

PREA Facility Audit Report: Final

Name of Facility: Wilder Youth Development Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/09/2021

Date Final Report Submitted: 03/22/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 03/22/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	06/22/2021
End Date of On-Site Audit:	06/23/2021

FACILITY INFORMATION	
Facility name:	Wilder Youth Development Center
Facility physical address:	13870 Hwy. 59, Somerville, Tennessee - 38068
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Rosa Webb
Email Address:	rosa.webb@tn.gov
Telephone Number:	18652021836

Superintendent/Director/Administrator	
Name:	Valda Ray-Lewis, Acting Superintendent
Email Address:	Valda.Ray-Lewis@tn.gov
Telephone Number:	901-465-7359

Facility PREA Compliance Manager	
Name:	Rachel Merkle
Email Address:	rachel.merkle@tn.gov
Telephone Number:	O: 850-485-2986

Facility Health Service Administrator On-Site	
Name:	Vicki McKeen
Email Address:	vicki.mckeen@tn.gov
Telephone Number:	901-466-3273

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	87
Average daily population for the past 12 months:	87
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:	Hardware Secure Level 3 and 4
Number of staff currently employed at the facility who may have contact with residents:	187
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	21
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Tennessee Department of Children's Services
Governing authority or parent agency (if applicable):	
Physical Address:	436 Sixth Avenue North , Nashville , Tennessee - 37243-0635
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Rosa Webb	Email Address:	rosa.webb@tn.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.317 - Hiring and promotion decisions • 115.331 - Employee training
Number of standards met:	
41	
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:	2021-06-22
2. End date of the onsite portion of the audit:	2021-06-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Shelby Rape Crisis Center 2. Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	87
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	76
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:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	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):	No text provided.
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:	187
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:	21
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:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were four open housing units. The auditor interviewed four residents from each housing unit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	

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)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Other characteristics included gender and race.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> 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):	12
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no volunteers due to the pandemic.</p>

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

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

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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).</p>	<p>No text provided.</p>
---	--------------------------

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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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	0	0	0	0
Staff-on-inmate sexual abuse	32	0	32	0
Total	32	0	32	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	1	0	1	0
Staff-on-inmate sexual harassment	12	0	12	0
Total	13	0	13	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	30	2
Total	0	0	30	2

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	1	0
Staff-on-inmate sexual harassment	0	2	8	2
Total	0	2	9	2

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:	22
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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:	22
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	9

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
--	---

Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
--	----------

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
---	--------------------------

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

Non-certified Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

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
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1426 465" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Protocol for DCS Statewide PREA Coordinator 3. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="240 497 584 524">Documents (Corrective Action):</p> <ol data-bbox="240 528 826 591" style="list-style-type: none"> 1. DCS Organizational Chart 2. Wilder Youth Development Center Organizational Chart <p data-bbox="240 622 363 649">Interviews:</p> <ol data-bbox="240 654 552 716" style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p data-bbox="240 748 528 775">Site Review Observations:</p> <p data-bbox="240 779 762 806">Observations during on-site review of physical plant</p> <p data-bbox="240 837 504 864">Findings (By Provision):</p> <p data-bbox="240 869 363 896">115.311 (a)</p> <p data-bbox="240 900 1474 1097">PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 1128 1485 1285">DCS policy states The Department of Children's Services (DCS) shall be committed to a zero-tolerance standard for all forms of sexual abuse/assault/misconduct/harassment or rape within its Youth Development Center facilities and Contract Agencies that provide congregate care for children/youth and shall be committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) as outlined in Public Law 108-79, Section 3.</p> <p data-bbox="240 1317 1481 1447">The purpose of this policy is to provide guidelines for DCS's zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane, and appropriately secure environment free from threat of sexual abuse/assault/misconduct/harassment or rape is provided for all children/youth that live in congregate care settings.</p> <p data-bbox="240 1478 1453 1572">The procedures outline how Wilder Youth Development Center will implement this zero-tolerance approach to preventing, detecting, and responding to sexual abuse, assault, misconduct, harassment, or rape, including all sections of the procedures and any revisions thereof. Definitions of prohibited behaviors are found in a glossary at the end of the policy.</p> <p data-bbox="240 1603 363 1630">115.311 (b)</p> <p data-bbox="240 1635 1453 1729">PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p data-bbox="240 1760 1461 1854">The Department of Children's Services (DCS) is required to designate an upper-level, Statewide PREA Coordinator (SPC) with sufficient time, resources, and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities and contract providers that meet the PREA requirement.</p> <p data-bbox="240 1886 1490 1944">The PREA Coordinator is identified on the agency's organizational chart. The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="240 1975 363 2002">115.311 (c)</p> <p data-bbox="240 2007 1449 2101">PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is in the facility's organizational structure.</p> <p data-bbox="240 2132 1433 2159">The Administrative Services Assistant 2 serves as the PREA Compliance Manager. The PREA Compliance Manager is</p>

identified on the facility's organizational chart. The PREA Compliance Manager confirmed she has sufficient time and authority to develop, implement and oversee facility efforts to comply with the PREA standards.

Corrective Action:

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Contracts for the Confinement of Residents 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (by provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: unknown 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Zero (0) <p>The contract language is as follows, "The Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal law 42 U.S.C. 15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted."</p> <p>115.312 (b)</p> <p>PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: Zero (0)</p> <p>The contract language is as follows, "The Contractor must comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal law 42 U.S.C. 15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted."</p> <p>The PREA Coordinator confirmed monitoring to determine if the contractor complies with required PREA practices. PREA compliance results have been completed for each contract entered into agreement within the past 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Staffing Plan Assessments (2020 and 2021) 3. Unannounced Rounds 4. Wilder Youth Development Center Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Ratios Plan of Action – completed February 23, 2022 2. Unannounced Rounds <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.313 (a)</p> <p>PAQ: Since the 2017 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 79 2. The average daily number of residents on which the staffing plan was predicated: 87 <p>Policy states The Agency develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect children/youth against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Agency takes into consideration:</p> <ol style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices; 2. Any judicial finding of inadequacies; 3. Any findings of inadequacy from federal investigative agencies; 4. Any finding of inadequacy from internal or external oversight bodies; 5. All components of the facilities physical plant (including “blind spots” or areas where staff or children/youth may be isolated); 6. The composition of the children/youth population; 7. The number and placement of supervisory staff; 8. Institution programs occurring on a particular shift; 9. Any applicable State or local laws, regulations, or standards; 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11. Any other relevant factors. <p>The Facility Director and PREA Compliance Manager confirmed Wilder Youth Development Center has not developed a staffing plan that, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Facility Director each shift leader submits a staffing roster daily outlining the shift and the appropriate coverage. This is sent out after each shift (within 24 hours).</p> <p>115.313 (b)</p> <p>PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Policy states DCS and its employees shall comply with the following staffing plan except during limited and discrete exigent</p>

circumstances and shall fully document any deviations from this plan during such circumstances.

Policy states the Agency complies with the staffing plan except during limited and discrete exigent circumstances, and fully documents deviations from the plan during such circumstances.

The Facility Director confirmed there have been circumstances in which the facility has been unable to meet the requirements of the staffing plan. The facility would document all instances of non-compliance with the staffing plan and include an explanation for non-compliance.

115.313 (c)

PAQ:

1. The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.
2. The facility does not maintain staff ratios of a minimum of 1:8 during resident waking hours.
3. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The facility has not deviated from the staffing ratios of 1:8 security staff during resident waking hours more than what would be considered more than limited and discrete exigent circumstances.
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 6

PREA Site Review: The standard states that there has to be a 1:8 staffing ratio during waking hours by direct care staff. Between 3:00 pm and 9:00 pm that staffing ratio is not being met. The ratio for sleeping hours is 1:16. That ratio is not being met either. In two of the dorms there are 18 and 20 students with one staff member present. While onsite, only eight people were present on the shift roster for the 6 PM to 6 AM shift.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy states whenever necessary, but no less frequently than once each year, for the Agency, in consultation with the PREA Coordinator, the PREA Compliance Manager assesses, determines, and documents in form CS-1045, Staffing Plan Assessment whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The Agency's deployment or updating of video monitoring systems and other monitoring technologies the Agency considers how such technology may enhance the Agency's ability to protect children/youth from sexual abuse; and
4. The resources the Agency has available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually and is documented through the Facility Annual Staffing Report. The auditor reviewed the 2020 and 2021 Staffing Plan Assessments for verification.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Policy states the Agency includes in the Post Orders search procedures for intermediate-level or higher-level supervisors to conduct and document unannounced search rounds to identify and deter staff sexual abuse and sexual harassment. Post Orders must include these search procedures for both day and night shifts.

The Administrative Lieutenant confirmed the PAQ responses. She stated the unannounced rounds are documented in logbooks. She prevents staff from alerting other staff that she is conducting the unannounced rounds by alternating when they occur and keeping a radio.

Unannounced rounds by supervisors have to be completed on every shift and documented. There was documentation provided that some of these are occurring in the evening but it is not consistent and there is no documentation that they are occurring on a consistent basis and that every area of the campus is included in the rounds. This standard provision will need to be institutionalized and documentation provided to the auditor for verification is required to demonstrate compliance.

Corrective Action

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

115.313 (c)

The standard requires a 1:8 staffing ratio during waking hours. Between 3:00 pm and 9:00 pm that staffing ratio was not being met. The ratio for sleeping hours is 1:16. That ratio was also not being met.

The PREA Coordinator provided a plan of action February 23, 2022. She reported Wilder has returned to three 8-hour shifts. Shift hours are as follows:

1st Shift – 6am – 2pm

2nd Shift – 2pm – 10pm

3rd Shift – 10pm – 6am

The Department is in the process of hiring five (5) RCM – Unit Counselors to work from 1pm – 9:30pm.

Wilder leadership has assigned current RCMs to work a late shift from 1pm – 9:30pm until the new hires are available to begin. The RCMs will work in the respective dorms.

