

# PREA Facility Audit Report: Final

**Name of Facility:** Rosewood and Walnut Youth Academy Complex

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/06/2022

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"/>
<b>Auditor Full Name as Signed:</b> Shirley L. Turner	<b>Date of Signature:</b> 11/06/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Turner, Shirley
<b>Email:</b>	shirleyturner3199@comcast.net
<b>Start Date of On-Site Audit:</b>	09/21/2022
<b>End Date of On-Site Audit:</b>	09/22/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Rosewood and Walnut Youth Academy Complex
<b>Facility physical address:</b>	279 Stewarts Ferry Pike, Nashville, Tennessee - 32714
<b>Facility mailing address:</b>	

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

Superintendent/Director/Administrator	
<b>Name:</b>	Carl Warren
<b>Email Address:</b>	Carl.Warren@youthopportunity.com
<b>Telephone Number:</b>	501 289 1333

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

Facility Health Service Administrator On-Site	
<b>Name:</b>	Wander Wright
<b>Email Address:</b>	Wander.wright@youthopportunity.com
<b>Telephone Number:</b>	615 480 7430

Facility Characteristics	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	48
<b>Average daily population for the past 12 months:</b>	48
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	13-19
<b>Facility security levels/resident custody levels:</b>	Staff secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	54
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	6
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	15

AGENCY INFORMATION	
<b>Name of agency:</b>	Youth Opportunity Investments, LLC.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	12775 Horseferry Road, Suite 230, Carmel, Indiana - 46032
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

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

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>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-21
2. End date of the onsite portion of the audit:	2022-09-22

### 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:	Sexual Assault Center of Middle Tennessee Just Detention International

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	48
16. Number of inmate/resident/detainee housing units:	4
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:	48
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	8
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	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:	9
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.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	54
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:	15
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:	6
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.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	10
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> 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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	Reviewed the population roster and corroborated with staff.
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.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	6
<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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Reviewed the population roster and vulnerable categories with staff.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not use isolation or segregated housing as verified by policy, interviews and observations.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	

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 type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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):	10
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><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><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</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Training Director</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<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
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	3	0	3	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	2
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	1	0	0	2
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	0	2

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The sexual abuse investigation files are maintained by the Tennessee Department of Children's Service (DCS). The facility is provided an Outcome Summary of the investigations.
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> No <input checked="" 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 type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The sexual harassment investigation files are maintained by the Tennessee Department of Children's Service (DCS). The facility is provided an Outcome Summary of the investigations.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0



<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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**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>0</p>
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<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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**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>
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**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>
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# AUDITING ARRANGEMENTS AND COMPENSATION

<b>121. Who paid you to conduct this audit?</b>	<p><input 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 checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<b>Identify the name of the third-party auditing entity</b>	Correctional Management and Communications Group, LLC

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 730 353">Policy 5-06, Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 383 962 409">Tennessee Department of Children's Services (DCS) PREA Policy, 18.8</p> <p data-bbox="242 443 363 470"><b>Interviews:</b></p> <p data-bbox="242 499 742 526">Facility Administrator/PREA Compliance Manager</p> <p data-bbox="242 555 1232 582">Youth Opportunity Investments (YOI) State Director of Juvenile Justice Services/PREA Coordinator</p> <p data-bbox="242 611 384 638">Random Staff</p> <p data-bbox="242 667 347 694">Residents</p> <p data-bbox="242 728 389 754"><b>Provision (a):</b></p> <p data-bbox="242 819 1484 1048">The policies require zero-tolerance of sexual abuse and sexual harassment of residents and combine to provide guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies provide and address conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in both policies and include sanctions for those found to have participated in the prohibited behaviors. The DCS PREA policy serves as the overarching guidance for state-run and contract facilities. The facility also has additional policies which outline and support adherence to the PREA standards.</p> <p data-bbox="242 1077 1479 1238">Risk assessments and screenings, PREA information and printed materials, education and training, and monitoring assist in detecting sexual abuse and sexual harassment. The identified and other supporting policies include but are not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews revealed knowledge of the zero-tolerance policies, procedures and practices.</p> <p data-bbox="242 1267 392 1294"><b>Provision (b):</b></p> <p data-bbox="242 1359 1485 1485">The policies provide for the designation of PREA Coordinator. The YOI State Director of Juvenile Justice Services serves as the PREA Coordinator for the parent agency of the facility and statewide. Tennessee Department of Children's Services also have a statewide PREA Coordinator. Both have knowledge of the standards, implementation, and audit processes. Collaboration exists with the PREA Coordinators and Facility Administrator as needed regarding PREA related issues.</p> <p data-bbox="242 1514 1476 1610">The interview with the YOI State Director, observations and other interviews revealed his authority to oversee the PREA initiatives and efforts at the facility. The State Director/PREA Coordinator lends support and direction to two YOI facilities as determined from interviews, observations and review of documentation.</p> <p data-bbox="242 1639 389 1666"><b>Provision (c):</b></p> <p data-bbox="242 1695 1484 1859">The Facility Administrator has been designated as the PREA Compliance Manager as provided by the facility's PREA policy. The PREA Compliance Manager reports directly to the State Director. The interview indicated he has the time to fulfill the PREA duties and it was determined that he has the authority required to fulfill those duties. Interviews conducted with staff revealed their awareness of the role of the PREA Compliance Manager. Observations confirmed the Facility Administrator has the support of the facility staff and the PREA Coordinators.</p> <p data-bbox="242 1888 376 1915"><b>Conclusion:</b></p> <p data-bbox="242 1944 1473 2007">Based upon the review and analysis of the available evidence, interviews and observations, the Auditor determined there is compliance with this standard.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Interviews:</b></p> <p>Facility Administrator</p> <p>Youth Opportunity Investments, State Director of Juvenile Services/PREA Coordinator</p> <p><b>Provision (a) and (b):</b></p> <p>The Tennessee Department of Children's Services contracts for the confinement of some of its residents with Youth Opportunity Investments, LLC. The YOI must comply with the requirements of the PREA Standards and be subject to PREA audits by third-party certified PREA Auditors. The practice was also confirmed by the interviews with the Facility Administrator and State Director. The facility is not involved in a contract with other facilities for the confinement of its assigned youth.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined compliance with this standard.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="240 327 432 353">Policy 5-06, PREA</p> <p data-bbox="240 383 427 409">DCS PREA Policy</p> <p data-bbox="240 439 474 465">Staffing Plan/Schedule</p> <p data-bbox="240 495 588 521">Annual Staffing Plan Assessments</p> <p data-bbox="240 551 608 577">PREA Unannounced Rounds Forms</p> <p data-bbox="240 607 363 633"><b>Interviews:</b></p> <p data-bbox="240 663 552 689">Assistant Facility Administrator</p> <p data-bbox="240 719 453 745">Facility Administrator</p> <p data-bbox="240 775 475 801">YOI PREA Coordinator</p> <p data-bbox="240 831 389 857"><b>Provision (a):</b></p> <p data-bbox="240 898 1497 1126">The policy and staffing plan provide the information for maintaining the staffing ratios and the staffing plan outlines the staffing requirements. The facility's staffing plan, internal controls and management ensures that the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. The contractual requirement for the staffing ratio is 1:8, 24 hours per day. Direct supervision is provided to residents during the daily activities, program services and sleeping hours. The number of staff increases as needed due to program activities, one-on-one supervision indicated, or other relevant factors. Observations during the site review and interviews confirmed the PREA staffing ratios are maintained. The facility maintains a mandatory hold-over system to ensure adherence to the staffing ratio and staffing plan.</p> <p data-bbox="240 1155 1481 1417">Camera monitors are located in each building and in the Assistant Facility Administrator's office. The monitoring system is also accessible on the telephones of the Facility Administrator and State Director. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews and facility policy. The work schedules are based on the facility's staffing plan and population. There is collaboration and review of the work schedules on a regular basis by the Facility Administrator and Assistant Facility Administrator who prepares the schedules. In addition to program activities and special needs of residents, the shift schedules are made and adjusted as needed regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies. Supervisors are assigned to each shift.</p> <p data-bbox="240 1447 389 1473"><b>Provision (b):</b></p> <p data-bbox="240 1536 1493 1731">There are no reported deviations from the staffing ratios in the past 12 months. A coordinated effort was described by the Facility Administrator in maintaining the staffing ratios through communication, holdovers, in accordance with the staffing plan and consideration of the population. The facility is prepared to document any deviations from the staffing requirements. The Facility Administrator and the Assistant Facility Administrator monitor the effectiveness of the work schedules based on the staffing plan requirements. The staffing ratio is met and practice provides for additional staff for days and times if increased staffing is required.</p> <p data-bbox="240 1760 389 1787"><b>Provision (c):</b></p> <p data-bbox="240 1850 1481 2045">Staffing ratios for the facility are routinely provided by the direct care staff and staff with the same required training may fill in if needed due to staff shortage or emergency. The security practices and policies ensure the PREA ratios of 1:8 during the waking hours and 1:8 during the sleeping hours. The facility's contract requires less residents to a staff member during the sleeping hours which ensures the PREA ratios will be met. The ratios were discussed and observed for and met during the comprehensible site review. Direct care staff members provide direct observation of residents. The average daily number of residents is 48. The facility is not involved in any lawsuits or consent decrees.</p> <p data-bbox="240 2074 389 2101"><b>Provision (d):</b></p>

The staffing plan assessment was last completed on April 8, 2022. The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; electronic monitoring system; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made by the construction and implementation of a corrective action plan that would be indicated through findings or recommendations. The annual assessment documents the summarization of the review including the staffing, physical plant and the electronic monitoring system. The Staffing Plan Assessment did not contain any recommendations for corrective actions.

