designee Provision (a): The interviews support the review of data and its use to improve the facility's PREA efforts. The interviews and review of documentation revealed the collection of various types of data, including PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within this and other YOI facilities. The data is also primary to preparing annual reports. Provisions (b)-(d): The annual report has been prepared and includes data from both YOI facilities in Tennessee. The annual report has been approved and there are no personal identifiers in the report. The annual report contains PREA related data that also represents the previous calendar year allowing for the comparison of data. The overarching annual report for YOI-Tennessee is posted on the agency's website, accessible to the public. Conclusion: Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Department of Children's Services (DCS) Policy, 18.8 DCS Records Retention Schedule Annual Report Interview: Facility Administrator Provisions (a)-(d): The data collected is securely stored and maintained for at least 10 years after the date of collection unless a state or federal law requires otherwise, according to facility policy 5-06. The DCS Records Retention Schedule provides for permanent retention for the statewide automated Child Welfare Information System. Personal identifiers are removed from aggregated data before making the data publicly available. The facility's annual report is available to the public through the Youth Opportunity Investments' website. A review of the annual report verified there are no personal identifiers. All facility and agency records are securely stored behind locked doors with key control and limited staff access. Electronic records are password protected, also with limited staff access. Conclusion: Based on the use of triangulation within the process, the Auditor determined compliance with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard Auditor Discussion The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor through the Online Audit System. The Auditor was provided additional information as requested prior to the onsite audit phase of the process and during the onsite audit phase. The comprehensive site review was led by the Facility Administrator and consisted of facility and agency staff. All areas of the facility were included in the site review. The areas containing posted PREA-related information were observed, including the areas where virtual interviews were conducted. The Facility Administrator, Vice President of Compliance and Implementation, and other agency and facility staff were cooperative in providing information and participating in or assisting in coordinating the virtual and onsite interviews. The virtual and onsite interviews were conducted in private. The PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or staff.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard Auditor Discussion Document: Annual Report Interviews: Facility Administrator Various Facility and Agency Staff Provision (f): The facility and agency policies and additional documentation, practices and interviews with the Facility Administrator, Assistant Facility Administrator, Clinical Director, YOI State Director, YOI Vice President/Compliance and Implementation, and other facility and YOI agency staff were reviewed regarding compliance with the standards and have been identified in this report. The interview with the Facility Administrator and communication with the Vice President/Compliance and Implementation ensure that the final audit report will be posted on the website. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility and agency staff and supportive resources. The facility is within a parent agency consisting of PREA compliant facilities in various states.

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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.)	na
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?	no
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 functions of the facility? (N/A for non-secure facilities)	yes
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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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 employees?	yes
	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.)	na
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.)	yes
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.)	na
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.)	na

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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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).)	na

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).)	na
	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).)	na
	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).)	na
	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).)	na
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).)	na
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.)	na
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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (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 making facility and housing placement decisions and programming assignments?	yes
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?)	na
	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?)	na
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?	no

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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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.)	na
	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.)	na

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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

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?	no
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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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).)	na
	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).)	na

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 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (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 does not provide a basis for terminating an investigation?	yes

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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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.)	na
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.)	na

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 cooperates with any investigation arising out of the incident?	yes
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 the confinement of its residents.)	yes
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.)	na
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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.)	na