The Department has contracted with an outside security firm to work various shifts to ensure that the staffing ratios are being met. The first five of these additional staff are currently in training at the facility.

Wilder will lower their population until all staffing ratios are being met and more staff are hired and put in place. Wilder will cap dorm capacity at 16 youth. Wilder is working with the Training Division of the Department of Children's to develop a quicker turnaround time for training all new staff. There will be new pre-service classes starting every three weeks.

Corrective action is complete.

115.313 (e)

Unannounced rounds by supervisors must be completed on every shift and documented. There was documentation provided that some of these were occurring in the evening there was not documentation that they were occurring on a consistent basis and that every area of the campus is included in the rounds. The standard provision requirement will need to be institutionalized and documentation provided to the auditor for verification is required to demonstrate compliance.

The PREA Coordinator provided a plan of action February 23, 2022. Supervisors or their designee will contact the COC to confirm/report all unannounced visits. The COC personnel will document these visits in the dorm and the COC log books.

The auditor reviewed documentation of unannounced rounds conducted from November 2021 to February 2022. Corrective action is complete.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual 2. DCS Policy 20.20: Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression 3. DCS Policy 27.38-DOE: Youth Supervision 4. DCS Policy 27.39-DOE: Use of Shower and Restrooms 5. DCS Policy 31.4: Search Procedures 6. DCS Core Standards: Search Procedures 7. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interviews with a Random Sample of Staff 3. Interviews with a Random Sample of Residents 4. Interviews with Transgendered and Intersex Residents – N/A <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.315 (a)</p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0) 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: Zero (0) <p>DCS does not conduct cross-gender strip searches or cross-gender visual body cavity searches.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: Zero (0) 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0) <p>Pat-down searches may only be performed by staff members who are of the same gender as the youth being searched.</p> <p>Policy review and interviews with staff and residents confirmed cross-gender searches are restricted.</p> <p>115.315 (c)</p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>DCS does not conduct cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p>115.315 (d)</p> <p>PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>DCS policy requires the facility to implement policies and procedures that enable Residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.</p> <p>Resident interviews confirmed staff of the opposite gender announce their presence when entering the housing units and</p>

residents are never naked in full view of staff of the opposite gender. Showers are supposed to be conducted by staff of the same gender.

Staff interviews confirmed staff of the opposite gender announce their presence when entering the housing units. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

PREA Site Review: There was only one male staff member on the shift roster for the evening shift during the onsite phase of the audit.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

DCS policy transgender or intersex youth will not be searched or physically examined for the sole purpose of determining genital status. If the child/youth's genital status is unknown, this information may be determined through an interview, review of medical records or as part of the child/youth's medical check-up with a medical practitioner.

Staff interviewed confirmed they are aware they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

115.315 (f)

DCS Policy states all employees responsible for conducting searches receive training on search techniques for all types of searches.

The number of security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 187

The auditor reviewed staff training logs for verification the training was received as required by a the standard.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

Area of Concern: There was only one male staff member on the shift roster for the evening shift during the onsite phase of the audit. Procedures needed to be developed to ensure no cross-gender viewing during showers.

The PREA Coordinator provided a plan of action February 23, 2022. The staff member responsible for showers are logging the beginning and ending of showers in the logbook. The officer also is following the following protocol.

- 1) The officer sits at the counter which is positioned in the middle of the dorm while the youth take their showers, which prevents him/her from viewing the youth directly
- 2) The officer ensures the floor is cleared and call the youth one at a time to shower
- 3) COC assists in monitoring from the camera view in the administration building
- 4) COC log in their logbook when the showers began and ended, as well as who supervised the showers.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 1.1: Providing Equal Access to Programs, Services, and Activities for Individuals with Disabilities under the Americans with Disabilities Act (ADA) 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Interpreter Contract 4. Pamphlet: "Your Right to be Safe from Sexual Abuse and Assault" (English and Spanish) 5. PREA Posters (English and Spanish) 6. Wilder Youth Development Center Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Plan of Action: Braille – February 23, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Agency Head Designee 3. Residents with Disabilities and Limited English Proficient Residents - N/A 4. Random Sample of Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>DCS policy states appropriate provisions are made as necessary for children/youth who are limited English proficient, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities. The YDC/Agency does not rely on child/youth interpreters except in urgent circumstances where safety may be compromised.</p> <p>Reasonable accommodations for clients with disabilities may include, but are not limited to Auxiliary Aides and Services to include:</p> <ol style="list-style-type: none"> 1. Provision of qualified interpreters or other effective methods to communicate with individuals with hearing impairments at meetings, home visits, etc.; 2. Provision of TTY or TDD for communication; 3. Provision of qualified readers, taped texts, or other methods of making visually-delivered material available to clients with visual impairments; or 4. Provision of other similar services and actions, as identified according to client needs (e.g., speech impairment, mobility issues). <p>The Executive Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.</p> <p>Site Review Observations:</p> <p>The auditor observed written materials are not available in formats or through methods that ensure effective communication with residents who are blind or have low vision.</p> <p>115.316 (b)</p> <p>PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>DCS has a contract for interpreter services. PREA posters and pamphlets are available in English and Spanish.</p> <p>There were no residents identified as limited English proficient during the onsite audit.</p>

115.316 (c)

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

1. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.
2. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations:
Zero (0)

Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. Corrective action is complete.

115.316 (a)

The PREA Coordinator provided a plan of action February 23, 2022. The plan states the agency will contact the Tennessee School for the Deaf and Blind and seek assistance in getting the information distributed to the youth translated to Braille. In the event that a youth that would meet the criteria of being legally deaf or blind, the Tennessee Department of Disabilities Services would be contacted and would assist in assessing and providing services for the youth.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 4.1: Employee Background Checks 2. DCS Policy 4.9: Employee Disciplinary Actions and Mediation Process DCS Policy 4.1: Employee Background Checks 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. CS-0687, Background Check History and IV-E Eligibility Checklist 5. Self-Declaration of Sexual Abuse/Sexual harassment for YDC Employees 6. Background Check History 7. Tennessee Department of Children's Services Database Search Results 8. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resources Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>The Agency requires the facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in 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.</p> <p>The auditor reviewed Self-Declaration of Sexual Abuse/Sexual Harassment Forms for YDC employees to verify the three questions are asked at hire, promotion, and annually.</p> <p>115.317 (b)</p> <p>PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>DCS policy states incidents of sexual harassment are considered when determining whether to hire or promote employees.</p> <p>The HR staff confirmed the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>115.317 (c)</p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 55 2. The percent of persons hired who may have contact with residents who have had criminal background record checks:

100%

DCS policy states the following are included in the criminal background checks:

1. Protocol for Fingerprint Process and Analysis
2. National Sexual Offender Registry Clearance
3. Tennessee Department of Health Abuse Registry Clearance
4. EI-DCS-Provider.Backgroundcheck@tn.gov
5. Drug Offender Registry Clearance
6. TN Felony Offender Database Clearance

Consistent with Federal, State, and local law, Contract Agencies make every effort to contact all prior institutional/facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The HR staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. The facility also consults the Tennessee Department of Children's Services Database.

The auditor reviewed Employee Background Checks and Tennessee Department of Children's Services Database Search Results for verification.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 4
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

DCS policy states an applicant or transferring individual must submit to a complete background check including any waiver granted where applicable. The background check will be completed prior to hire by the appropriate designated DCS/Contract Agency staff and results maintained in the official personnel file. Entities or individuals entering a contract with a covered DCS contract agency shall be subject to this policy only after conditional contract approval.

The HR staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents. The facility also consults the Tennessee Department of Children's Services Database.

115.317 (e)

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

DCS policy states Contract Agencies conduct annual background checks on all employees who may or may not have direct contact with children or employees who work with sensitive or confidential information. The following is a detailed listing of the documentation and background checks that must be completed annually with results maintained in the employee's personnel file:

1. Driving records including validation of current driver license and a check of moving violations records.
2. An Internet Records Clearance The internet records clearance involves a background check of the following:
 - a. Drug Offender Registry Clearance
 - b. TN Felony Offender Database Clearance
 - c. National Sexual Offender Registry Clearance
 - d. Department of Health Abuse Registry Clearance

The auditor reviewed criminal background record checks of current employees for verification.

115.317 (f)

DCS policy states no applicant is hired or promoted 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.

The HR staff confirmed DCS asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, but not in any interviews or written self-evaluations conducted as part of reviews of current employees. DCS also imposes upon employees a continuing affirmative

duty to disclose any such previous misconduct.

The auditor reviewed Self-Declaration of Sexual Abuse/Sexual Harassment Forms for YDC employees to verify the three questions are asked at hire, promotion, and annually.

115.317 (g)

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

The HR staff confirmed material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination

115.317 (h)

Policy states, consistent with Federal, State, and local law, DCS/Contract Agencies make every effort to contact all prior institutional/facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In addition, incidents of sexual harassment are considered when determining whether to hire or promote employees.