**Provision (e):**

The dedicated form, PREA Unannounced Rounds, is used to document the rounds conducted by management and supervisory staff members. The rounds are made at various times. The interview with the Assistant Facility Administrator and review of documentation and policy confirmed the unannounced rounds occur. The rounds include but are not limited to checking the dorms; observations for correct staff/resident ratios; observations of staff and youth interactions; security of all buildings; and that routines for residents are being followed.

The staff is not informed of when the rounds will occur and administrative staff, which includes Unit Managers, will randomly show up at the facility. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff when the rounds are occurring which is in accordance with policy and the interview. The facility reports there were no deviations from the staffing plan.

**Conclusion:**

Based on the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 353">Policy 5-06, PREA</p> <p data-bbox="242 383 767 409">Search Request for Transgender and Intersex Youth</p> <p data-bbox="242 439 416 465">Training Records</p> <p data-bbox="242 495 363 521"><b>Interviews:</b></p> <p data-bbox="242 551 384 577">Random Staff</p> <p data-bbox="242 607 347 633">Residents</p> <p data-bbox="242 663 389 689"><b>Provision (a):</b></p> <p data-bbox="242 719 1481 853">Cross-gender strip, visual body cavity and pat-down searches are prohibited and searches must be documented. Policy and training provide guidance to staff on how the searches are to be conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. According to the interviews, no type of cross-gender search has been conducted at the facility during the past 12 months.</p> <p data-bbox="242 882 392 909"><b>Provision (b):</b></p> <p data-bbox="242 972 1490 1133">Policy does not support staff conducting cross-gender pat-down searches and all searches must be documented. Responses from staff included that generally, male staff conduct searches on males and female staff conduct searches on females. Staff receives training on how to conduct searches, including cross gender searches and searches of transgender and intersex youth. Staff interviews confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches.</p> <p data-bbox="242 1162 1493 1256">The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months. The Search Request for Transgender and Intersex Youth form is utilized when there is a transgender or intersex youth present in the facility where the youth indicates their preference of the gender of staff to conduct the allowable searches.</p> <p data-bbox="242 1285 389 1312"><b>Provision (c):</b></p> <p data-bbox="242 1375 1490 1509">Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There was no evidence or interviews documenting any type cross-gender searches.</p> <p data-bbox="242 1538 392 1565"><b>Provision (d):</b></p> <p data-bbox="242 1628 1493 1823">Bathroom/Shower Protocols exist and are posted at those areas. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, or performing bodily functions. During the comprehensive site review, staff explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the bathroom. Residents use the bathroom one at a time and shower curtains are utilized and the toilets are encased.</p> <p data-bbox="242 1852 1485 2085">Staff members of the opposite gender announce their presence when entering the residents' housing or bathroom area as demonstrated during the comprehensive site review. The residents and staff stated staff of the opposite gender announce their presence upon entering the living units. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations support that viewing of the camera monitors does not show residents when they are showering, using the toilet or changing clothes. The bathroom area does not allow staff to get a view of the resident while performing bodily functions. Hygiene practices are performed with the expectations of reasonable privacy for each resident.</p> <p data-bbox="242 2114 389 2141"><b>Provision (e):</b></p>



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

**Provision (f):**

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

**Conclusion:**

Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**Documents Reviewed:**

Policy 5-06, PREA

Client Services Agreement, Tennessee Language Center

Training Records

Resident Acknowledgement Forms

Home Language Survey

PREA Brochures and other Printed Materials

**Interviews:**

Facility Administrator

Residents

Random Staff

**Provision (a):**

The policies address the provision of support services for Limited English Proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents are not used as readers or interpreters, confirmed by staff interviews. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The process in gaining assistance was demonstrated by a Therapist at the sister facility which acknowledged accessible services.

Policy and a contract provide for interpreter and translation services, including the services for the Deaf by requiring PREA education to be in formats accessible to all residents. The education staff also provides support services through accommodating resources, including teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish.

**Provision (b):**

A Client Services Agreement exists between the parent agency and the Tennessee Language Center for professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.

**Provision (c):**

The use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment is prohibited by policy. The facility documents that there is access to services. The education unit and mental health staff members have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed. There were no residents for a targeted interview in this area.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

Policy 1-14, Background Screening

Background Checks

**Interview:**

**Human Resources Manager**

**Provision (a) & (f):**

Policies address hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks. The background checks occur initially and every five years thereafter, aligned with Policy. The personnel files include the completed background checks and hiring documents. The sources for background checks include: National Sex Offender Registry; Vulnerable Persons Abuse Register; Tennessee Felony Database Clearance; local law enforcement; Out-of-State Child Abuse/Neglect Check; and fingerprints results through the Tennessee Bureau of Investigation and Federal Bureau of Investigation.

Prior to hire and promotion, through the employment application process, it was inferred through various questions, background checks and completion of related forms, that applicants had not participated in the following behaviors:

- Have 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);
- Have 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;
- Have been civilly or administratively adjudicated to have engaged in the activity described above.

A corrective action was implemented for the agency that placed the specific questions about an applicant's previous sexual misconduct on an existing form, Applicable Statement for Release of Information. The questions are now asked of the applicant specifically and the applicant must respond in with his/her signature regarding the information. The enhancement of the personnel form now clearly speaks directly to and at a glance, an applicant's prior sexual misconduct. The interview and a review of policies provide details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the background checks.

**Provision (b):**

The policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application process regarding previous misconduct.

Policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

**Provisions (c) and (d):**

The background check process includes consulting a child abuse registry. The prospective employee or contractor also has to be cleared through the background check process. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee.

**Provision (e):**

Initial background checks are conducted and are conducted every five years thereafter, in accordance with policy. The interview, review of documentation and a review of the policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

**Provision (g):**

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

**Provision (h):**

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

**Conclusion:**

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

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Interview:</b></p> <p>Facility Administrator</p> <p><b>Provision (a):</b></p> <p>The interview and observations confirm there have not been any major renovations in the past 12 months.</p> <p><b>Provision (b):</b></p> <p>The camera system supplements direct supervision provided to residents by staff. The system has not received an update in the past 12 months.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 353">Policy 5-06, PREA</p> <p data-bbox="242 383 890 409">Tennessee Department of Children's Services (DCS) Policy 18.8</p> <p data-bbox="242 439 1086 465">DCS Policy 14.25, Special Investigation Unit Child Protective Services Investigations</p> <p data-bbox="242 495 635 521">Memorandum of Understanding (MOU)</p> <p data-bbox="242 555 363 582"><b>Interviews:</b></p> <p data-bbox="242 611 384 638">Random Staff</p> <p data-bbox="242 667 453 694">Facility Administrator</p> <p data-bbox="242 723 403 750">Clinical Director</p> <p data-bbox="242 779 542 806">Health Services Administrator</p> <p data-bbox="242 835 416 862">DCS Investigator</p> <p data-bbox="242 891 574 918">Advocacy Center Representative</p> <p data-bbox="242 952 485 978"><b>Provisions (a) and (b):</b></p> <p data-bbox="242 1008 1476 1176">Administrative investigations are investigated by the DCS Child Protective Services/Special Investigations Unit. Allegations that are criminal in nature are referred to local law enforcement. All allegations of sexual abuse and sexual harassment are reported to DCS. The policies will be followed regarding investigations of sexual abuse in accordance with the standard and policies. The interviews with the DCS PREA Investigator and random staff confirmed awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="242 1205 389 1232"><b>Provision (c):</b></p> <p data-bbox="242 1290 1485 1458">A MOU exists between the facility and the Sexual Assault Center of Middle Tennessee for the delivery of advocacy services. Forensic medical examinations will be conducted by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner, or other qualified medical practitioner, accessed through the Sexual Assault Center. Continuity of care will be provided at the facility to include medical and mental health follow-up services. Forensic medical examinations will be provided at no cost to the victim as stated in facility policy and the MOU.</p> <p data-bbox="242 1487 1485 1581">The interview with the advocacy agency representative informed the Auditor that advocacy services will be provided and include accompaniment and emotional support. The residents are informed of services at the Center during PREA education sessions and the information is posted. No forensic medical examinations were conducted during this audit period.</p> <p data-bbox="242 1610 485 1637"><b>Provisions (d) and (e):</b></p> <p data-bbox="242 1666 1485 1760">Victim advocacy services will provide a range of services and the MOU shows both agencies working together to support the youth. The advocacy agency follows all applicable laws and regulations with respect to confidentiality. The victim advocacy services include but are not limited to the following:</p> <ul data-bbox="242 1792 805 2107" style="list-style-type: none"> <li data-bbox="242 1792 464 1818">· 24-hour hotline;</li> <li data-bbox="242 1848 501 1874">· Emotional Support;</li> <li data-bbox="242 1904 805 1930">· Accompaniment for forensic medical examination;</li> <li data-bbox="242 1960 735 1986">· Accompaniment for investigative interview;</li> <li data-bbox="242 2016 405 2042">· Referrals;</li> <li data-bbox="242 2072 472 2098">· Counseling; and</li> </ul>

· Forensic Medical Examination

Information regarding victim advocacy services is provided to the residents during the intake process, according to staff, and is provided through the accessibility of information. The interviews with the residents also confirm general familiarity regarding victim advocacy services. All services provided will be at no cost to the victim.