The HR staff confirmed DCS shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding hiring and promotion decisions. New employees and contractors receive an extensive criminal records background check upon hire and annually thereafter. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Director <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a)</p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Executive Director and Facility Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Executive Director and Facility Director confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>PREA Site Review:</p> <p>The auditor observed the video monitoring system.</p> <p>Corrective Action</p> <p>Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.25: Special Child Protective Services Investigations 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Protocol for DCS PREA Investigators to Conduct PREA Investigations 4. Wilder Youth Development Center Pre-Audit Questionnaire 5. Memorandum of Understanding with Shelby Rape Crisis Center 6. Memorandum of Understanding with Fayette County Sherriff's Department <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse – N/A 4. SAFE's/SANE's <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.321 (a) PAQ: DCS is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>DCS investigators work directly with the Fayette County Sherriff's Department for criminal sexual abuse investigation. The Fayette County Sherriff's Department is part of the Child Protective Investigative Team and determines if there needs to be criminal investigations or charges. DCS investigators follow the Protocol for DCS PREA Investigators to Conduct PREA Investigations.</p> <p>Staff interviewed confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They acknowledged DCS and local law enforcement are responsible for conducting sexual abuse investigations.</p> <p>115.321 (b) PAQ: The Protocol for DCS PREA Investigators to Conduct PREA Investigations is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>115.321 (c) PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: Zero (0) 2. The number of exams performed by SANEs/SAFEs: Zero (0) 3. The number of exams performed by a qualified medical practitioner: Zero (0) <p>DCS has a statewide network of Rape Crisis Centers to provide residents who experience sexual abuse access to forensic medical examinations. SAFEs and SANEs are available through Shelby County Rape Crisis Center. Services are provided at the Shelby County Rape Crisis Center, Memphis child Advocacy Center, Le Bonheur Children's Hospital, and Methodist North (over 18 y/o).</p> <p>The auditor reviewed the memorandum of understanding with Shelby Rape Crisis Center for verification.</p> <p>115.321 (d) PAQ: DCS makes a victim advocate from a rape crisis center available to the victim, in person or by other means.</p> <p>The facility has a Memorandum of Understanding with Shelby Rape Crisis Center for victim advocate services. The auditor</p>

confirmed availability of the services through a telephone interview and reviewing the Memorandum of Understanding. Additionally, the PREA Compliance Manager confirmed Shelby Rape Crisis Center would provide a qualified victim advocate. There were no residents who reported a sexual abuse present during the onsite audit.

115.321 (e)

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

The PREA Compliance Manager confirmed Shelby Rape Crisis Center would provide a qualified victim advocate. There were no residents who reported a sexual abuse present during the onsite audit.

115.321 (f)

PAQ: DCS is responsible for administrative, but not criminal investigating allegations of sexual abuse, and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.25: Special Child Protective Services Investigations 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head Designee <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 41 2. The number of allegations resulting in an administrative investigation: 41 3. The number of allegations referred for criminal investigation: 0 4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed: No. Some are still open and the investigations are continuing. The investigators have up to 60 days to complete an investigation and can obtain an extension if circumstances warrant one. <p>DCS policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The Executive Director stated DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated DCS is responsible for all investigations and local law enforcement is involved for criminal investigations.</p> <p>115.322 (b)</p> <p>PAQ: DCS has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>DCS policy requires that all allegations of sexual abuse or sexual harassment be referred for investigation to DCS. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published at: https://files.dcs.tn.gov/policies/chap14/14.25.pdf</p> <p>115.322 (c)</p> <p>DCS policy describes the responsibilities of both the MRC and law enforcement.</p> <p>The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both DCS and law enforcement.</p> <p>115.322 (d)</p> <p>Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>The Tennessee Department of Children's Services (DCS) has policy governing the conduct of sexual abuse and sexual harassment investigations. The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations and DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA for verification.</p>

115.322 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire 3. Required Training Chart for all DCS Staff 4. PREA Computer Based Training Curricula 5. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.331 (a)</p> <p>PAQ: DCS trains all employees who may have contact with residents on the eleven (11) required topics.</p> <p>All DCS employees who have contact with residents complete training on:</p> <p>(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.</p> <p>Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and annually thereafter. The auditor reviewed staff training records for verification.</p> <p>115.331 (b)</p> <p>PAQ: Only male residents are served.</p> <p>115.331 (c)</p> <p>PAQ: Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment.</p> <p>DCS policy states all Agency employees receive training during orientation and through annual refresher training thereafter.</p> <p>The auditor reviewed the PREA training curriculum and staff training records for verification.</p> <p>115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>DCS policy states all Agency employees, volunteers and contractors are required to sign form CS-0940, Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DCS zero-tolerance policy and understand the training they have received.</p> <p>The auditor reviewed employee acknowledgement forms and staff training records for verification.</p> <p>Corrective Action</p> <p>Based upon review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding employee training. Employees are trained annually. No corrective action is required.</p>

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1485 501" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire 3. PREA Computer Based Training Curricula 4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) <p data-bbox="242 539 363 564">Interviews:</p> <ol data-bbox="242 571 1182 600" style="list-style-type: none"> 1. Volunteers who have Contact with Residents – No volunteers due to COVID-19 restrictions. <p data-bbox="242 629 528 654">Site Review Observations:</p> <p data-bbox="242 660 762 689">Observations during on-site review of physical plant</p> <p data-bbox="242 719 504 748">Findings (By Provision):</p> <p data-bbox="242 754 360 779">115.332 (a)</p> <p data-bbox="242 786 1453 882">PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <ol data-bbox="242 889 1461 1016" style="list-style-type: none"> 1. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: Zero (0) 2. The percent of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: N/A <p data-bbox="242 1046 1461 1106">DCS policy states all Agency volunteers that have direct contact with children/youth receive training during orientation and annual refresher training thereafter.</p> <p data-bbox="242 1135 679 1164">No volunteers due to COVID-19 restrictions</p> <p data-bbox="242 1193 363 1218">115.332 (b)</p> <p data-bbox="242 1225 1477 1352">PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1382 1437 1478">DCS policy states medical and mental health care practitioners also receive the training mandated for employees under PREA Standards § 115.331 or for contractors and volunteers under PREA Standards § 115.332, depending upon the practitioner's status at the facilities.</p> <p data-bbox="242 1507 683 1536">No volunteers due to COVID-19 restrictions.</p> <p data-bbox="242 1565 363 1590">115.332 (c)</p> <p data-bbox="242 1597 1445 1657">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1686 1453 1783">DCS policy states all Agency employees, volunteers and contractors are required to sign form CS-0940, Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DCS zero-tolerance policy and understand the training they have received.</p> <p data-bbox="242 1812 683 1841">No volunteers due to COVID-19 restrictions.</p> <p data-bbox="242 1870 432 1895">Corrective Action</p> <p data-bbox="242 1901 1437 1962">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1426 629" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire 3. Interpreter Contract 4. DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) 5. Resident Handbook 6. Pamphlet - "Your Right to be Safe from Sexual Abuse and Assault – A Guide for Youth." 7. Special Education Teacher's Certification 8. PREA Video <p data-bbox="240 674 363 701">Interviews:</p> <ol data-bbox="240 705 571 768" style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p data-bbox="240 797 528 824">Site Review Observations:</p> <p data-bbox="240 828 762 855">Observations during on-site review of physical plant</p> <p data-bbox="240 889 504 916">Findings (By Provision):</p> <p data-bbox="240 920 360 947">115.333 (a)</p> <p data-bbox="240 952 1458 1050">PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion. Of residents admitted during the past 12 months: The number who were given this information at intake: 79</p> <p data-bbox="240 1079 1485 1178">DCS policy states during the intake process, children/youth receive information explaining, in an age appropriate fashion, the Agency's zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="240 1207 1461 1364">The Intake Staff confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents within forty-eight (48) hours of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse.</p> <p data-bbox="240 1393 1469 1491">The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant education materials including resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.</p> <p data-bbox="240 1520 363 1547">115.333 (b)</p> <p data-bbox="240 1552 791 1579">PAQ: Of residents admitted during the past 12 months:</p> <ol data-bbox="240 1583 967 1615" style="list-style-type: none"> 1. The number who received such education within 10 days of intake: 79 <p data-bbox="240 1644 1477 1706">DCS Policy states written and verbal information on PREA is provided and explained to children/youth within forty-eight (48) hours of arrival at a YDC/Agency and includes, but is not limited to:</p> <ol data-bbox="240 1711 1485 2141" style="list-style-type: none"> 1. DCS' zero-tolerance policy regarding PREA; 2. Prevention/Intervention; 3. Self-protection and how to avoid risk situations; 4. Consequences for engaging in any type of sexual activity while at the facility; 5. How to safely report sexual abuse such as: <ol data-bbox="240 1877 1485 2107" style="list-style-type: none"> a. Reporting the abuse incident directly to DCS Child Abuse Hotline at: 1-877 237-0004. b. Reporting the abuse incident to YDC/Agency personnel (e.g., Superintendent, Director, nurse, line staff, therapist, security personnel, teacher, or physician). c. Filing a formal grievance as outlined in DCS policy 24.5-DOE Youth Grievance Procedures for youth in a YDC or as outlined in the Contract Provider Manual for children/youth in contract agency facilities. The YDC/Agency does not require the child/youth to use any informal grievance process in an attempt to resolve with staff an alleged incident of sexual abuse d. Reporting the abuse incident to their John L. Attorney or Guardian ad Litem. 6. How to obtain medical and mental health treatment and counseling

The Intake Staff confirmed DCS ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand then information. She confirmed residents are made aware of these rights within 48 hours after intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first or second day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the Youth Acknowledgement of PREA. The auditor also reviewed relevant education materials including resident handbooks, pamphlets, and the "End Silence" Youth Training Booklets.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

DCS policy requires that written and verbal information on PREA is provided and explained to children/youth within forty-eight (48) hours of arrival at the Agency.

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

DCS policy states appropriate provisions are made as necessary for children/youth who are limited English proficient, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities.

Policy states appropriate provisions are made as necessary for children/youth who are limited English proficient. Individuals with limited English proficiency requesting information from our facility or applying for our services shall have access to a "Language Identification Flashcard" for the purpose of communicating what language, they speak.

DCS has a contract for interpreter services.

115.333 (e)

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

DCS policy states all residents are required to sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have been notified and informed of PREA and on how to report incidents of sexual abuse/assault/misconduct/harassment.

The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (f)

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

The auditor reviewed the resident posters and pamphlets available in English and Spanish.

During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.

Corrective Action

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 5.2: Professional Development and Training Requirements 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 4. PREA: Specialized Training: Investigations 5. Wilder Youth Development Center Pre-Audit Questionnaire <p>Findings (By Provision):</p> <p>115.334 (a) PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>The DCS Special Investigators Unit Training Curriculum includes: (1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5) Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Juvenile Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse; (11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning</p> <p>An interview with a DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated she received the training required by § 115.331 and specialized training topics. The auditor reviewed training records for verification.</p> <p>115.334 (b) Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The auditor reviewed the PREA specialized training curriculum for investigations and verified it is inclusive of the standard requirements.</p> <p>An interview with a DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated she received the training required by § 115.331 and specialized training topics. The auditor reviewed training records for verification.</p> <p>115.334 (c) PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 27</p> <p>Training is documented on Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and training logs.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
2. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
3. PREA Training Curricula for Medical and Mental Health Care
4. Wilder Youth Development Center Pre-Audit Questionnaire

Interviews:

1. Medical and Mental Health Practitioners

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 12
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

DCS will ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities receive training. This training shall include:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interviews with medical and mental health practitioners confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment.