**Provisions (f) and (g):**

The DCS PREA Investigator will conduct administrative investigations in accordance with agency policy and procedures. Investigations of allegations of sexual abuse or sexual harassment that is criminal in nature is investigated by local law enforcement.

**Provision (h):**

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

**Conclusion:**

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



115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 858 356">Department of Children's Services (DCS) Agency Policy, 18.8</p> <p data-bbox="242 383 624 412">DCS Agency Policy, 18.8 Supplement</p> <p data-bbox="242 439 430 468">Policy 5-06, PREA</p> <p data-bbox="242 495 408 524">Incident Reports</p> <p data-bbox="242 555 363 584"><b>Interviews:</b></p> <p data-bbox="242 611 483 640">DCS PREA Investigator</p> <p data-bbox="242 667 383 696">Random Staff</p> <p data-bbox="242 723 855 752">Youth Opportunity Investments (YOI) Agency Head Designee</p> <p data-bbox="242 817 389 846"><b>Provision (a):</b></p> <p data-bbox="242 909 1493 1137">The policies collectively provide that staff report all allegations of sexual abuse and sexual harassment and to document reports; staff members are aware of the requirements. Sexual abuse and sexual harassment allegations are referred to the DCS Child Protective Services/Special Investigations Unit, and law enforcement where the allegation is criminal in nature. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. The information provides for five allegations for the past 12 months. There were three allegations of sexual harassment and two allegations of sexual abuse. Four administrative investigations have been completed and one is pending. There were no allegations that were criminal in nature.</p> <p data-bbox="242 1167 470 1196"><b>Provision (b) and (c):</b></p> <p data-bbox="242 1258 1493 1386">Policy and reporting information are located on the DCS and YOI websites and posted within the facility and accessible to the public. Policies, interviews and Outcome Summaries confirm allegations of sexual abuse and sexual harassment will be investigated. Administrative investigations are conducted by a trained DCS investigator. Allegations of sexual abuse and sexual harassment that are criminal in nature are referred to local law enforcement.</p> <p data-bbox="242 1415 389 1444"><b>Provision (d):</b></p> <p data-bbox="242 1507 1493 1635">The DCS has policies governing administrative investigations and the agency utilizes trained investigators. The interview with the DCS PREA Investigator and an informal conversation with the DCS PREA Coordinator confirm that administrative investigations are conducted by a trained investigator. The PREA Investigator also indicated that allegations that are criminal in nature are referred to local law enforcement.</p> <p data-bbox="242 1664 389 1693"><b>Provision (e):</b></p> <p data-bbox="242 1756 1428 1816">The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p data-bbox="242 1845 375 1874"><b>Conclusion:</b></p> <p data-bbox="242 1901 1362 1930">Based on the review of the available evidence, the Auditor determined the facility is compliant with this standard.</p>

115.331	<b>Employee training</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 488 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 356">Policy 5-06, PREA</p> <p data-bbox="242 383 416 412">DCS Policy, 18.8</p> <p data-bbox="242 439 456 468">Annual Training Plan</p> <p data-bbox="242 495 480 524">New Hire Training Plan</p> <p data-bbox="242 551 424 580">Training Curricula</p> <p data-bbox="242 607 371 636">Training Log</p> <p data-bbox="242 663 552 692">Acknowledgement Statements</p> <p data-bbox="242 719 448 748">Training Certificates</p> <p data-bbox="242 775 363 804"><b>Interviews:</b></p> <p data-bbox="242 831 456 860">Facility Administrator</p> <p data-bbox="242 887 384 916">Random Staff</p> <p data-bbox="242 943 592 972">Senior Director, Staff Development</p> <p data-bbox="242 999 461 1028">Compliance Manager</p> <p data-bbox="242 1055 485 1084"><b>Provisions (a) and (c):</b></p> <p data-bbox="242 1122 1485 1290">Policy addresses PREA related training for staff which is provided initially upon employment and annually. Interviewed staff members were generally familiar with the PREA information. Facility policy provides for refresher training to occur annually. PREA training is provided to staff, as indicated by a review of facility and agency policies, training documents and interviews. The facility reports all staff members that may have contact with residents have been trained or re-trained on the PREA Standards requirements. The training includes the requirements within the provision of the standard.</p> <p data-bbox="242 1317 392 1346"><b>Provision (b):</b></p> <p data-bbox="242 1373 1493 1574">The facility provides services for females and males and staff training does consider the needs of the population served as indicated by the interviews. The facility policy and interviews support training being tailored to the needs and attributes of the population served. The program provides gender-responsive training and services that are tailored to the special needs of the populations served. Interaction with the residents, observations, staff and resident interactions indicate the positive gender-responsive culture within the facility including the treatment process and group activities. All staff within the facility are provided PREA training.</p> <p data-bbox="242 1601 392 1630"><b>Provision (d):</b></p> <p data-bbox="242 1686 1493 1753">The PREA training is documented by staff signatures, certificates and electronically. The training is also verified through staff interviews, agency training curriculum and training plans.</p> <p data-bbox="242 1780 376 1809"><b>Conclusion:</b></p> <p data-bbox="242 1836 1461 1904">Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.</p>

115.332	<b>Volunteer and contractor training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 329 432 358">Policy 5-06, PREA</p> <p data-bbox="242 387 497 416">DCS Agency Policy, 18.8</p> <p data-bbox="242 445 384 474">Training Form</p> <p data-bbox="242 504 539 533">Acknowledgement Statement</p> <p data-bbox="242 562 363 591"><b>Interviews:</b></p> <p data-bbox="242 620 352 649">Contractor</p> <p data-bbox="242 678 341 707">Volunteer</p> <p data-bbox="242 736 389 766"><b>Provision (a):</b></p> <p data-bbox="242 824 1485 1016">Policy require volunteers and contractors who have contact with residents to be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. The training curriculum includes but is not limited to reporting allegations of sexual abuse and sexual harassment, related definitions and maintaining professional relationships with residents. The volunteer interviewed provides tutoring to residents and the contractor provides mental health services. The interviews revealed knowledge of the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 1046 389 1075"><b>Provision (b):</b></p> <p data-bbox="242 1133 1469 1265">The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by contractors and volunteers.</p> <p data-bbox="242 1294 1453 1426">The interviews revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report allegations. The interviews confirmed that the review of the zero-tolerance policy for the facility is included in the PREA training. The contractor provides mental health services to the residents and the volunteer serves as a tutor.</p> <p data-bbox="242 1456 389 1485"><b>Provision (c):</b></p> <p data-bbox="242 1514 1437 1608">The training documentation and interviews confirmed the receipt and awareness of PREA training by contractors and volunteers. The interviews indicated the understanding of the training received. The PREA training is provided within the facility.</p> <p data-bbox="242 1637 376 1666"><b>Conclusion:</b></p> <p data-bbox="242 1695 1417 1753">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

DCS Agency Policy 18.8

Youth and Parent Handbook

Brochures

PREA Education Materials

PREA Video Survey

Acknowledgement Statements

**Interviews:**

Residents

Case Manager

**Provisions (a) and (b):**

All residents receive directions on how to report allegations of sexual abuse and sexual harassment; and information about the right to be free from retaliation for reporting, in accordance with the policies. This premise was supported through the review of training related documentation for residents and the interviews. A review of the education materials indicated the information provided to the residents is age-appropriate. The Case Manager reviewed the subject matter during the interview that is used to provide PREA education to residents.

The residents initially sign acknowledgement statements which represent receipt of the PREA information provided during the intake process. The interviews with the residents revealed their understanding of the information covered in the PREA education sessions. The Case Manager and the residents interviewed revealed the initial PREA education is initially conducted during the intake process. PREA information is re-introduced during treatment groups. PREA refresher education sessions are also incorporated in independent life skills group.

**Provision (c):**

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), residents received PREA education. The facility reports that 139 youth were admitted to the facility during the past 12 months prior to the onsite audit phase and all participated in PREA education sessions. Forty-eight residents were in the facility and all had been involved in PREA education sessions. Acknowledgement statements, observed posted information, brochures, and the interviews indicate that general PREA education is provided to residents. PREA information is accessible and posted in various areas at varying eye levels.

**Provision (d):**

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The education unit is has a resource for accessibility and accommodations, including equipment. The education staff provide support services through teachers with the educational background to modify/adapt information for all residents to understand.

Policies address the provision of support services for limited English proficient and disabled residents by the requirement of providing residents an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information.

PREA information is available in English and Spanish. Reporting information is posted within the facility, accessible to residents, staff and visitors. The staff and facility policy reveal a practice of residents not used as translators or readers for other residents. The facility has knowledge of the youth's arrival to the facility prior to the admission date. This time period

provides for the identified staff to make plans to accommodate the special needs of the youth admitted in the facility. The special arrangements are coordinated by treatment team staff in collaboration with the Facility Administrator and Assistant Facility Administrator.

Residents are asked about feelings of safety during informal encounters with staff and during formal treatment team meetings. PREA information is included in the Handbook and the information is posted. The PREA brochure, posted information and Handbook are accessible in languages other than English, as needed. The parent agency for the facility also has a Client Services Agreement with the Tennessee Language Center for professional translation services. The treatment staff has access, as needed, to a facility that provides services for the Deaf and hard of hearing. The services include professional sign language interpreting, standard and legal. The agency also provides video remote interpreting.

**Provision (e):**

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

**Provision (f):**

The interviews with the residents and observations confirmed PREA information is continuously and readily available and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment including steps victims may take and reporting information.

**Conclusion:**

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

115.334	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 727 356">Depart of Children's Services (DCS), Policy 18.8</p> <p data-bbox="242 383 815 412">DCS Policy 14.7, Child Protective Services Investigations</p> <p data-bbox="242 443 352 472"><b>Interview:</b></p> <p data-bbox="242 499 483 528">DCS PREA Investigator</p> <p data-bbox="242 560 483 589"><b>Provisions (a) and (b):</b></p> <p data-bbox="242 647 1485 875">Administrative investigations are conducted by the DCS, Special Investigations Unit. Regular PREA training is required in addition to the specialized training regarding conducting administrative investigations. Allegations that are criminal in nature are referred for investigation by local law enforcement. The interview with the DCS PREA Investigator and follow-up conversation with her supervisor, and review of agency documents confirmed administrative investigations are conducted by the trained DCS PREA Investigator. According to the Investigator, the specialized training includes but is not limited to interviewing techniques; proper use of Garrity and Miranda warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded.</p> <p data-bbox="242 907 389 936"><b>Provision (c):</b></p> <p data-bbox="242 994 1490 1090">Training records of the DCS PREA Investigator are maintained by the contract agency, DCS. Allegations of sexual abuse are referred to law enforcement for criminal investigations. All allegations of sexual abuse and sexual harassment are reported to DCS. Regular PREA training and specialized training courses for the investigators are provided through DCS.</p> <p data-bbox="242 1122 389 1151"><b>Provision (d):</b></p> <p data-bbox="242 1209 1477 1305">The DCS provides training to its investigators who will conduct administrative investigations at the contract facilities which was confirmed by interviews. Local law enforcement is responsible for training their investigators who conduct sexual abuse investigations that are criminal in nature.</p> <p data-bbox="242 1337 373 1366"><b>Conclusion:</b></p> <p data-bbox="242 1393 1422 1453">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy 5-06, PREA</p> <p>Training Curricula</p> <p>Training Certificates</p> <p><b>Interviews:</b></p> <p>Clinical Director</p> <p>Health Services Administrator</p> <p><b>Provision (a):</b></p> <p>Medical and mental health staff members are required by facility policy to receive the regular PREA training as well as the specialized training. The training is documented by certificates, training sheets and interviews. The training includes the required elements of the standard.</p> <p><b>Provision (b):</b></p> <p>Forensic examinations are not conducted by facility staff.</p> <p><b>Provision (c):</b></p> <p>The training records and interviews with medical and mental health staff confirm receipt of the regular and specialized training. The specialized training is provided through various modules that include the requirements of the standard. Regular and refresher PREA trainings may be provided online, in-person, and through sessions incorporated in staff meetings.</p> <p><b>Provision (d):</b></p> <p>Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided in accordance with policy and verified by documentation and the interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="240 327 432 353">Policy 5-06, PREA</p> <p data-bbox="240 383 485 409">PREA Risk Assessment</p> <p data-bbox="240 439 1305 465">Assessment, Checklist and Protocol for Behavior and Risk of Victimization in a Youth Development Center</p> <p data-bbox="240 495 512 521">Safe Housing Assessment</p> <p data-bbox="240 551 512 577">PREA Education Materials</p> <p data-bbox="240 607 616 633">Youth Acknowledgement Statements</p> <p data-bbox="240 663 360 689"><b>Interviews:</b></p> <p data-bbox="240 719 903 745">YOI State Director of Juvenile Justice Services/PREA Coordinator</p> <p data-bbox="240 775 743 801">Facility Administrator/PREA Compliance Manager</p> <p data-bbox="240 831 488 857">Therapist/Risk Screener</p> <p data-bbox="240 931 392 958"><b>Provision (a):</b></p> <p data-bbox="240 1021 1477 1182">Policy provides for each resident to be screened for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident. The interviews and practice indicate the risk assessment is generally completed on the day of admission and/or within 24 hours. The Therapist revealed that the youth is asked questions and probing is used as needed. The youth is not rushed during the interview to obtain information about personal history and behavior. Additional information is gleaned from court records and any other facilities.</p> <p data-bbox="240 1211 1461 1339">The primary PREA intake screening instrument, PREA Risk Assessment, is used to document the risk of victimization and abusiveness. The interviews revealed the practice of the risk screening being conducted in accordance with the policy and standard. Review of the screening instrument and interviews with the Therapist and residents confirm the information obtained includes but is not limited to:</p> <ul data-bbox="240 1368 722 1798" style="list-style-type: none"> <li data-bbox="240 1368 711 1395">· Prior sexual victimization or abusiveness</li> <li data-bbox="240 1424 722 1451">· Resident’s own perception of vulnerability</li> <li data-bbox="240 1480 667 1507">· Current charges and offense history</li> <li data-bbox="240 1536 592 1563">· Self-identification of resident</li> <li data-bbox="240 1592 703 1619">· Intellectual or developmental disabilities</li> <li data-bbox="240 1648 504 1675">· Physical disabilities</li> <li data-bbox="240 1704 627 1731">· Confirmation of size and stature</li> <li data-bbox="240 1760 507 1787">· Confirmation of Age</li> </ul> <p data-bbox="240 1827 1477 1989">Policy addresses the occurrence and criteria regarding formal reassessments of residents. The interview with the Therapist supports reassessments are conducted in treatment team meetings. Policy provides for a Safe Housing Assessment to be conducted every 90 days or within two days of an occurrence that required a housing change. It is reported that the number of youths admitted to the facility within the past 12 months who were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents prior to the onsite audit phase is 139.</p> <p data-bbox="240 2018 1477 2078">The risk assessments are accessible to the clinical team. The resident files were observed to be maintained in a confidential manner in lockable offices within a key control system with limited access. Information on computers is password protected.</p> <p data-bbox="240 2107 392 2134"><b>Provision (b):</b></p>



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

**Provision (c):**

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

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

**Provision (d):**

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

**Provision (e):**

Staff takes appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner, behind locked doors with limited access through key control. The online information on computers is password protected and is only accessible to identified staff. The Therapist and Facility Administrator addressed the management of sensitive information and the limited and guarded access by treatment and management staff. Pertinent information is provided to other staff based on their need to know. Policy and staff training include information regarding confidentiality of information concerning residents.

**Conclusion:**

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

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 486 297"><b>Documents Reviewed:</b></p> <p data-bbox="244 327 432 353">Policy 5-06, PREA</p> <p data-bbox="244 383 600 409">Policy 5-20, Controlled Observation</p> <p data-bbox="244 439 486 465">PREA Risk Assessment</p> <p data-bbox="244 495 512 521">Safe Housing Assessment</p> <p data-bbox="244 551 360 577"><b>Interviews:</b></p> <p data-bbox="244 607 432 633">PREA Coordinator</p> <p data-bbox="244 663 528 689">PREA Compliance Manager</p> <p data-bbox="244 719 387 745">Risk Screener</p> <p data-bbox="244 775 323 801">Medical</p> <p data-bbox="244 831 384 857">Mental Health</p> <p data-bbox="244 887 384 913">Random Staff</p> <p data-bbox="244 987 392 1014"><b>Provision (a):</b></p> <p data-bbox="244 1077 1461 1211">Policy 5-06 provides guidance to staff regarding the use of the information obtained from the risk assessment screening instrument. The interviews indicate the screening and assessment information and observations are used to inform staff of information based on the need to know. The PREA Risk Assessment and Safe Housing Assessment help inform staff regarding housing and program assignments, and assist in identifying treatment and any special services for residents.</p> <p data-bbox="244 1234 392 1261"><b>Provision (b):</b></p> <p data-bbox="244 1323 1485 1458">Isolation is not used in this facility and interviews, policy 5-20 and observations support this premise. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents; notifying other staff, including treatment staff and administrators; implementing closer supervision measures; and transfer the resident to another facility.</p> <p data-bbox="244 1480 392 1507"><b>Provision (c):</b></p> <p data-bbox="244 1570 1485 1738">Lesbian, gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status, in accordance with policy. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed or identified to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by policy, interviews and practice.</p> <p data-bbox="244 1760 392 1787"><b>Provision (d):</b></p> <p data-bbox="244 1850 1493 2051">Policy and practice support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews and observations. Policy prohibits placing such youth in specific housing or making other assignments solely based on how the residents identify or their status. Housing and program assignments are decided on a case-by-case basis considering whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staff's awareness and the importance of their efforts in keeping transgender and intersex youth safe.</p> <p data-bbox="244 2074 392 2101"><b>Provision (e):</b></p>

Policy provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. There were no transgender or intersex residents identified in the facility during the comprehensive site review.

**Provision (f):**

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

**Provision (g):**

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

**Provision (h):**

The practice is that isolation is not used in this facility. The interviews, policy 5-20, and observations during the site review confirm that isolation is not used in this facility.

**Provision (i):**

Isolation is not used in this facility.

**Conclusion:**

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

115.351

**Resident reporting**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

Policy 3.03, Abuse and Neglect Reporting

Policy 3.04, Grievance Procedure

Youth and Parent Program Handbook

**Interviews:**

Residents

Random Staff

Facility Administrator/PREA Compliance Manager

**Provision (a):**

The Policies provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour DCS child abuse reporting hotline.

Telephones posted in the living units and in offices are accessible to residents for reporting allegations of sexual abuse and sexual harassment. Policy requires that staff members are required to make the use of a telephone accessible for residents to report allegations of sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents; or to request advocacy services.

Policy, posters, brochures, and the Youth and Parent Program Handbook collectively provide telephone numbers and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing a Grievance Form or Can We Talk Form, or use the Tennessee DCS abuse reporting hotline regarding allegations of sexual abuse or sexual harassment.