The auditor reviewed the PREA Training Curricula for Medical and Mental Health Care.

115.335 (b)

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

Interviews with medical and mental health practitioners confirmed forensic medical examinations are not conducted at DCS.

115.335 (c)

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

The auditor reviewed the PREA Training Curricula for Medical and Mental Health Care and Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA).

115.335 (d)

DCS policy states medical and mental health care practitioners also receive the training mandated for employees under PREA Standards § 115.331 or for contractors and volunteers under PREA Standards § 115.332, depending upon the practitioner's status at the facilities.

The auditor reviewed Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA). No volunteers due to COVID-19 restrictions.

Corrective Action

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization 3. DCS form CS-1236, Safe Housing Assessment 4. DCS form CS-1237, Safe Housing Re-Assessments 5. Wilder Youth Development Center Pre-Audit Questionnaire <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Screening Instrument Plan of Action (intersex) – February 23, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents</p> <p>The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 79 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% <p>The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p>During the intake process, DCS form CS-0946, Prison Rape Elimination Act (PREA) Risk Assessment is administered to all children/youth within seventy-two (72) hours of admission to an Agency.</p> <p>Once the risk assessment is completed, DCS form CS-1236, Safe Housing Assessment, is used to determine the appropriate housing assignment for the child/youth placed in a congregate care setting.</p> <p>DCS form CS-1237, Safe Housing Re-Assessment, is completed for children/youth in a congregate care setting at the following time intervals:</p> <ol style="list-style-type: none"> 1. Every ninety (90) days while in the congregate care setting; 2. Within two (2) days of any occurrence that would require a room assignment change; and 3. At least seven (7) days prior to a transfer to another congregate care setting. <p>The auditor reviewed completed DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization and DCS form CS-1237, Safe Housing Re-Assessment examples for verification.</p> <p>The Staff Responsible for Risk Screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and reviewing any relevant records. Resident's risk levels will be reassessed every three months.</p> <p>Residents interviewed confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions within</p>

72 hours of arriving at the facility.

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument. Such assessments shall be conducted using an objective screening instrument.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

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 resident's 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 Staff Responsible for Risk Screening reported the initial risk screening considers all aspects required by the standard.

The auditor observed that intersex is not included in the screening instrument.

Corrective action was required.

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

115.341 (e)

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The individuals include the PREA Coordinator, PREA Compliance Manager, and mental health staff.

Site review Observations:

The auditor observed risk screens are securely maintained electronically.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding obtaining information from residents. Corrective action is complete.

The PREA Coordinator provided a plan of action February 23, 2022. The plan states to ensure full compliance, when the PREA Assessment is updated, the agency will add the term intersex under gender identity.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 20.20 Guidelines for Managing Children/Youth in DCS Custody Related 3. to Sexual Orientation, Gender Identity and Expression 4. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization 5. DCS form CS-1236, Safe Housing Assessment 6. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Facility Director 5. Staff who Supervise Residents in Isolation – N/A 6. Medical and Mental Health Practitioners 7. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – N/A 8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – N/A <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.342 (a)</p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>DCS Policy states during the intake process, DCS form CS-0946, Prison Rape Elimination Act (PREA) Risk Assessment is administered to all children/youth within seventy-two (72) hours of admission to an Agency. Once the risk assessment is completed, DCS form CS-1236, Safe Housing Assessment, is used to determine the appropriate housing assignment for the child/youth placed in a congregate care setting.</p> <p>Designated staff develops appropriate treatment interventions that include further assessments or screenings by a mental health professional for identified children/youth prior to assigning the child/youth to a program, education, or work to decrease the risk of sexual victimization/perpetration.</p> <p>The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing assignments and programing.</p> <p>115.342 (b)</p> <p>PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0 3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A <p>The Facility Director confirmed there is no use of isolation.</p> <p>115.342 (c)</p> <p>PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or</p>

other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

DCS policy states the Agency will use all pertinent information gathered during the assessment process and subsequently, including the child/youth's stated preference to make housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe and free from sexual abuse, physical abuse, psychological harm, and harassment, and whether the placement would present management or security problems. Youth must not be prohibited from having a roommate based on a youth's actual or perceived sexual orientation. If a youth is fearful of rooming with another person, he or she will be provided a single room, if available. This assignment will be made in accordance with classification procedure and facility safety and security needs.

The PREA Coordinator and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342 (d)

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

DCS policy states transgender youth shall not automatically be placed according to their birth sex. DCS, contract providers (as applicable) and other professionals working with the youth will discuss the placement needs in an internal discussion to determine what placement is the best interest placement based on the needs of the youth and available placement options. The most appropriate placement should be based on the child/youth's gender identity taking into consideration any management or security barriers associated with the proposed placement. Each placement shall be made on an individualized basis to best meet the needs of the child/youth.

The PREA Compliance Manager confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e)

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

DCS policy placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

DCS policy states with respect to his or her own safety, a LGBTI child/youth's own views will be given serious consideration.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

DCS policy states transgender youth must be given the opportunity to shower separately from other youth and they must be provided safety and privacy when dressing and undressing and using the bathroom.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower separately.

115.342 (h)

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

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

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and

(2) The reason why no alternative means of separation can be arranged.

The facility does not use isolation for this purpose.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

The facility does not use isolation for this purpose.

Corrective Action

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 1426 667" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy: 24.5-DOE Youth Grievance Procedures 3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 4. Form CS-0072 Youth Grievance 5. Resident Handbook 6. Tennessee Child Abuse Website: https://www.tn.gov/dcs/program-areas/child-safety/reporting/child-abuse.html 7. DCS Pamphlet - "A Teen's Guide to Reporting Abuse" (English and Spanish) 8. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="240 703 363 730">Interviews:</p> <ol data-bbox="240 736 743 869" style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse – N/A <p data-bbox="240 898 528 925">Site Review Observations:</p> <p data-bbox="240 931 762 958">Observations during on-site review of physical plant</p> <p data-bbox="240 987 507 1014">Findings (By Provision):</p> <p data-bbox="240 1021 363 1048">115.351 (a)</p> <p data-bbox="240 1055 1461 1149">PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1178 855 1205">DCS policy states how to safely report sexual abuse such as:</p> <ol data-bbox="240 1211 1477 1440" style="list-style-type: none"> 1. Reporting the abuse incident directly to DCS Child Abuse Hotline at: 1-877 237-0004. 2. Reporting the abuse incident to Agency personnel (e.g., Superintendent, Director, nurse, line staff, therapist, security personnel, teacher, or physician). 3. Filing a formal grievance as outlined in DCS policy 24.5-DOE Youth Grievance Procedures for youth in a YDC or as outlined in the Contract Provider Manual for children/youth in contract agency facilities. The YDC/Agency does not require the child/youth to use any informal grievance process in an attempt to resolve with staff an alleged incident of sexual abuse. 4. Reporting the abuse incident to their John L. Attorney or Guardian ad Litem. <p data-bbox="240 1469 1477 1630">Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the DCS hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or in writing.</p> <p data-bbox="240 1659 363 1686">115.351 (b)</p> <p data-bbox="240 1693 1477 1821">PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.</p> <p data-bbox="240 1850 1461 1877">DCS policy states residents can report sexual abuse or sexual harassment to their John L. Attorney or Guardian ad Litem.</p> <p data-bbox="240 1906 986 1933">The agency does not detain residents solely for civil immigration purposes.</p> <p data-bbox="240 1962 1477 2159">The PREA Compliance Manager confirmed residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Contacting their John L. Attorney or Guardian ad Litem enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or in writing. They also could identify someone that does not work at the facility they could report to.</p>

The auditor observed the resident handbook and posters with information for reporting sexual abuse or sexual harassment.

115.351 (c)

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

DCS policy says the Duty to Report – Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse. All allegations of sexual abuse are reported to the DCS Child Abuse Hotline 1-877-237-0004. Failure to comply with “duty to report” requirements result in disciplinary action up to and including termination and/or criminal charges. Refer to DCS policy 4.9 Employee Disciplinary Actions and Mediation Process. All Agency staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in an Agency facility, whether or not it is a part of the agency; retaliation against children/youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document as soon as possible. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Compliance Manager confirmed residents are given pencils and paper to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incident. Locked grievance boxes are located in the cafeteria, gym, and school.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Staff report to the DCS Child Abuse Hotline at 1-877-237-0004.

Staff interviewed identified the DCS Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

Corrective Action

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.15: Reporting False Allegations of Child Sexual Abuse 2. DCS Policy 24.5: DOE Youth Grievance Procedures 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 5. Tennessee Code Annotated 37-1-413 6. Resident Handbook 7. Form CS-0072 Youth Grievance Report 8. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse - N/A <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>DCS policy permits resident to file a formal grievance as outlined in DCS policy 24.5-DOE Youth Grievance Procedures for youth in a YDC or as outlined in the Contract Provider Manual for children/youth in contract agency facilities.</p> <p>The auditor reviewed the resident handbook to determine that relevant information is provided.</p> <p>115.352 (b)</p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>The resident handbook informs residents they can file a grievance at any time. Policy states informal resolutions of grievances are encouraged. The department head or supervisor where the grievance arose shall meet with the youth and the advocate, if the youth so chooses, in an attempt to resolve the complaint in a manner that is mutually satisfying to all persons involved. Although informal resolutions are encouraged, the youth is under no obligation to accept informal resolution. If the grievance can be resolved informally and the disposition is satisfactory to the youth, a Notice of Grievance Disposition (Form CS-0160) shall be completed by the staff member who meets with the youth and forwarded to the grievance clerk for processing.</p> <p>The auditor reviewed the Youth Handbook and verified relevant information is provided.</p> <p>115.352 (c)</p> <p>PAQ: The agency's policy and procedure does not specify a resident can submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>Policy states youth Grievance Forms (Form CS-0072), locked grievance boxes, and copies of the youth grievance procedures shall be readily accessible to all youths. Grievances shall be filed by placing the completed Youth Grievance Form in any of the locked grievance boxes located throughout the institution.</p> <p>The auditor reviewed the locked grievance boxes are located in the cafeteria, gym, and school.</p> <p>115.352 (d)</p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The total time between the discovery of the grievance and the disposition cannot exceed 25 days.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of grievances that were filed that alleged sexual abuse: 0

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

Policy states grievance committee hearings shall be held within five days, excluding weekends and holidays, of the time that the formal grievance was filed. Grievance Committee recommendations and findings will be forwarded, within two (2) days, excluding weekends and holidays, to the Superintendent for review and appropriate action.