The residents interviewed could identify someone who did not work at the facility they would report to about sexual abuse or sexual harassment if needed. The random staff and resident interviews collectively revealed residents may use the telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in the Handbook and through brochures, other printed information, and posted information. The posted information is clear and at varying eye levels.

Corrective Actions were implemented during the comprehensive onsite review that included labeling the locked boxes on the living units for the deposit of written complaints; and posting all forms on the wall at the boxes instead of away from the boxes in a folder or with staff, requiring the resident to request a form. A locked box on a living unit had been damaged recently according to staff; however, it was repaired the next day. Pictures of the implementation of the corrective actions were provided to the Auditor by the Vice President of Compliance and Implementation. Residents now have smoother access to Grievance, Can We Talk, and Sick Call Forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations.

Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with policy. Facility policy 3.04 informs staff to immediately activate the reporting requirements when an allegation of sexual abuse is placed on a grievance form or a written note is placed in the locked box. Staff is to immediately report the allegation to the supervisor, Facility Administrator or Administrator on-call. All grievances received alleging sexual abuse or sexual harassment are reported to DCS Child Protective Services (CPS) Central Intake, according to staff interviews. Writing utensils for completing complaint forms or notes are readily available to residents through staff.

The residents interviewed understood the process for using the Grievance and Can We Talk Forms to report allegations of sexual abuse and sexual harassment. A written PREA related allegation does not have to be given to staff and the resident

does not have to discuss the situation with staff involved. Grievances or other written allegations alleging sexual abuse will be handled directly by the facility administrators or designee and reported to DCS CPS Central Intake and law enforcement if criminal in nature.

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

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

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

**Provision (b):**

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

**Provision (c):**

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

**Provision (d):**

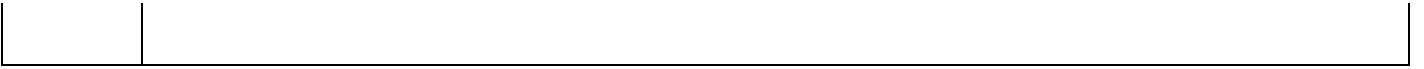
Observations during the site review and interviews revealed writing materials are available for residents to complete Grievance, Can We Talk and Sick Call Request forms or write notes. Each resident is provided a Handbook which contains information regarding reporting allegations and the residents are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

**Provision (e):**

The staff interviews collectively revealed staff can privately report allegations of sexual abuse and sexual harassment through the abuse reporting hotline; or report directly to supervisor, treatment staff, or an administrator.

**Conclusion:**

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



115.352	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="240 329 580 358">Policy 3.04, Grievance Procedure</p> <p data-bbox="240 387 352 416"><b>Interview:</b></p> <p data-bbox="240 445 453 474">Facility Administrator</p> <p data-bbox="240 535 389 564"><b>Provision (a):</b></p> <p data-bbox="240 624 1485 819">When an emergency grievance is received that contains an allegation of sexual abuse or sexual harassment, policy 3.04 provides that procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made to the Tennessee Department of Children's Services, Child Protective Services Central Intake. The grievance system does not include a process for the facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation will be conducted by the DCS PREA Investigator and/or law enforcement, if the allegation is criminal in nature..</p> <p data-bbox="240 851 389 880"><b>Provision (b):</b></p> <p data-bbox="240 940 1458 1099">There is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located in the common areas for residents to deposit Forms or notes if they choose. Policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1131 389 1160"><b>Provision (c):</b></p> <p data-bbox="240 1189 1474 1348">The grievance system does not include investigating allegations of sexual abuse and sexual harassment. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. The staff member involved in the complaint will not be involved in reporting the allegation stated on the Grievance Form. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, residents may put the completed Grievance Form in the locked box.</p> <p data-bbox="240 1379 1474 1509">The Tennessee abuse reporting hotline and the contact information is provided and the residents are informed that they will have unhindered access to a telephone. The locked boxes are located on the living units for depositing written complaints if the resident chooses to. The policy and Youth and Parent Program Handbook explain the regular grievance system and contains information on how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1541 389 1570"><b>Provision (d):</b></p> <p data-bbox="240 1630 1493 1760">All Grievance Forms that contain an allegation of sexual abuse or sexual harassment will be immediately given to the Facility Administrator, Assistant Facility Administrator, or the on-call administrator and referred for an investigation in accordance with the policy. The purpose of the submission of a PREA related complaint on a Grievance Form provides residents and staff another avenue for ensuring the reporting of allegations and provides with the opportunity to protect the resident.</p> <p data-bbox="240 1792 389 1821"><b>Provision (e):</b></p> <p data-bbox="240 1881 1465 2040">When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The allegation on the Grievance Form is reported and an investigation will be conducted by the investigative entity as appropriate.</p> <p data-bbox="240 2072 389 2101"><b>Provision (f):</b></p>

If a Grievance Form alleging sexual abuse is received, it is reported by staff to the appropriate investigative entities. There is policy and practice for the development of a Safety Plan to address any safety issues of residents. There has not been a grievance submitted alleging sexual abuse during this audit period.

**Provision (g):**

Residents will not be punished for filing a complaint made in good faith, even if the allegation is unsubstantiated. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse. Once a Grievance Form alleging sexual abuse is received, the allegation is reported to the appropriate investigative entities for investigation.

**Conclusion:**

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



115.353

**Resident access to outside confidential support services and legal representation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

Memorandum of Understanding (MOU), Sexual Assault Center of Middle Tennessee

Youth and Parent Program Handbook

PREA Education Materials

Acknowledgement Statements

Posted Information

**Interviews:**

Residents

Facility Administrator

Representative, Sexual Assault Center of Middle Tennessee

**Provision (a):**

General information for advocacy services is a part of the PREA education sessions with the residents. Interviews revealed that residents are generally familiar with the victim advocacy agency. There is a written agreement between the facility and its parent agency with the Sexual Assault Center of Middle Tennessee which provides clinical, advocacy and community education services. The provision of services was confirmed by the Center's representative in a telephone interview with the Auditor. Services may be requested by the resident, staff or law enforcement.

Residents are provided contact information for the advocacy agency and information is provided during PREA education sessions. The advocacy services include but are not limited to 24-hour hotline services, emotional support, referrals, staff training, access to forensic medical examinations, and referrals. The interval with the advocacy agency's representative revealed that accompaniment services will be provided for the investigation interview and forensic medical examination upon request. Residents also have access to posted contact information for additional help services agencies.

**Provision (b):**

The MOU, facility policy, staff training, facility staff interviews and the PREA education sessions provide that there will be adherence to confidentiality measures. Residents learn about staff being mandated reporters and the limitations of confidentiality through the intake and screening processes.

**Provision (c):**

The interviews document the provision of advocacy services including but not limited to emotional support; accompaniment for the forensic medical examination and investigation interview; access to emotional support; and referrals. A MOU exists with the Sexual Assault Center of Middle Tennessee. A review of the document and interview with the Center's representative confirm the accessibility of advocacy services. Facility policy, and staff training support confidentiality regarding victims of sexual abuse.

**Provision (d):**

The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews and the Youth and Parent Program Handbook. Residents have been provided the opportunity to video chat with parents or guardians and with attorneys and court workers as needed.

All residents interviewed confirmed communication opportunities occur. The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to attorneys and court representatives as requested and as needed. He also confirmed reasonable access to parents/legal guardians and the private areas and general visitation area were observed during the comprehensible site review.

**Conclusion:**

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

115.354	<b>Third-party reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 329 432 358">Policy 5-06, PREA</p> <p data-bbox="242 387 624 416">Youth and Parent Program Handbook</p> <p data-bbox="242 445 437 474">Agencies Websites</p> <p data-bbox="242 504 363 533"><b>Interviews:</b></p> <p data-bbox="242 562 384 591">Random Staff</p> <p data-bbox="242 620 347 649">Residents</p> <p data-bbox="242 678 453 707">Facility Administrator</p> <p data-bbox="242 736 459 766"><b>Standard Provision:</b></p> <p data-bbox="242 824 1481 981">Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported as required. Staff members are to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline and tell a supervisor and/or administrator.</p> <p data-bbox="242 1014 1481 1205">Both agency websites contain the information needed for third-parties to report allegations of sexual abuse and sexual harassment. The Tennessee Department of Children's Services website provides a hotline number for a direct report, which was tested by the Auditor, and a prompt to make a report online for a non-emergency. It also contains informational posters containing reporting information and the posters are in both English and Spanish. The Youth Opportunity website contains the PREA policy which contains the information regarding third-party reporting. The Youth and Parent Program Handbook is disseminated and contains information for third-party reporting.</p> <p data-bbox="242 1238 1489 1395">Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. All residents interviewed indicated knowing someone who did not work at the facility they have contact with and could report allegations of sexual abuse and sexual harassment to, if needed. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. No third-party reports were received during this audit period.</p> <p data-bbox="242 1429 376 1458"><b>Conclusion:</b></p> <p data-bbox="242 1487 1406 1547">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.</p>

115.361	<b>Staff and agency reporting duties</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**Documents Reviewed:**

Policy 5-06, PREA

Department of Children's Services (DCS) PREA Policy, 18.8

**Interviews:**

Facility Administrator

Health Services Administrator

Clinical Director

Random Staff

**Provision (a) and (b):**

The policies support that all staff shall report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Staff members are deemed as mandated reporters by the State. A trained DCS PREA Investigator conducts administrative investigations and allegations that are criminal in nature are investigated by trained law enforcement investigators. The facility and agency policies provide guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder.

**Provision (c):**

Policies collectively address confidentiality of information and the conditions for providing information. Once allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary for the investigation and treatment and management decisions.

**Provision (d):**

The clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State requirements. The notification is documented in secondary materials.

**Provision (e):**

Reports of allegations are made as soon as possible to the investigative entities as required, and parents/legal guardians. Policy and interview with the Facility Administrator confirmed that a resident's caseworker rather than a parent would be notified where indicated by the resident being under the guardianship of DCS.

The resident's attorney would be notified of an allegation of sexual abuse within 14 days, where applicable and accordance with policy. Timelines and directions to staff for reporting allegations are provided in policy. There were no allegations of sexual abuse or sexual harassment during this audit period.

**Provision (f):**

Policy and interviews provide for all allegations to be reported to the DCS Child Protective Services Special Investigations Unit. Administrative investigations are conducted by the DCS PREA Investigator. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews. The interviews confirmed all allegations are reported to DCS Child Protective Services, and to law enforcement when the allegation is criminal in nature.

**Conclusion:**

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

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Policy 5-06, PREA</p> <p>Risk Screening Instruments</p> <p>Safe Housing Assessments</p> <p>Help Request Forms (Grievance, Sick Call Request, and Can We Talk)</p> <p><b>Interviews:</b></p> <p>Facility Administrator</p> <p>Youth Opportunity Investments (YOI) Agency Head Designee</p> <p>Random Staff</p> <p><b>Provision (a):</b></p> <p>The staff is required to protect the residents through implementing protective measures. Administration of the risk screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments provide information which offer supporting information in determining the risk level of each resident. The interviews revealed protective measures include but are not limited to separating youth; one-on-one supervision; transferring youth to another facility; and contacting administrators, supervisors and other staff.</p> <p>The help request forms are displayed for residents to complete to gain assistance. The facility environment encourages residents to complete a help request form, talk to a trusted staff member, talk to a parent/guardian or other approved outside contact, or make a report using the abuse reporting hotline regarding allegations of sexual abuse and sexual harassment.</p> <p>The expectation is that any action to protect a resident would be taken immediately as deemed from interviews. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the primary sexual safety instrument.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>

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

115.364	<b>Staff first responder duties</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 486 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 430 356">Policy 5-06, PREA</p> <p data-bbox="242 383 965 412">Department of Children's Services (DCS) PREA Policy 18.8 Supplement</p> <p data-bbox="242 439 526 468">Coordinated Response Plan</p> <p data-bbox="242 501 359 530"><b>Interviews:</b></p> <p data-bbox="242 557 383 586">Random Staff</p> <p data-bbox="242 613 454 642">Facility Administrator</p> <p data-bbox="242 703 391 732"><b>Provision (a):</b></p> <p data-bbox="242 763 1460 860">The interviews and review of the written Coordinated Response support the familiarity with appropriate intervention. Policy and training provide that upon learning of an allegation that a resident was sexually abused, the staff response would basically include but not be limited to the following:</p> <ol data-bbox="242 887 1492 1223" style="list-style-type: none"> <li data-bbox="242 887 678 916">(1) Separate the alleged victim and abuser;</li> <li data-bbox="242 943 1260 972">(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li data-bbox="242 999 1492 1097">(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</li> <li data-bbox="242 1124 1460 1223">(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.</li> </ol> <p data-bbox="242 1249 1332 1279">The interviews support the familiarity with appropriate intervention based on the Coordinated Response Plan.</p> <p data-bbox="242 1305 391 1335"><b>Provision (b):</b></p> <p data-bbox="242 1397 1492 1494">The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no allegations or incidents where any staff member had to act as a first responder in the last 12 months.</p> <p data-bbox="242 1525 375 1554"><b>Conclusion:</b></p> <p data-bbox="242 1581 1492 1641">Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>



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

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

**115.367 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

- Policy 5-06, PREA
- PREA: Post Incident Monitoring and Review Training Guide
- Training Acknowledgement Statements
- Retaliation Monitoring Form

**Interviews:**

- Unit Manager/Retaliation Monitor
- Facility Administrator
- YOI Agency Head Designee

**Provision (a):**

Policy supports protecting residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The Unit Manager is responsible for conducting/ensuring retaliation monitoring occurs. The Unit Manager is familiar with the role of retaliation monitor and its purpose. The retaliation monitoring activities are documented on the PREA Retaliation Monitoring Form.

Training has been conducted with staff regarding the duties required for retaliation monitoring and documented on the training Acknowledgement Form. During the onsite audit phase, there were no residents in the facility that reported an allegation of sexual abuse or sexual harassment.

**Provision (b):**

Protective measures were generally identified during the interviews and are aligned with policy. Implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; removing alleged staff or resident; closer monitoring; and change in shift assignments. The retaliation monitoring will be documented and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring. The interviews confirmed measures would be taken to detect and protect staff and residents from retaliation.

**Provision (c):**

Policy and interview with Unit Manager provides that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period could last longer, according to the Unit Manager. The interview with the Unit Manager identified items that would be monitored to assess retaliation and included interactions which may lead to housing and program changes to eliminate interaction as needed. The Retaliation Monitoring form requires the monitor's assessment to include checking for verbal and non-verbal threats and other considerations for unfair treatment.

**Provision (d):**

Policy and the interview with the Unit Manager indicate that status checks will occur as a part of retaliation monitoring. The interview revealed that initial and follow-up contact is made.

**Provision (e):**

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

**Provision (f):**

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

**Conclusion:**

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

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p><b>Interviews:</b></p> <p><b>Provision (a):</b></p> <p>Segregated housing is not used in the facility to protect residents who alleged to have suffered sexual abuse. The interviews are aligned with this premise. No segregated area was observed or identified during the comprehensive onsite review.</p> <p><b>Conclusion:</b></p> <p>Based upon the triangulation of the evidence, the auditor determined the facility is compliant with the standard.</p>

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Facility Policy 5-06, PREA

Tennessee Department of Children's Services (DCS) PREA Policy, 18.8

DCS Supplemental Policy 18.8

DCS Policy 14.5, Special Investigations Unit Child Protective Services Investigations

**Interview:**

DCS PREA Investigator

**Provision (a):**

The administrative investigations are conducted by the PREA Investigator with the DCS; investigations are not conducted by facility staff. The facility is a under contract to provide services for DCS. Based on policies and interviews, trained investigators conduct administrative investigations as prescribed by policy. Allegations that are criminal in nature are referred to local law enforcement. The interview with the Investigator indicated that investigations are conducted thoroughly and objectively. Investigator training is provided through DCS.

Based on the review of documentation and information received, all allegations of a sexual nature are reported to DCS and are investigated as sexual abuse or sexual harassment. It is recommended that an appropriate staff member from each agency meet to review the PREA definitions and State law related to allegations to determine behavior that may or may not rise to the level of a PREA related allegation. It is also recommended that the discussion include a process review and any need for criteria for identifying an allegation or behaviors, before or after the investigation, as a facility rule violation rather than sexual abuse or sexual harassment.

**Provision (b) and (c):**

According to the interview, the DCS PREA Investigator will gather and review information such as electronic monitoring data; witness statements; interviews; and incident reports for the administrative investigation. Law enforcement personnel are responsible for collecting physical and DNA evidence.

The facility staff is trained on how to assist in preserving general evidence. The DCS Investigator indicated training in evidence collection in a confinement setting. The supervisor also related that investigator training is provided to the agency investigators. The PREA Investigator is familiar with the guidelines governing PREA related investigations.

**Provision (d):**

The interview confirms the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment.

**Provision (e):**

The PREA Investigator does not conduct compelled interviews.

**Provision (f):**

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff.

**Provisions (g) and (h):**

The interview supports that PREA investigations include an effort to determine whether staff actions or failures to act contributed to any abuse. Investigations are completed with written reports and the facilities now receive written outcome summaries as a result of a meeting held prior to the onsite audit phase with the DCS statewide PREA Coordinator and the Youth Opportunity Investments' (YOI) Tennessee Vice President of Compliance and Implementation.

**Provision (i):**

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

**Provision (j):**

The written investigative reports are maintained in accordance with DCS agency policy.

**Provision (k):**

The interview revealed that upon the start of an investigation, it will continued to be carried out. The investigator will get with human resources and other relevant parties, if needed, to determine location of the person involved. Good faith efforts/attempts will be made by the Investigator to make contact with the person involved in the case, in accordance with DCS policy.

**Provision (l):**

The investigative agencies are aware of the PREA standards requirements through information sharing, training and subsequent interactions. The DCS statewide PREA Coordinator manages the special investigations unit.

**Provision (m):**

The facility policy and interviews indicate that staff cooperate with investigations. Staff members of YOI and DCS had a documented meeting prior to the onsite audit phase to discuss and confirm the efforts to improve the process of the YOI facilities being regularly kept informed of the progress, conclusion, and findings resulting from an investigation. Communication will be maintained with local law enforcement as needed regarding criminal investigations.

**Conclusion:**

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

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Interview:</b></p> <p>DCS PREA Investigator</p> <p><b>Provision (a):</b></p> <p>The agency imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.</p> <p><b>Conclusion:</b></p> <p>The Auditor determined there is compliance with this standard.</p>



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

DCS PREA Policy, 18.8

Outcome Summary

Juvenile Notification of Investigation Outcome

**Interviews:**

Facility Administrator

DCS PREA Investigator

**Provision (a):**

It is required that the resident be informed when a sexual abuse investigation is completed and the outcome of the investigation provided in writing. The results of such investigations are documented on a dedicated form and provided to the resident, in accordance with facility policy. The interview revealed awareness of the requirement and that this function is done by facility staff.