115.352 (e)

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

Policy states youth shall have the right to be represented by an advocate of his/her choice at any point in the grievance procedure. The advocate is entitled to participate in any conferences, hearings or reviews in which the youth participates. Should the selected advocate be unavailable for a scheduled meeting, the youth may choose another advocate.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Policy states any grievance requiring immediate investigation and correction shall be considered an emergency grievance. Grievances concerning sexual and/or physical abuse by staff and/or other youth shall be referred immediately to the Superintendent or designee by any staff member aware of such complaint. After entry into the log, the Grievance Clerk will forward all emergency grievances directly to the Superintendent or designee, who will make a decision within two working days. The Superintendent's decision will be in writing and may be appealed. The Superintendent shall with 5 days, excluding weekends and holidays, of the receipt of the appeal, provide the youth with a written response summarizing the investigation, information gathered, the Superintendent's decision, his/her reason(s) and an explanation of the next level of appeal.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Policy states repeated and clearly malicious false accusations of statements made by a youth or staff member relative to a grievance shall be subject to disciplinary action under the following circumstances:

1. The repeated false accusation or statement was made in a knowing, deliberate, and malicious attempt to cause harm to another person.
2. The potential for such harm is shown. The burden of proof in such a case shall rest with the person claiming that a false accusation or statement has been made.
3. Any youth charged with the disciplinary offense of having made a repeated and clearly malicious false accusation shall be afforded a hearing before the Hearing Officer/Discipline Committee, whether the charges are true or untrue. If a charge(s) is determined to be true. If a charge(s) is determined to be true, any sanction issued shall be those established as minor sanctions.

Conclusion

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

Policy Suggestions

115.352 (c)

The agency's policy and procedure does not specify a resident can submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

115.352 (e)

Policy is silent on these standard provisions.

- (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- (2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Memorandum of Understanding with Shelby County Rape Crisis Center 3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 4. Wilder Youth Development Center Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated Contact Information for Outside Support Services - September 21, 2021 2. Orientation Checklist (Updated with Outside Support Services) – September 28, 2021 3. Plan of Action for Outside Support Services – September 21, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Facility Director 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse - N/A <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility does not provide residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>DCS has a MOU with Shelby County Rape Crisis Center for victim advocates and emotional support services. The auditor reviewed the MOU for verification. The auditor observed contact information for Shelby County Rape Crisis Center is available, but was not provided to the residents.</p> <ul style="list-style-type: none"> • Shelby County Rape Crisis Center: 1-901-222-4250 1750 Madison Avenue, Memphis, Tennessee 38104 <p>Residents were not knowledgeable there are services available outside of this facility for dealing with sexual abuse if they ever need it. Information was not provided to them, nor was it posted in the living units.</p> <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>The resident handbook includes the following instructions regarding calling the Child Abuse Hotline. A staff member will dial the hotline number for the resident, but no staff or other person will remain in hearing distance of their phone call. A staff member will watch them while they are making the phone call, but will not be able to hear what they say on the phone. The PREA Coordinator confirmed the same practice would be in place for contacting outside support services.</p> <p>Interviews with residents confirmed most residents were knowledgeable of mandatory reporting rules when having conversations with people from outside services. The auditor explained mandatory reporting to the residents who were less familiar with mandatory reporting rules.</p> <p>115.353 (c)</p> <p>PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.</p>

DCS has a MOU with Shelby County Rape Crisis Center for victim advocates and emotional support services. The auditor reviewed the MOU for verification.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

The Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian. The auditor observed the resident handbook includes instructions on contacting an attorney.

Corrective Action

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

115.353 (a)

The auditor observed contact information for outside support services is available, but was not provided to the residents. There were no telephone numbers and mailing addresses posted in the living units or provided in the resident handbook.

The PREA Coordinator provided a plan of action February 23, 2022. The plan states to ensure the outside support information is being given to the students, outside support contact information will be added to the handbook when it is updated. The contact information was added to the Intake and Orientation Packet. Outside Support Resources was added to the form signed by the resident stating that he received the information. The students are informed in orientation that all calls are confidential and that the provider or outside resource are required by state law to report any allegations of abuse or harm.

The youth sign the PREA Acknowledgment Form that indicates that this information is provided to them. Confidentiality is also addressed in the Youth Handbook in which it states, "A staff member will dial the number for you, but no staff or other person will remain in hearing distance of your call." Policy 18.8 states "Duty to Report – Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 297 1509 331">Documents:</p> <ol data-bbox="229 331 1509 504" style="list-style-type: none"> 1. DCS Policy: 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Resident Handbook 3. Posters (English and Spanish) 4. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="229 521 1509 555">Site Review Observations:</p> <p data-bbox="229 555 1509 589">Observations during on-site review of physical plant</p> <p data-bbox="229 607 1509 640">Findings (By Provision):</p> <p data-bbox="229 640 1509 674">115.354 (a)</p> <p data-bbox="229 674 1509 707">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="229 725 1509 898">The following information is published on the DCS website at: Individuals can call the Child Abuse Hotline to report child abuse or neglect in the State of Tennessee at 877-237-0004. Reports also can be made online on the secure site at Direct link: https://apps.tn.gov/carat/. Trained case managers will guide Hotline callers through a series of questions. Callers do not have to know all the details of the abuse or neglect. The Hotline case managers use the information provided to determine the severity of the situation and how best to intervene.</p> <p data-bbox="229 916 1509 949">Corrective Action</p> <p data-bbox="229 949 1509 1046">Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.25: Special Child Protective Services Investigations 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 4. PREA Investigative Summary Reports 5. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Compliance Manager 2. Facility Director 3. Random Sample of Staff 4. Medical and Mental Health Practitioners <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>DCS policy states all Agency staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a YDC/Agency facility, whether or not it is a part of the agency; retaliation against children/youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They stated they would report to their supervisor and the DCS hotline.</p> <p>115.361 (b)</p> <p>PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>Policy states failure to comply with "duty to report" requirements result in disciplinary action up to and including termination and/or criminal charges.</p> <p>Duty to Report - As per Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse. In terms of PREA standards, this duty to report includes but is not limited to any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.</p> <p>115.361 (c)</p> <p>PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident;</p>

and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They stated they would report to their supervisor and the DCS hotline.

115.361 (d)

Medical and mental health practitioners are mandated to follow Duty to Report laws. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews with medical and mental health practitioners confirmed they disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment upon learning of it. They reported they have not become aware of such incidents.

115.361 (e)

The PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would usually occur immediately. The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would occur immediately upon the allegation being received. If a juvenile court retains jurisdiction over the alleged victim, the allegation shall be reported to the juvenile's attorney. All allegations of sexual abuse and sexual harassment are reported to the DCS Special Investigations Unit.

The auditor reviewed PREA Investigative Summary Reports referred for investigation.

115.361 (f)

DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment. All allegations of sexual abuse are reported to the DCS Child Abuse Hotline at 1-877-237-0004.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

The auditor reviewed PREA Investigative Summary Reports. The reports indicate the allegations were reported to the facility's designated investigators.

Corrective Action

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

Policy suggestion:

115.361 (c), (d) and (e)

Policy is not expressly inclusive of the standard provisions.

115.362	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 1426 465" style="list-style-type: none"> 1. DCS Policy 27.40-DOE: Youth Belief of Physical Danger 2. DCS Policy: 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="242 506 363 535">Interviews:</p> <ol data-bbox="242 539 517 633" style="list-style-type: none"> 1. Agency Head Designee 2. Facility Director 3. Random Sample of Staff <p data-bbox="242 665 528 694">Site Review Observations:</p> <p data-bbox="242 698 762 728">Observations during on-site review of physical plant</p> <p data-bbox="242 754 347 784">Findings:</p> <p data-bbox="242 788 1481 882">PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="242 913 469 943">In the past 12 months:</p> <ol data-bbox="242 947 1455 1010" style="list-style-type: none"> 1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0) <p data-bbox="242 1039 1474 1200">DCS policy states if a youth believes that a physical attack is imminent, he/she may request assistance from any staff member. If the staff member from whom assistance has been requested is unable to adequately investigate and/or resolve the situation, he/she shall refer the matter and the youth to the shift supervisor. In all cases, the matter shall be investigated immediately. Unless the youth's claim is found to be clearly without merit, corrective/preventive measures shall be taken immediately. Such corrective/preventive measures shall be increased, modified, or discontinued as the threat might dictate.</p> <p data-bbox="242 1229 1490 1292">The most appropriate corrective measures are those interventions which provide protection while being least disruptive to the youth's normal program. Staff may elect to:</p> <ol data-bbox="242 1296 1209 1424" style="list-style-type: none"> 1. Discuss the problem with the youths involved to achieve a workable solution; 2. Increase visual supervision and/or the physical closeness of the staff member to the youth; 3. Move the threatened youth or the youth(s) creating the problem to a different housing unit; and 4. Review of program placement. <p data-bbox="242 1453 1490 1581">The Executive Director and Facility Director confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the resident from the potential perpetrator, monitoring closely, and possible transfer to another program or facility. Staff interviewed confirmed they would immediately separate a resident subject to a substantial risk of imminent sexual abuse from a potential perpetrator.</p> <p data-bbox="242 1612 435 1641">Corrective Action</p> <p data-bbox="242 1646 1439 1709">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. DCS Policy: 1.4 Incident Reporting
2. DCS Policy: 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Wilder Youth Development Center Pre-Audit Questionnaire

Interviews:

1. Agency Head Designee
2. Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.363 (a)

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

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)

DCS policy states if victimization occurred while the child/youth was confined at another congregate care setting, the head of the congregate care setting that received the allegation promptly, within seventy-two hours, notifies the head of the congregate care setting where the alleged abuse occurred and reports the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004.

The Facility Director confirmed that if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, the incident would be reported to the Child Abuse Hotline and facility director. She stated there were no examples of this occurring.

115.363 (b)

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

DCS policy states the head of the congregate care setting that received the allegation promptly, within seventy-two hours, notifies the head of the congregate care setting where the alleged abuse occurred and reports the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004.

115.363 (c)

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

DCS policy states all incidents of sexual abuse/assault/misconduct/harassment and rape are documented in appropriate TFACTS incident reporting section as outlined in DCS policy 1.4 Incident Reporting.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

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

DCS policy states DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.

The Executive Director confirmed the Child Abuse Hotline, PREA Compliance Manager, and PREA Coordinator would be the points of contact. The Facility Director confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, DCS would conduct the investigation. She stated there are no examples of this occurring.

Corrective Action

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

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Protocol: First Responder Guidelines for Sexual Assaults 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8 Policy Updated – October 29, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. <p>In the past 12 months, the number of allegations that a resident was sexually abused: Zero (0) Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: Zero (0)</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: Zero (0)</p> <p>DCS policy states upon receiving notice of an incident of sexual abuse by a child/youth, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee:</p> <ol style="list-style-type: none"> 1. Ensures the child/youth is safe and kept separated from the perpetrator, immediately notify their Supervisor; 2. Ensures child/youth does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after all physical evidence is obtained in connection with the violation; 3. Secures the incident area and treat it as a crime scene; and 4. Refer to DCS Protocol: First Responder Guidelines for Sexual Assaults for guidelines on responding to sexual assaults. <p>Interviews with staff confirmed they were knowledgeable of their first responder duties.</p> <p>115.364 (b)</p> <p>PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> 1. Request that the alleged victim not take any actions that could destroy physical evidence. 2. Notify security staff. <p>Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: Zero (0)</p> <p>Interviews with staff confirmed they were knowledgeable of their first responder duties.</p> <p>Corrective Action</p>

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.

Required Policy Correction

115.364 (a) and (b)

1. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
2. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Policy was updated to reflect the standard requirements on October 29, 2021.

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.25: Special Child Protective Services Investigations 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Protocol: First Responder Guidelines for Sexual Assaults 4. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Director <p>Site Review Observation:</p> <p>Observations during on-site review of physical plant</p> <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>DCS policy states in response to an allegation of sexual abuse, the Agency develops a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and Agency leadership.</p> <p>The DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Facility Director confirmed that after the initial actions of facility first responders and leadership, DCS coordinates the actions among medical and mental health practitioners and investigators. The DCS Protocol: First Responder Guidelines for Sexual Assaults is followed.</p> <p>Corrective Action</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.</p>
---------	--

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head Designee <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Executive Director confirmed DCS has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b)</p> <p>DCS has not entered into or renewed any collective bargaining agreements.</p> <p>Corrective Action</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder PREA Retaliation Log Spreadsheet - March 16, 2020 to May 11, 2021 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee 2. Facility Director 3. Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager) 4. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A 5. Residents who Reported a Sexual Abuse – N/A <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.367 (a)</p> <p>PAQ: The agency has 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.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The name(s) of the staff member(s): All Staff The title(s) of the staff member(s): All Departments</p> <p>DCS policy states retaliation or negative consequences for reporting sexual abuse/harassment or cooperating with sexual abuse/harassment investigations is not tolerated and may result in disciplinary action up to and including termination.</p> <p>The auditor reviewed the Wilder PREA Retaliation Log Spreadsheet. There were 51 allegations of sexual abuse and sexual harassment monitored from March 16, 2020 to May 11, 2021. Monitoring is conducted monthly for 90 days.</p> <p>115.367 (b)</p> <p>DCS policy states if any individual involved in a report expresses fear of retaliation, the Agency takes appropriate measures to protect the individual that includes segregated (protective) housing, as applicable, if voluntarily requested by the individual.</p> <p>The Executive stated staff are typically removed from working in direct contact with the youth after an allegation is made to the hotline. Depending on the severity of the allegation, a staff member may be moved to another living unit or the staff may be placed on administrative reassignment during the course of an investigation involving a PREA violation. If the allegation is substantiated, that staff member may be disciplined up to and including termination. The PREA Compliance Manager in the facilities are responsible for monitoring for any retaliation for 90 days after a case is closed. The Facility Director stated the facility would change dormitories, move alleged staff, perform investigations, and provide emotional support services. The PREA Compliance Manager stated per policy, there are designated staff charged with monitoring retaliation such as the PREA Compliance Manager, case managers, and all persons in contact with the youth. There are multiple protection measures, such as housing changes or transfers, and removal of alleged staff. If retaliation is deemed to be occurring she is notified along with the superintendent and measures are taken to address it. She confirmed she would initiate contact with residents who have reported sexual abuse.</p> <p>115.367 (c)</p> <p>PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.</p> <p>The length of time that the agency and/or facility monitors the conduct or treatment: 90 days The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>The number of times an incident of retaliation occurred in the past 12 months: Zero (0)</p>

DCS policy states for a period of ninety (90) days following a report, the agency monitors the treatment of child/youth or staff that made a report and the child/youth that were reported to be abused to identify attempts at retaliation or negative consequences and act immediately to remedy any such actions. Monitoring should include, but is not limited to:

- Child/youth disciplinary reports, housing, or program changes;
- Negative performance reviews or staff reassignments; and
- Periodic status checks of children/youth.

The Agency continues monitoring beyond ninety (90) days if evidence indicates a continued need.

The Facility Director stated the facility would change dormitories, move alleged staff, perform investigations, and provide emotional support services. The PREA Compliance Manager stated per policy, there are designated staff charged with monitoring retaliation such as the PREA Compliance Manager, case managers, and all persons in contact with the youth. There are multiple protection measures, such as housing changes or transfers, and removal of alleged staff. If retaliation is deemed to be occurring she is notified along with the superintendent and measures are taken to address it. She stated she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length of time that you the facility would monitor conduct and treatment would be until a youth is released from the facility.

The auditor reviewed the Wilder PREA Retaliation Log Spreadsheet. There were 51 allegations of sexual abuse and sexual harassment monitored from March 16, 2020 to May 11, 2021. Monitoring is conducted monthly for 90 days.

115.367 (d)

DCS policy states monitoring should include periodic status checks of children/youth.

The PREA Compliance Manager stated things she looks for to detect possible retaliation includes reviewing discipline reports to determine if there is possible retaliation, program changes, housing changes, and negative performance reviews.

The auditor reviewed the Wilder PREA Retaliation Log Spreadsheet. There were 51 allegations of sexual abuse and sexual harassment monitored from March 16, 2020 to May 11, 2021. Monitoring is conducted monthly for 90 days.

115.367 (e)

DCS policy states if any individual involved in a report expresses fear of retaliation, the Agency takes appropriate measures to protect the individual that includes segregated (protective) housing, as applicable, if voluntarily requested by the individual.

The Executive Director stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations through a staff member being moved to another living unit or being placed on administrative reassignment during the course of an investigation involving a PREA violation. The Facility Director stated the facility would change dormitories, move alleged staff, perform investigations, and provide emotional support services. A 90 day follow-up is completed and in the event retaliation is suspected appropriate actions are taken.

115.367 (f)

DCS's responsibility to monitor retaliation will terminate if the allegation is unfounded.

Corrective Action

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

115.368	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> Facility Director <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0) <p>If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The Facility Director confirmed DCS does not use isolation for residents who allege to have suffered sexual abuse.</p> <p>Corrective Action</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
---------	---

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1426 566" style="list-style-type: none"> 1. DCS Policy 14.3: Screening, Response Priority and Assignment of Child Protective Services Cases 2. DCS Policy 14.7: Special Child Protective Services Investigations 3. DCS Policy 14.25: Special Child Protective Services Investigations 4. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 5. Investigative Reports for Allegations of Sexual Abuse and Sexual Harassment 6. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="240 598 363 624">Interviews:</p> <ol data-bbox="240 629 552 757" style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff <p data-bbox="240 788 528 815">Site Review Observations:</p> <ol data-bbox="240 819 786 846" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 878 505 904">Findings (By Provision):</p> <p data-bbox="240 909 360 936">115.371 (a)</p> <p data-bbox="240 940 1323 967">PAQ: The agency/facility does not have a policy related to criminal and administrative agency investigations.</p> <p data-bbox="240 1012 1482 1205">DCS is responsible for investigating allegations of sexual abuse or sexual harassment. The DCS investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed she handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. She begins by interviewing the individual who reported the allegation. The auditor reviewed the reports for allegations of sexual abuse and sexual harassment and observed they were received in a timely manner.</p> <p data-bbox="240 1236 1249 1263">The auditor reviewed 29 investigative reports for allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1294 363 1321">115.371 (b)</p> <p data-bbox="240 1326 1378 1420">DCS investigators receive specialized training in sexual abuse investigations involving juveniles. The DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through classroom and computer-based training.</p> <p data-bbox="240 1451 363 1478">115.371 (c)</p> <p data-bbox="240 1482 1457 1610">The DCS Investigator gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.</p> <p data-bbox="240 1641 1493 1803">The DCS investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. She then travels to the facility to review any video footage that may be available, and conducts interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence she would be responsible for gathering in an investigation of an incident of sexual abuse would include video footage, interviews, statements, third-party information, etc.</p> <p data-bbox="240 1834 1461 1892">The auditor reviewed 29 investigative reports for allegations of sexual abuse and sexual harassment. The reports included interviews with alleged victims, suspected perpetrators, and witnesses.</p> <p data-bbox="240 1924 363 1951">115.371 (d)</p> <p data-bbox="240 1955 1437 1982">PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="240 2013 1441 2040">The DCS investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.</p> <p data-bbox="240 2072 363 2098">115.371 (e)</p> <p data-bbox="240 2103 1489 2130">The DCS investigator confirmed when she discovers evidence that a prosecutable crime may have taken place, she consults</p>

with prosecutors before conducting compelled interviews.