**Provision (b):**

The Facility Administrator receives an Outcome Summary of the investigation. A meeting was held during the prior to the onsite audit phase between DCS and YOI staff to improve the receipt and quality of information received after the completion of a PREA related investigation. The Facility Administrator and/or his supervisor will remain abreast of investigations conducted by law enforcement. The results of investigations are provided by facility staff.

**Provision (c):**

The interview with the Facility Administrator is aligned with the policy which provides that following a resident's allegation of sexual abuse by a staff member, the resident will be informed of the following:

- (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.

The dedicated form, Juvenile Notification of Investigation Outcome, is used to relay and document the aforementioned information to a resident.

**Provision (d):**

Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed 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.

The Facility Administrator is familiar with the requirements of the policy and the provisions of the standard.

**Provision (e):**

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

**Provision (f):**

The policy supports that the agency's obligation to report under this standard terminates if the resident is released from the agency's custody. All notifications or attempted notifications will be documented.

**Conclusion:**

The interviews and review of policy and other documentation provide for compliance of this standard.

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 356">Policy 5-06, PREA</p> <p data-bbox="242 385 858 414">Policy 3.13, Standards of Conduct and Grounds for Dismissal</p> <p data-bbox="242 443 456 472">Employee Handbook</p> <p data-bbox="242 501 352 530"><b>Interview:</b></p> <p data-bbox="242 560 456 589">Facility Administrator</p> <p data-bbox="242 618 389 647"><b>Provision (a):</b></p> <p data-bbox="242 705 1458 801">The policies, Employee Handbook and interview support that staff are subject to disciplinary sanctions up to and including termination for violations regarding sexual abuse and sexual harassment. No employees were involved in violating such policies during the past 12 months.</p> <p data-bbox="242 831 389 860"><b>Provision (b):</b></p> <p data-bbox="242 889 1490 949">Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. There was no staff member that violated policy regarding sexual abuse or sexual harassment during this audit period.</p> <p data-bbox="242 978 389 1008"><b>Provision (c):</b></p> <p data-bbox="242 1037 1426 1133">Disciplinary sanctions for staff regarding violations, other than actually engaging in sexual abuse, will be subject to termination or other measures appropriate to the circumstance of the incident, staff's disciplinary history, and sanctions imposed for comparable behavior by other staff if permitted to return to work.</p> <p data-bbox="242 1162 389 1191"><b>Provision (d):</b></p> <p data-bbox="242 1249 1490 1382">Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies, where applicable. Notification to a licensing body will occur where indicated.</p> <p data-bbox="242 1411 376 1440"><b>Conclusion:</b></p> <p data-bbox="242 1469 1490 1498">Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

Youth and Parent Program Handbook

**Interviews:**

Facility Administrator

Health Services Administrator

Clinical Director

**Provision (a):**

An administrative process exists for dealing with violations and holding residents accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to a formal administrative process. The consequences will be administered through the administrative system, encompassing the behavior management system, including the resident not being allowed to advance to the next level of the program.

Allegations of sexual abuse are referred for an investigation to the Tennessee Department of Children's Services (DCS), Special Investigations Unit. Investigations that are criminal in nature are conducted by local law enforcement and may result in charges being filed and the resident being removed from the facility. Sexual activity between residents is prohibited and such activity is reported to DCS.

**Provision (b):**

Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents. The interview with the Facility Administrator and review of policy support consideration of mental disabilities or mental illness contributing to the behavior. Isolation is not used as a disciplinary sanction.

PREA related violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Administrative investigations are investigated by the DCS PREA Investigator and referred to law enforcement if the allegation is criminal in nature.

**Provision (c):**

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. The interviews with the Facility Administrator and Clinical Director are aligned with this provision.

**Provision (d):**

Consideration would be given regarding offering a perpetrator intervention services that are designed to address and correct underlying reasons or motivations for abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education. Staff members within the mental health unit are equipped to develop treatment planning and interventions to address underlying reasons or motivations for abuse with alleged victims and offending residents.

**Provision (e):**

Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This situation has not occurred in the past 12 months.

**Provision (f):**

Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting or an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**Provision (g):**

Policy prohibits any sexual conduct between residents. All such conduct is reported to DCS and subject to disciplinary action as a rule violation.

**Conclusion:**

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

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 356">Policy 5-06, PREA</p> <p data-bbox="242 383 948 412">Assessment, Checklist and Protocol for Behavior for Victimization Tool</p> <p data-bbox="242 439 560 468">Safe Housing Assessment Tool</p> <p data-bbox="242 495 405 524">YOI Safety Plan</p> <p data-bbox="242 551 363 580">Case Notes</p> <p data-bbox="242 607 363 636"><b>Interviews:</b></p> <p data-bbox="242 663 544 692">Health Services Administrator</p> <p data-bbox="242 719 405 748">Clinical Director</p> <p data-bbox="242 775 453 804">Facility Administrator</p> <p data-bbox="242 831 485 860"><b>Provisions (a) and (b):</b></p> <p data-bbox="242 898 1490 1028">Policies and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed that the issues are identified and addressed. The practice is residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process and follow-up is provided immediately.</p> <p data-bbox="242 1055 389 1084"><b>Provision (c):</b></p> <p data-bbox="242 1144 1474 1308">Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the onsite review, the files were observed to be maintained in a secure manner in locked offices within a key control system and limited access; information maintained electronically is password protected.</p> <p data-bbox="242 1335 389 1364"><b>Provision (d):</b></p> <p data-bbox="242 1424 1469 1525">Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. The informed consent will be documented in the Nurse's or case notes. The interviews and policy are aligned.</p> <p data-bbox="242 1552 376 1581"><b>Conclusion:</b></p> <p data-bbox="242 1608 1422 1671">Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>

**115.382 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

- Policy 5-06, PREA
- Initial Mental Health Crisis Assessment Tool
- YOI Safety Plan
- Coordinated Response
- Safe Housing Assessment
- Memorandum of Understanding (MOU)

**Interviews:**

- Clinical Director
- Health Services Administrator

**Provision (a):**

The interviews, policy and forms support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with policy including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services and meet with those practitioners and are provided services during the intake process and throughout their stay in the facility.

An alleged victim will get services within the facility as well as timely services in the community. An alleged victim will have access to a forensic medical examination through the Sexual Assault Center of Middle Tennessee by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner or other qualified medical practitioner. The examination will be performed at no cost to the victim, in accordance with the MOU. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of encounters with residents at the facility.

**Provision (b):**

Interviews and the Coordinated Response plan reveal residents have access to unimpeded access to emergency services. The policy provides guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. Additionally, a list of support agencies is posted with accompanying telephone numbers.

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

**Provision (c):**

Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim. The victim will receive timely access to sexually transmitted infection prophylaxis and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.

Follow-up services may be provided by the facility's medical and mental health staff members to provide support services coordinated by staff as needed after an incident of sexual abuse. The services may include but not limited to community referrals, follow-up tests, and trauma-focused therapy. The standard of care within the facility ensures the appropriate medical and mental health follow-up services as needed.

**Provision (d):**



The interviews and policy provide that treatment services be provided to the victim without financial cost to the victim regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident. The MOU is explicit about services being provided to the victim at no cost.

**Conclusion:**

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

**115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

Policy 5-06, PREA

**Interviews:**

Clinical Director

Health Services Administrator

Facility Administrator

**Provision (a):**

The policy and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. Follow-up services will be provided that include but are not limited to a crisis assessment; trauma-focused therapy; follow-up with physician; any follow-up testing services; and any community referrals. Health education sessions are conducted with the residents by nursing staff and includes issues around sexual abuse.

**Provision (b):**

Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to assessments; medical evaluations; follow-up with any community appointments; and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract and referral services. The Health Services Administrator will ensure the medical discharge orders are followed.

**Provision (c):**

Review of policies, interviews and observations during the comprehensive site review indicated medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interviews and observations during the site review emphasized the treatment services at the facility are consistent with the community level of care.

**Provision (d):**

Pregnancy tests will be offered and the resident will be immediately scheduled with an OB/GYN. There was no such case during the past 12 months.

**Provision (e):**

The resident will be immediately scheduled with an OB/GYN through the facility's medical unit. There was no such case during the past 12 months. The Health Services Administrator confirmed that victims will be given timely information and access to all lawful pregnancy-related services.

**Provision (f):**

The interviews and policies ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate as confirmed by the interviews.

**Provision (g):**

The policy, interviews, and MOU collectively provide that all treatment services will be provided at no cost to the victim and whether or not the victim names the abuser of cooperates with the investigation.

**Provision (h):**

A resident will get a crisis assessment immediately upon staff learning of resident-on-resident abuse history and offer

appropriate treatment or the youth will be transferred. Policy does provide for the mental health evaluation to be conducted within 60 days. Additionally, medical and mental health evaluations and treatment will be offered to resident victims of sexual abuse.

**Conclusion:**

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

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 297"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 353">Policy 5-06, PREA</p> <p data-bbox="242 385 440 412">Outcome Summary</p> <p data-bbox="242 441 617 468">PREA Sexual Abuse Incident Review</p> <p data-bbox="242 499 836 526">PREA: Post Incident Monitoring and Review Training Guide</p> <p data-bbox="242 555 627 582">Training Acknowledgement Statement</p> <p data-bbox="242 611 392 638">Letter of Intent</p> <p data-bbox="242 672 363 698"><b>Interviews:</b></p> <p data-bbox="242 728 777 754">Compliance Manager/Incident Review Team Member</p> <p data-bbox="242 784 453 810">Facility Administrator</p> <p data-bbox="242 840 850 866">Youth Opportunity Investments, LLC Agency Head Designee</p> <p data-bbox="242 934 389 960"><b>Provision (a):</b></p> <p data-bbox="242 1023 1489 1187">The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of policy and interviews confirmed incident reviews will be conducted at the conclusion of an investigation of an allegation of sexual abuse, unless determined to be unfounded. The interviews confirm this premise and the Facility Administrator serves as the facilitator as the review is done during the management team meetings.</p> <p data-bbox="242 1216 1474 1379">The incident review team meetings are combined with the regular management team meetings when a review is required. The meetings consist of management, treatment and supervisory staff members. A significant incident including a PREA incident, not determined unfounded, may be reviewed during the management team meetings. The facility has a recently developed dedicated form, as a result of a corrective action, for formally documenting the occurrence of the incident review. Staff have received training regarding conducting incident reviews.</p> <p data-bbox="242 1408 392 1435"><b>Provision (b):</b></p> <p data-bbox="242 1498 1493 1727">Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interviews and documentation confirm that the incident reviews have begun and will occur within the stated time period as needed. The interviews and documentation revealed the training for conducting incident reviews has occurred and there is knowledge of the purpose of the incident review process. Previously conducted incident reviews were conducted late due to a delay in the notification process in the notification of the outcome of the investigation. As part of the corrective action, a meeting was held prior to the onsite audit phase, and a letter of intent was provided by the DCS statewide PREA Coordinator confirming the improved process moving forward.</p> <p data-bbox="242 1756 389 1783"><b>Provision (c):</b></p> <p data-bbox="242 1845 1489 2074">Policy and interviews collectively identify members of the incident review team to include upper-level management, with input from line supervisors, investigator, and mental health and medical practitioners. Additionally, the YOI State Director of Juvenile Justice Services may participate in the incident review team meetings. The Facility Administrator facilitates the incident review team meetings as a part of the morning management meetings as needed. The implemented corrective actions of staff training, process improvement conference with the DCS statewide PREA Coordinator, and development of the dedicated form provides for the continuance of formal incident review team meetings with the investigative information needed.</p> <p data-bbox="242 2103 389 2130"><b>Provision (d):</b></p>

The incident review team, through the guidance of policy, training and the dedicated form, considers the following:

- (1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (4) Adequacy of staffing levels in the area during different shifts;
- (5) Whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Completion of the form serves as the prepared report of the committee's findings, including but not limited to the aforementioned items. The form provides for recommendations for improvement. The completed form is provided to the Facility Administrator/PREA Compliance Manager. The interviews and review of policy and the minutes from the incident review team meeting confirm the implementation of the corrective actions.

**Provision (e):**

Policy indicates the reasons for not following recommendations are documented. The interviews revealed familiarity with the policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A dedicated form for documenting the incident review process has been developed and provides for recommendations where indicated.

**Conclusion:**

Based on the review of policy and other documentation and interviews, the Auditor determined the facility is compliant with this standard.

115.387	<b>Data collection</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 488 300"><b>Documents Reviewed:</b></p> <p data-bbox="240 327 432 356">Policy 5-06, PREA</p> <p data-bbox="240 383 963 412">Tennessee Department of Children's Services (DCS) PREA Policy, 18.8</p> <p data-bbox="240 439 459 468">Incident Spreadsheet</p> <p data-bbox="240 495 392 524">Annual Report</p> <p data-bbox="240 555 363 584"><b>Interviews:</b></p> <p data-bbox="240 611 456 640">Facility Administrator</p> <p data-bbox="240 667 852 696">Youth Opportunity Investments, LLC Agency Head Designee</p> <p data-bbox="240 761 483 790"><b>Provisions (a) and (c):</b></p> <p data-bbox="240 817 1490 1048">The policies collectively provide for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. The facility's parent agency collects the data and completes an annual report with the compilation of data gleaned from the facilities in Tennessee. Both the facility and State agency policies contain a standardized set of definitions and provides support for the collection of accurate and uniform data. The facility maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization. A request has not been made by the Department of Justice for the data.</p> <p data-bbox="240 1077 392 1106"><b>Provision (b):</b></p> <p data-bbox="240 1167 1474 1263">The facility aggregates the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report for the facility which is supported by the reviewed data and policy.</p> <p data-bbox="240 1292 392 1321"><b>Provision (d):</b></p> <p data-bbox="240 1382 1497 1509">The data is collected and various types of data are identified and related documents regarding PREA information as applicable. Policy requires that statistical information is maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The data is collected and maintained for both Tennessee facilities; the data is aggregated and culminates into the annual report including both facilities.</p> <p data-bbox="240 1538 392 1568"><b>Provision (e):</b></p> <p data-bbox="240 1628 1458 1688">The Tennessee DCS collects and maintains data for state-run and contract facilities. The YOI collects and aggregates the data for each of the two facilities in Tennessee which culminates into the annual report.</p> <p data-bbox="240 1718 384 1747"><b>Provision (f):</b></p> <p data-bbox="240 1807 1453 1904">Upon request, the facility will complete all such data from the previous calendar year and submit it to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization. Thus far, a request has not been made.</p> <p data-bbox="240 1933 376 1962"><b>Conclusion:</b></p> <p data-bbox="240 1995 1461 2056">Based on the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.</p>

115.388	<b>Data review for corrective action</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 485 300"><b>Documents Reviewed:</b></p> <p data-bbox="242 327 432 356">Policy 5-06, PREA</p> <p data-bbox="242 383 389 412">Annual Report</p> <p data-bbox="242 439 363 468"><b>Interviews:</b></p> <p data-bbox="242 495 453 524">Facility Administrator</p> <p data-bbox="242 551 1230 580">Youth Opportunity Investments (YOI) State Director of Juvenile Justice Services/PREA Coordinator</p> <p data-bbox="242 607 1031 636">YOI Vice President of Compliance and Implementation/Agency Head Designee</p> <p data-bbox="242 703 389 732"><b>Provision (a):</b></p> <p data-bbox="242 759 1485 891">The YOI reviews the collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse abuse prevention, detection, and response policies, practices, and training. The annual report contains specific information for both Tennessee facilities and includes identifying problem areas and any corrective actions taken. The interviews support the review of data and its use to improve the agency's PREA efforts.</p> <p data-bbox="242 918 1449 1014">The interviews and review of documentation confirm the collection of PREA data and other related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as the individual facilities. The data is also primary to preparing the annual report.</p> <p data-bbox="242 1041 440 1070"><b>Provisions (b)-(d):</b></p> <p data-bbox="242 1133 1489 1265">The annual report has been prepared and includes data from both Tennessee facilities. The annual report is approved by the YOI agency head or designee. There are no personal identifiers in the report. The annual report contains PREA related data that represents two calendar years allowing for the comparison of data. The annual report for YOI is posted on the agency's website, accessible to the public.</p> <p data-bbox="242 1292 373 1321"><b>Conclusion:</b></p> <p data-bbox="242 1348 1468 1377">Based on the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.</p>

115.389	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <p>Policy 5-06, PREA</p> <p>Tennessee Department of Children's Services (DCS) Agency Policy 18.8</p> <p>DCS Records Retention Schedule</p> <p>Annual Report</p> <p><b>Interview:</b></p> <p>Facility Administrator</p> <p><b>Provisions (a)-(d):</b></p> <p>Policy 5-06 provides that data collected is securely stored and maintained for at least 10 years after the date of collection unless a state or federal law requires otherwise. The DCS Records Retention Schedule policy provides for permanent retention for the statewide automated Child Welfare Information System. Personal identifiers are removed from aggregated data before making the data publicly available.</p> <p>The annual report is available to the public through the facility's parent agency website. A review of the annual report verified there are no personal identifiers. All facility and agency records are securely stored behind locked doors with key control and limited controlled access. Electronic records are password protected and with limited staff access.</p> <p><b>Conclusion:</b></p> <p>Based on the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 398">The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor through the Online Audit System. The Auditor was provided additional information during the pre-audit, onsite and post audit phases as requested by the Auditor. Staff interviews were conducted by the Auditor virtually and onsite. Communication was maintained by the Auditor, Facility Administrator/PREA Compliance Manager and the Vice President of Compliance and Implementation.</p> <p data-bbox="244 427 1493 591">The site review was led by the Facility Administrator and other agency and facility staff members. All areas of the facility were included in the comprehensive site review. The areas containing posted information were observed, including the offices where virtual interviews were conducted. All interviews were conducted in private. The Facility Administrator, Assistant Facility Administrator and Vice President of Compliance and Implementation were cooperative in providing information and assisting in coordinating the interviews and the audit logistics.</p> <p data-bbox="244 620 1469 748">The observed PREA notices, during the site review, provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or staff.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Annual Report</p> <p><b>Interviews:</b></p> <p>Facility Administrator</p> <p><b>Provision (f):</b></p> <p>The facility and agency policies and additional documentation, observations and interviews with the Facility Administrator and other facility and YOI agency staff were reviewed regarding compliance with the standards and have been identified in this report. The interview with the Facility Administrator and communication with the Vice President of Compliance and Implementation indicate the assurance that this final report will be posted on the facility's agency website. The audit findings are based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest or barriers regarding the completion of this audit.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	<b>Supervision and monitoring</b>	
	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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: 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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes



<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
	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. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no



<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na



<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to 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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, 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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na