There auditor observed there were no criminal investigation reports.

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She stated under no circumstance, does she require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation

115.371 (g)

The DCS investigator confirmed the efforts she makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DCS PREA Coordinator. She confirmed she documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

The auditor reviewed 29 administrative investigative reports for allegations of sexual abuse and sexual harassment.

115.371 (h)

The DCS investigator confirmed criminal investigations are documented. There were no criminal investigations during the audit period. The investigations are documented in the appropriate TFACTS incident reporting section.

There auditor observed there were no criminal investigation reports.

115.371 (i)

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

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

The DCS investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

115.371 (j)

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

DCS policy states Agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise. Refer to CPS Records Disposition Authority (RDA) 2993 regarding closed CPS Case Files that includes documentation of administrative investigations and activities.

115.371 (k)

The DCS investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m)

The Facility Director, PREA Coordinator, and PREA Compliance Manager stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation.

The DCS investigator confirmed when an outside agency investigates an incident of sexual abuse in this facility, she would support the investigative process and communicate with the outside agency to remain informed of the progress.

Corrective Action

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 14.7: Child Protective Services Investigation Track 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interview:</p> <ol style="list-style-type: none"> 1. DCS Investigative Staff <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.</p> <p>The DCS investigator confirmed she refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Corrective Action</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1426 499" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. PREA Investigative Summary Reports 3. Student Notification Letter 4. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="240 530 571 557">Document (Corrective Action):</p> <ol data-bbox="240 562 724 589" style="list-style-type: none"> 1. Juvenile Notification of Investigative Outcome <p data-bbox="240 620 363 647">Interviews:</p> <ol data-bbox="240 651 887 745" style="list-style-type: none"> 1. Interview with the Program Director 2. Interview with DCS Investigator 3. Interview with Residents who Reported a Sexual Abuse – N/A <p data-bbox="240 777 528 804">Site Review Observations:</p> <p data-bbox="240 808 762 835">Observations during on-site review of physical plant</p> <p data-bbox="240 866 502 893">Findings (by provision):</p> <p data-bbox="240 898 360 925">115.373 (a)</p> <p data-bbox="240 929 1485 1032">PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="240 1059 469 1086">In the past 12 months:</p> <ol data-bbox="240 1090 1474 1220" style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 40 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 40 <p data-bbox="240 1247 1490 1350">The Juvenile Notification of Investigative Outcome Form informs any resident who makes an allegation that he or he suffered sexual abuse in an agency facility, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="240 1377 1394 1435">The Facility Director confirmed the facility would notify a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 1462 1497 1565">The DCS Investigator confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 1592 363 1619">115.373 (b)</p> <p data-bbox="240 1624 1458 1682">PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="240 1709 469 1736">In the past 12 months:</p> <ol data-bbox="240 1740 1490 1870" style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0) 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A <p data-bbox="240 1897 363 1924">115.373 (c)</p> <p data-bbox="240 1928 1485 2031">PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="240 2036 1426 2130" style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

Following a resident's allegation that a staff member has committed sexual abuse against the resident, The Juvenile Notification of Investigative Outcome Form informs is used to inform the resident (unless DCS has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit (during the investigation, the staff member shall not be in any area with the resident without being directly supervised);
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d)

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

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

Following a resident's allegation that he has been sexually abused by another resident, The Juvenile Notification of Investigative Outcome Form informs is used to subsequently inform the alleged victim whenever:

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

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 8
2. The number of those notifications that were documented: 28

All notifications to residents described under this standard are documented.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Corrective Action

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

All notifications to residents described under this standard were documented with the Student Notification Letter. The letter did not include the standard provision requirements. To achieve full compliance with the standard provisions the agency implemented the Juvenile Notification of Investigative Outcome Form.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 373 331">Documents:</p> <ol data-bbox="242 338 1485 465" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 3. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="242 497 528 521">Site Review Observations:</p> <p data-bbox="242 528 761 557">Observations during on-site review of physical plant</p> <p data-bbox="242 589 501 613">Findings (by provision):</p> <p data-bbox="242 620 360 645">115.376 (a)</p> <p data-bbox="242 651 1449 712">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 743 1461 840">Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) informs staff that, sexual misconduct between an adult employee/volunteer or contractor and a youth in a YDC/Private Provider Agency is forbidden and may result in discipline up to and including termination.</p> <p data-bbox="242 871 360 896">115.376 (b)</p> <p data-bbox="242 902 467 927">In the past 12 months:</p> <ol data-bbox="242 934 1485 1030" style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0) 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0) <p data-bbox="242 1061 1461 1158">Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) informs staff that, sexual misconduct between an adult employee/volunteer or contractor and a youth in a YDC/Private Provider Agency is forbidden and may result in discipline up to and including termination.</p> <p data-bbox="242 1189 360 1214">115.376 (c)</p> <p data-bbox="242 1220 1449 1317">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1323 1449 1384">In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)</p> <p data-bbox="242 1415 360 1440">115.376 (d)</p> <p data-bbox="242 1447 1493 1543">PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1550 1461 1646">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)</p> <p data-bbox="242 1677 432 1702">Corrective Action</p> <p data-bbox="242 1709 1441 1769">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p> <p data-bbox="242 1800 451 1825">Policy Suggestions</p> <p data-bbox="242 1832 1050 1861">115.376 (c) and (d) Policy is not expressly inclusive of these standard provisions.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1485 465" style="list-style-type: none"> DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="242 499 352 524">Interview:</p> <ol data-bbox="242 530 426 560" style="list-style-type: none"> Facility Director <p data-bbox="242 589 528 613">Site Review Observations:</p> <p data-bbox="242 620 762 649">Observations during on-site review of physical plant</p> <p data-bbox="242 678 501 707">Findings (by provision):</p> <p data-bbox="242 714 362 743">115.377 (a)</p> <p data-bbox="242 750 1474 842">PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="242 871 1474 931">In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="242 960 1497 1052">Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) informs volunteers and contractors that, sexual misconduct between an adult employee/volunteer or contractor and a youth in a YDC/Private Provider Agency is forbidden and may result in discipline up to and including termination.</p> <p data-bbox="242 1084 362 1113">115.377 (b)</p> <p data-bbox="242 1120 1485 1180">PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1209 683 1238">No volunteers due to COVID-19 restrictions.</p> <p data-bbox="242 1267 432 1296">Corrective Action</p> <p data-bbox="242 1303 1441 1364">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. Medical and Mental Health Practitioners <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Zero (0) 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0) <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0) 2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A 3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A <p>DCS does not use isolation as a disciplinary sanction.</p> <p>The Facility Director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of privileges. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.</p> <p>115.378 (c)</p> <p>The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</p> <p>The Facility Director stated mental disability or mental illness is considered when determining sanctions.</p> <p>115.378 (d)</p> <p>PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.</p>

The mental health staff stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.

115.378 (e)

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

115.378 (f)

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

DCS policy states report made in good faith upon reasonable belief of the alleged incident does not constitute a false report and may not be used as grounds for disciplinary action.

115.378 (g)

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

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for residents. No corrective action is required.

Policy Suggestions

115.376 (a), (c), (d), (e), and (g) Policy is not expressly inclusive of these standard provisions.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
2. Wilder Youth Development Center Pre-Audit Questionnaire
3. Assessment, Checklist and Protocol for Behavior and Risk for Victimization

Interviews:

1. Staff Responsible for Risk Screening
2. Residents who Disclosed Sexual Victimization at Risk Screening – one identified

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health practitioners maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

DCS policy requires if further screenings or assessments indicate a child/youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff ensures that the child/youth is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

The auditor interviewed one resident who disclosed prior sexual victimization during risk screening. He stated he was offered the follow-up meeting but declined.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

DCS policy states if the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, designated staff ensure that the child/youth is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered with a psychologist. She confirmed the meeting would occur within fourteen (14) days.

115.381 (c)

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

115.381 (d)

PAQ: 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.

Medical and mental health practitioners confirmed informed consent from residents is required for residents 18 and older before reporting about prior sexual victimization that did not occur in an institutional setting.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Protocol: First Responder Guidelines for Sexual Assault 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Practitioners 2. Residents who Reported a Sexual Abuse – N/A 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health practitioners maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>DCS policy for those sexual abuse incidents alleged to have occurred within seventy-two (72) hours, the Agency nursing personnel/designee offers to take the child/youth to the local hospital emergency room for examination, collection and preservation of evidence, and treatment.</p> <p>Children/youth who are the victim of sexual abuse are provided prompt and appropriate medical treatment and counseling, to include is but not limited to: Agency staff, as applicable, provides emotional support to child/youth with the forensic medical exam process and investigation interviews.</p> <p>The Director of the Shelby County Rape Crisis Center said services for sexual abuse that has occurred within 92 hours would be provided at the center. If there are serious injuries the services would be provided at Le Bonheur Children's Hospital ER. If the sexual abuse occurred over 92 hours services would be provided at the Memphis Child Advocacy Center.</p> <p>Medical and mental health care staff ensure resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. The medical and mental health staff stated the nature and scope of these services would be determined according to their professional judgment medical procedures.</p> <p>115.382 (b)</p> <p>Staff were knowledgeable of their first responder duties. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>115.382 (c)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health practitioners maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>The nurse confirmed resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p>

115.382 (d)

PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

DCS policy states treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
2. Wilder Youth Development Center Pre-Audit Questionnaire

Interviews:

1. Medical and Mental Health Practitioners
2. Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers 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.

DCS policy states children/youth who are the victim of sexual abuse are provided prompt and appropriate medical treatment and counseling.

115.383 (b)

DCS policy states follow-up services and referrals are provided, as applicable, for continued care following transfer to, or placement in other facilities, or release from custody. A safety action plan that includes a review/adjustment, if necessary, of appropriate housing, bed, program, education, and work assignments to keep child/youth safe and free from sexual abuse may be developed.

The mental health staff stated residents who have been victimized would be provided follow-up services, and referrals after the youth are released. The nurse stated treatment would include follow-up services.

115.383 (c)

The medical and mental health stated they consider medical and mental health services are consistent with the community level of care.

115.383 (d)

Not applicable; all male facility.

115.383 (e)

Not applicable; all male facility.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

DCS policy states children/youth are offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

DCS policy states treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Sexual Abuse Critical Incident Review 3. Wilder Youth Development Center Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Compliance Manager 3. Incident Review Team Member <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.386 (a)</p> <p>PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: Zero (0)</p> <p>DCS policy states the Agency conducts a sexual abuse incident review within thirty (30) days of the close of every sexual abuse investigation involving a PREA-related incident unless the outcome was unfounded.</p> <p>The auditor reviewed Sexual Abuse Critical Incident Reviews for verification the facility conducts a sexual abuse incident review at the conclusion of sexual abuse criminal or administrative investigations for verification.</p> <p>115.386 (b)</p> <p>PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 32</p> <p>DCS policy states the Agency conducts a sexual abuse incident review within thirty (30) days of the close of every sexual abuse investigation involving a PREA-related incident unless the outcome was unfounded.</p> <p>The auditor reviewed the Sexual Abuse Critical Incident Reviews form for verification the reviews occur within thirty (30) days of the close of sexual abuse investigations.</p> <p>115.386 (c)</p> <p>PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>DCS policy states the review team consists of management level staff/designees, as applicable, with input from line supervisors, investigators, and medical and/or mental health practitioners.</p> <p>The Facility Director confirmed the facility has a sexual abuse incident review team.</p> <p>115.386 (d)</p> <p>PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.</p> <p>DCS policy states the review team:</p> <ol style="list-style-type: none"> 1. Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; 2. Considers whether the incident or allegation was motivated by: <ul style="list-style-type: none"> • Race;

- Ethnicity;
 - Gender identity;
 - Lesbian, gay, bisexual, transgender, intersex, or gender non-conforming identification, status, or perceived status; or
 - Gang affiliation or was motivated or otherwise caused by other group dynamics at the Agency.
3. Examines the area in the YDC/Agency where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 4. Assesses the adequacy of staffing levels in that area during different shifts;
 5. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 6. Prepares a report of its findings including, but not limited to determinations made pursuant to paragraphs 2. B) of this Section, and any recommendations for improvement and submit the report facility head and PREA Compliance Manager.

The Facility Director confirmed the sexual abuse incident review team uses the information from the sexual abuse incident review to identify problems and make corrective actions. The team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics at the facility; the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PREA Coordinator confirmed if the facility conducts a sexual abuse incident review, the facility prepares a report of its findings from the review, including any determinations any recommendations for improvement. The PREA Coordinator is a member of the sexual abuse incident review team.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

DCS policy states the Agency implements the recommendations for improvement, or documents reasons for not doing so, e.g., inadequate funding or staffing issues.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire 3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Annual Report – March 21, 2022 <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.387 (a)</p> <p>PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>DCS policy states DCS/Agencies collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as instructed by the DCS Statewide PREA Coordinator. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>115.387 (b)</p> <p>PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Aggregated incident-based sexual abuse data was provided as part of corrective action March 21, 2022.</p> <p>115.387 (c)</p> <p>PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>DCS policy states the incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (d)</p> <p>PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>DCS policy states Agencies maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (e)</p> <p>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Incident-based and aggregated was provided as part of corrective action on March 21, 2022.</p> <p>15.387 (f)</p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>DCS policy states upon request, Agencies provide all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>The Department of Justice requested DCS provide all such data from the previous calendar year.</p>

Corrective Action

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

115.387 (b) and (e)

Incident-based and aggregated data was provided as part of corrective action on March 21, 2022.

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 309 376 336">Documents:</p> <ol data-bbox="240 344 1425 434" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="240 465 584 492">Documents (Corrective Action):</p> <ol data-bbox="240 501 596 528" style="list-style-type: none"> 1. Annual Report – March 21, 2022 <p data-bbox="240 560 363 586">Interviews:</p> <ol data-bbox="240 595 552 685" style="list-style-type: none"> 1. Agency Head Designee 2. PREA Coordinator 3. PREA Compliance Manager <p data-bbox="240 716 528 743">Site Review Observations:</p> <p data-bbox="240 752 762 779">Observations during on-site review of physical plant</p> <p data-bbox="240 810 501 837">Findings (by provision):</p> <p data-bbox="240 846 360 873">115.388 (a)</p> <p data-bbox="240 882 1385 936">PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ol data-bbox="240 945 1453 1070" style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 1102 1422 1191">DCS/ policy states Agencies review data collected and aggregated pursuant to PREA Standards § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol data-bbox="240 1200 1453 1326" style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the Agency as a whole. <p data-bbox="240 1357 1493 1482">The Executive Director stated the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training.</p> <p data-bbox="240 1514 1489 1572">The agency had not completed an annual report. This standard provision was addressed through corrective action March 21, 2022.</p> <p data-bbox="240 1603 363 1630">115.388 (b)</p> <p data-bbox="240 1639 1473 1697">PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1729 1473 1796">DCS policy states the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1827 1489 1886">The agency had not completed an annual report. This standard provision was addressed through corrective action March 21, 2022. The auditor observed the report includes a comparison of the current year's data with that from prior years.</p> <p data-bbox="240 1917 363 1944">115.388 (c)</p> <p data-bbox="240 1953 1449 2011">PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p data-bbox="240 2042 1461 2132">DCS policy states Agencies make all aggregated sexual abuse data from facilities under its direct control and contract agency facilities with which it contracts, readily available to the public at least annually through its website or through other means, as applicable.</p>

The Executive Director confirmed she will approve annual reports upon completion.

The PREA Coordinator provided the report with agency head approval March 21, 2022.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

DCS policy states before making aggregated sexual abuse data publicly available, Agencies remove all personal identifiers.

The PREA Coordinator stated names and identifying information would be redacted from the annual report and the agency indicates the nature of material redacted. The auditor observed the annual report contains no personal identifiers.

Corrective Action

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

115.388 (a) – (d)

The agency had not completed an annual report. This standard provision was addressed through corrective action March 21, 2022.

115.389	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 1426 432" style="list-style-type: none"> 1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Wilder Youth Development Center Pre-Audit Questionnaire <p data-bbox="242 463 584 490">Documents (Corrective Action):</p> <ol data-bbox="242 497 596 524" style="list-style-type: none"> 1. Annual Report – March 21, 2022 <p data-bbox="242 555 352 580">Interview:</p> <ol data-bbox="242 586 456 613" style="list-style-type: none"> 1. PREA Coordinator <p data-bbox="242 645 528 672">Site Review Observations:</p> <p data-bbox="242 678 761 705">Observations during on-site review of physical plant</p> <p data-bbox="242 736 501 763">Findings (by provision):</p> <p data-bbox="242 770 362 797">115.389 (a)</p> <p data-bbox="242 804 1129 831">PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="242 862 1393 889">DCS policy states Agencies ensure that data collected pursuant to PREA Standard §115.387 are securely retained.</p> <p data-bbox="242 920 1409 947">The PREA Coordinator confirmed the agency ensures the data collected pursuant to §115.387 are securely retained.</p> <p data-bbox="242 978 362 1005">115.389 (b)</p> <p data-bbox="242 1012 1457 1070">PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p data-bbox="242 1102 1461 1196">DCS policy states Agencies make all aggregated sexual abuse data from facilities under its direct control and contract agency facilities with which it contracts, readily available to the public at least annually through its website or through other means, as applicable.</p> <p data-bbox="242 1227 1493 1321">The auditor observed the annual reports were not published on the agency's website. This standard provision was addressed through corrective action. The PREA Coordinator provided documentation stating the report has been submitted to be published March 21, 2022.</p> <p data-bbox="242 1352 362 1379">115.389 (c)</p> <p data-bbox="242 1386 1382 1413">PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="242 1444 1476 1471">DCS policy states before making aggregated sexual abuse data publicly available, Agencies remove all personal identifiers.</p> <p data-bbox="242 1503 1457 1561">This standard provision was addressed through corrective action March 21, 2022. The auditor observed the annual report contains no personal identifiers.</p> <p data-bbox="242 1592 362 1619">115.389 (d)</p> <p data-bbox="242 1626 1476 1684">PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1715 1449 1774">DCS policy states Agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1805 432 1832">Corrective Action</p> <p data-bbox="242 1839 1441 1897">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action is complete.</p> <p data-bbox="242 1928 442 1955">115.389 (b) and (c)</p> <p data-bbox="242 1962 1489 2020">The agency had not completed an annual report. This standard provision was addressed through corrective action March 21, 2022.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Wilder Youth Development Center Pre-Audit Questionnaire 2. Policy Review 3. Research 4. Documentation Review 5. Interviews 6. Observations during onsite review of facility <p>Conclusion:</p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, 1. Wilder Youth Development Center was audited in 2015, 2018, and 2021.</p> <p>The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Corrective Action</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Wilder Youth Development Center Pre-Audit Questionnaire 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Conclusion: The agency has published on its agency website all Final Audit Reports.</p> <p>Corrective Action Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

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.)	yes
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".)	yes

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.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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?	no
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).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	no
	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.)	no
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	no

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and 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?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when 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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes