

PREA Facility Audit Report: Final

Name of Facility: Richard L. Bean Juvenile Service Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Shirley Turner	Date of Signature: 12/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	10/24/2023
End Date of On-Site Audit:	10/25/2023

FACILITY INFORMATION	
Facility name:	Richard L. Bean Juvenile Service Center
Facility physical address:	3321 Division Street, Knoxville, Tennessee - 37919
Facility mailing address:	

Primary Contact	
Name:	Richard L. Bean
Email Address:	richard.bean@knoxcounty.org
Telephone Number:	865-215-6500

Superintendent/Director/Administrator	
Name:	Richard L. Bean
Email Address:	richard.bean@knoxcounty.org
Telephone Number:	865-215-6500

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

Facility Characteristics	
Designed facility capacity:	120
Current population of facility:	32
Average daily population for the past 12 months:	20
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-17
Facility security levels/resident custody levels:	3
Number of staff currently employed at the	50

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Richard L. Bean Juvenile Service Center Board of Trustees
Governing authority or parent agency (if applicable):	
Physical Address:	400 Main Street West, Knoxville, Tennessee - 37902
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Kathy Wallace	Email Address:	kathy.wallace@knoxcounty.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-24
2. End date of the onsite portion of the audit:	2023-10-25

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:	Helen Ross McNabb Center/Sexual Assault Center of East Tennessee

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	6
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:	28
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:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>50</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Reviewed the Daily Detention Report, conferred with staff, and observed population.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; observed population.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Conferred with staff; resident interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, and ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no contract or volunteer services provided at the facility during the last 12 months.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	Sexual abuse investigations are conducted by two independent agencies, Tennessee Department of Children Services and/or law enforcement.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of sexual harassment during this audit period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no allegations of staff-on-youth sexual harassment during this audit period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Detainee Handbook</p> <p>Facility Organization Chart</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinators</p> <p>Random Staff</p> <p>Residents</p>

Provision (a):

The facility has written guidance, entitled PREA--Zero-Tolerance Policy which contains the facility's operational approach to the implementation of the PREA standards. The policy outlines the methods for complying with the requirements of the standards including, zero tolerance toward all forms of sexual abuse and sexual harassment. The pertinent PREA related definitions are contained in the policy along with the prohibited behaviors and sanctions for those who participate in such behaviors. The facility has identified two PREA Coordinators who demonstrated sufficient time and authority to coordinate and facilitate the facility's efforts and activities regarding compliance.

Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The Zero-Tolerance Policy includes but is not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical care, mental health services; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews and informal conversations with both PREA Coordinators confirmed their knowledge of the Zero-Tolerance Policy regarding sexual abuse and sexual harassment.

Provision (b):

The facility has two staff members identified as PREA Coordinators who work closely together in ensuring the implementation of the PREA Standards. Formal and informal conversations confirmed their facilitation and oversight, supported by the Superintendent, of the PREA compliance process. Both PREA Coordinators have direct contact with the Superintendent of the facility regarding PREA-related issues. Staff and resident interviews indicated the authority and adequate time spent by the staff in their roles as PREA Coordinators.

Provision (c):

The agency operates only one facility.

Conclusion:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>PREA Coordinators</p> <p>Provisions (a) and (b):</p> <p>The facility does not contract with other agencies for the confinement of it's residents.</p>
--	---

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Zero-Tolerance Policy</p> <p>Staffing Plan</p> <p>Annual Staffing Assessment</p> <p>Master Schedule</p> <p>Logbook Entries</p> <p>Supervisory Monitoring Logs/Unannounced PREA Rounds</p> <p>Provision (a):</p> <p>The PREA--Zero-Tolerance Policy provides for the implementation of the prescribed staffing plan with adequate staffing. Observations, interviews, and review of work schedules revealed that staffing requirements are maintained on each shift. The facility reports no deviations from the staffing plan in the past 12 months. The annual staffing plan assessment has been conducted. The assessment shows that the staffing plan addresses various areas including but not limited to: responsibilities; considerations for adequate staffing levels; data collection; supervision; and electronic monitoring. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews which outline staffing requirements.</p> <p>Provision (b):</p> <p>There is no evidence of deviations from the staffing plan and the interviews confirmed such. The Superintendent and PREA Coordinators are aware of the documentation required if deviations from the staffing plan occur.</p>

	<p>Provision (c):</p> <p>The facility’s staffing plan, internal controls and management ensures that the PREA staffing ratios of 1:8 are maintained during the waking hours and 1:16 during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. The number of staff increases as needed due to program activities, closer supervision indicated, or other relevant factors. Observations, interviews and review of documentation indicated the PREA staffing ratios are maintained.</p> <p>Provision (d):</p> <p>The annual staffing plan assessment is documented and includes a review of the prevailing staffing patterns; supervision and monitoring; electronic monitoring system; and occurrence of unannounced rounds. It is required that the assessment includes many factors aligned with the provision of the standard. The annual assessment documents the summarization of the review including the staffing plan, monitoring system; and the the occurrence of unannounced rounds.</p> <p>The primary camera system is located in the control room and is consistently monitored by the Control Room Operator (Correctional Officer). The interview with the Superintendent revealed he reviews of the work schedules periodically. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies.</p> <p>Provision (e):</p> <p>The unannounced rounds are conducted by the Supervisors for the maintenance of a safe environment. A review of the documentation and staff interviews confirmed the practice of visits being conducted. The logbooks and designated form, Supervisory Monitoring Log, are used to document the unannounced rounds. The dedicated form provides for the supervisor conducting the unannounced round to indicate whether staff alerted other staff of the visit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.</p>
--	--

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

PREA--Zero-Tolerance Policy

Training Roster

Training Sign-In Sheet

Search Request for Transgender and Intersex Youth

Interviews:

Random Staff

PREA Coordinator

Provisions (a), (b), (c):

The PREA--Zero-Tolerance Policy provides for cross-gender pat-down searches only in exigent circumstances. The staff interviewed revealed an understanding that the reason for a cross-gender search will be documented and conducted by intake staff. The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Body cavity searches will be conducted by trained medical personnel in the emergency room at the local hospital. There have been no cross gender pat-down, strip or body cavity searches of residents during this audit period. There was confusion regarding the answer provided on the PAQ. It was answered as zero for the number of cross-gender searches conducted due to the misunderstanding of the question. The Correctional Officers have received training in conducting cross-gender pat-down searches as indicated by training rosters and interviews. The staff consensus is that no cross-gender searches are conducted and it will have to be an emergency for a cross-gender pat-down search to occur. Interviews with residents confirm the practice of no cross-gender pat-down searches occurring.

Provision (d):

The shower and use of bathroom protocols were explained by the PREA Coordinator during the site review and by a Correctional Officer when asked informally. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by practice and interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. It was observed that residents have a reasonable amount of privacy during use of the bathroom due to the environmental structure; residents showering one at a time; and the positioning of staff.

The Auditor observed and experienced the practice of opposite gender staff announcing themselves when entering a living unit, in accordance with policy. The practice of opposite gender announcement was confirmed by the random staff interviews and the majority of resident interviews. The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations supported that viewing of the camera monitors does not occur when

	<p>residents are using the toilet. There are no cameras in the bathrooms. Hygiene practices are performed with the expectations of reasonable privacy for each resident.</p> <p>Provision (e):</p> <p>The Policy and staff interviews provide that staff not search a transgender or intersex resident to determine the resident’s genital status. Staff confirms that if a resident's genital status is unknown, it may be determined during conversations with the resident, reviewing medical records, or a medical examination conducted in private by a medical practitioner.</p> <p>Provision (f):</p> <p>Security staff has received a refresher on conducting resident searches as prescribed by the standard. Policy provides that a transgender or intersex youth shall be asked the gender of staff they prefer to perform their search or if it matters which gender performs the search. The Search Request for Transgender and Intersex Youth Form provides for the documentation of the search preference for the transgender or intersex youth</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Acknowledgement of Services</p> <p>PREA Posters and Pamphlets (English and Spanish)</p> <p>Resident Handbook (English and Spanish)</p> <p>PREA Videos (Spanish and American Sign Language)</p> <p>Posted Rules (English and Spanish)</p> <p>Interviews:</p>

	<p>Superintendent/Agency Head</p> <p>PREA Coordinators</p> <p>Random Staff</p> <p>Targeted Resident Interviews</p> <p>Provision (a):</p> <p>According to the PREA Zero-Tolerance Policy, written acknowledgement by the Superintendent/Agency Head, and staff interviews, assistance will be provided by the juvenile court and other county resources regarding support services for residents with disabilities and those who are limited English proficient. The PREA Policy states and staff interviews support that the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services would jeopardize a resident’s safety or an investigation and such cases must be documented. The staff, personnel records, and practice provide that the facility also has bilingual staff. Additionally, the facility has the PREA video in Spanish and American Sign Language.</p> <p>Provision (b):</p> <p>Policy states and staff support that appropriate provisions will be made as necessary for juveniles who are limited English proficient, have disabilities including those who are deaf, hard of hearing, blind, low vision, and other disabilities. There was one resident in the facility that spoke Spanish. Bilingual staff assisted the Auditor during the interview. The PREA Coordinator, Assistant Superintendent, intake staff, and bilingual staff member were in full mode in addressing the needs of the resident who eventually stayed for one night. There is a verbal and cooperative agreement between the facility and the juvenile court for services as needed for residents that are limited English proficient.</p> <p>Provision (c):</p> <p>The Policy and interviews provide that residents will not be used as interpreters except where safety may be comprised and the assistance must be documented. The staff interviews confirmed that residents have not been used as readers or to provide other assistance.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.</p>
--	---

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA--Zero-Tolerance Policy

Background Checklist and Results Summary/Internet Records Clearance Forms

Job Application

Interview:

Human Resources Staff

Provisions (a) and (f):

The Policy provides for annual background checks on all employees and a process that is aligned with the standard. The Policy provides for applicants and employees to be asked verbally or in writing regarding previous misconduct. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, initial background checks are conducted. The background checks include fingerprints; state and national screenings; and child abuse registries. The review of documentation and interview confirmed completion of initial background checks. Through the pre-employment process, applicants are asked to verify if they have been involved in any prior misconduct. 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.

Provision (b):

Policy supports 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 provides that inquiries are made during the pre-employment process regarding previous misconduct. Policy and the interview indicate the agency 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 the Tennessee Sexual Offender Registry and National Sex Offender Registry as confirmed during the interview and review of documentation. The prospective employee or contractor has to be cleared through the regular background check and the inquiries through the child abuse registry. Best efforts are made to identify information of incidents or allegations of sexual abuse by a prospective employee. A review of personnel documents and the interview confirm the facility considers any incidents of sexual abuse or sexual

	<p>harassment in determining whether to hire a person, promote, or contract for services. The facility has not employed any contractors during the past year.</p> <p>Provision (e):</p> <p>The Policy provides for five-year background checks however the five-year background checks were not up to date during this audit period which was confirmed during the onsite audit phase. A corrective action plan was implemented and the remaining five-year background checks were completed prior to the completion of the audit report. The completed background checks were forwarded to the Auditor by the PREA Coordinator.</p> <p>Provision (g):</p> <p>The omission of sexual misconduct information or providing false information is grounds for termination as indicated by Policy. The facility imposes upon employees the continuing affirmative duty to disclose any such misconduct.</p> <p>Provision (h):</p> <p>Policy provides that upon request from a potential institutional employer, information will be provided regarding substantiated allegations of sexual abuse or sexual harassment about a former employee, unless prohibited by law.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>
--	---

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview:</p> <p>Superintendent/Agency Head</p> <p>Provision (a):</p> <p>There was no substantial expansion to the facility since the last PREA audit.</p> <p>Provision (b):</p> <p>The monitoring system was updated in March 2020 prior to the last PREA audit.</p>

115.321	Evidence protocol and forensic medical examinations
----------------	--

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA-- Zero-Tolerance Policy

Memorandum of Understanding

Advocacy Agency Flyer

Interviews:

PREA Coordinator

Targeted Resident Interview

Provisions (a), (b), (f), (g):

Administrative investigations are conducted by the Tennessee Department of Children's Services (DCS), Child Protective Services. Local law enforcement and DCS work together in completing criminal investigations. Both agencies follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The investigative agencies are required to follow the requirements of this PREA Standard and the applicable provisions. The facility has no investigators on staff and is not responsible for conducting administrative or criminal investigations. The Department of Justice is not responsible for conducting any routine allegations of sexual abuse.

Provisions (c), (d), (e):

Victim advocacy services have been arranged through a Memorandum of Understanding (MOU) with the Sexual Assault Center of East Tennessee which is not a part of the criminal justice system. The confidential services include but are not limited to a forensic medical examination (13 years old and over) by a Sexual Assault Nurse Examiner; emotional support; accompaniment; advocacy; staff training; and community referrals. Forensic medical examinations and other services will be provided at no cost to the victim. A representative from the Sexual Assault Center of East Tennessee was interviewed by telephone and confirmed the availability of the provision of the aforementioned services, supported by the MOU and a flyer regarding services. There have been no forensic medical examinations conducted during this audit period. A resident under 13 years of age will be seen at the East Tennessee Children's Hospital.

Provision (h):

Victim advocacy services may be obtained through the Sexual Assault Center of East Tennessee by trained advocates and other staff.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Incident Report</p> <p>Interviews:</p> <p>PREA Coordinators</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The PREA--Zero-Tolerance Policy and staff interviews, ensure the Department of Children’s Services (DCS) will be called regarding all allegations of sexual abuse, sexual assault, sexual misconduct or sexual harassment. Local law enforcement may be contacted by DCS. Policy instructs the facility staff to cooperate with investigators. During this audit period, there were one allegation of sexual abuse and the completion of the investigation is pending.</p> <p>Provisions (b) and (c):</p> <p>Policy and reporting information are located in the Zero-Tolerance Policy and posted within the facility and accessible to the public. The policy, incident report, and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by trained DCS investigators. Allegations of sexual abuse and sexual harassment that are criminal in nature are referred to local law enforcement. An investigation of an allegation of sexual abuse is ongoing.</p> <p>Provision (d):</p> <p>The facility has a policy addressing the occurrence of investigations. Facility staff do not conduct administrative or criminal investigations. The investigative agencies' investigations are governed by the agencies' policies.</p> <p>Provision (e):</p> <p>The Department of Justice is not responsible for conducting administrative or</p>

	<p>criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
--	---

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Training Schedules</p> <p>Training Sign-In Sheets</p> <p>Acknowledgement Statements</p> <p>Interviews:</p> <p>Random Staff</p> <p>PREA Coordinator</p> <p>Provisions (a) and (c):</p> <p>The PREA training cumulatively covers the key areas referenced in the standard and verified through staff interviews. A review of the training documentation and the results of staff interviews confirm training occurs. Training is provided through the Tennessee Correction Academy, Tennessee Department of Correction.</p> <p>Provision (b):</p> <p>The facility houses males and females and the training considers the needs of the population served as indicated by the interviews. The Policy and interviews provide that general training and an annual refresher training occur.</p> <p>Provision (d):</p> <p>The PREA training reviewed was documented on dedicated sign-in training rosters, acknowledgement statements, and a training schedule. Training was also verified through staff interviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor</p>

	determined the facility is in compliance with the provisions of this standard.
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Provisions (a) through (c):</p> <p>Volunteer and contractor training is addressed by the Policy which states that volunteers and contractors who have contact with residents receive training and receipt of the training is documented. There are no volunteers or contractors providing services in the facility at this time.</p> <p>Conclusion:</p> <p>Based on the information provided, the Auditor determined the facility is compliant with this standard.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Posted PREA Information</p> <p>Posted Facility Rules</p> <p>Detainee Handbook</p> <p>Acknowledgement Statements</p>

PREA Video Signature Sheets

Brochures

Interviews:

Intake Staff

Residents, Including Targeted Interviews

Random Staff

Provisions (a) and (b):

The PREA Zero-Tolerance Policy requires that residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse, sexual assault, sexual misconduct, or sexual harassment during the intake process. The residents are also informed of their right to be free from retaliation if they report sexual abuse or cooperate with an investigation. A more comprehensive education session is provided within 10 days of admission and includes a PREA education video that is age appropriate.

According to the intake staff, residents may ask questions during any PREA education session and may ask staff questions later and in private if they desire. The discussion and the materials used include but are not limited to the facility's zero-tolerance policy the hotline numbers for reporting abuse and/or requesting advocacy services. Informative posters and other information are visible to the residents and the hotline numbers are included in the posted information and in the resident handbook.

Staff and resident interviews and a review of documentation confirmed that the residents receive the initial PREA information during the intake process and a more comprehensive education session is conducted within 10 days of intake. Support services for residents who may be limited English proficient, deaf, visually impaired, or otherwise disabled will be provided through Knox County Schools and other County agencies. The facility also has a PREA video in American Sign Language and a resident handbook in Spanish. The facility rules are also posted in Spanish.

The residents sign acknowledgement statements indicating receipt of verbal and written PREA information occurred within 48 hours after arrival to the facility. The PREA education video is reviewed with residents every Tuesday as revealed by the intake staff and a review of signed and dated PREA Video Detainee Signature Sheets. The interviews with the residents revealed their understanding of the information covered in the PREA education sessions.

Provision (c):

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), including interviews, and facility reporting, residents receive PREA education. The facility reports that all youth admitted to the facility during the

past 12 months participated in PREA education sessions. Acknowledgement statements, signature sheets, observed posted information, interviews and other documentation indicate that PREA education is provided to residents.

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 staff provide support services through certified teachers with the educational background to modify/adapt information for all residents to understand.

Education staff, juvenile court and other county agencies are resources for accessibility and accommodations for services to residents. The teachers, medical staff, bilingual staff, and mental health staff and translator from the juvenile court, may assist in PREA education to residents as needed. The facility also has the PREA education video in American Sign Language and the resident handbook in Spanish. PREA information is posted throughout the facility at varying eye-levels in easy to read formats in English and Spanish. The resident interviews, including targeted interviews, revealed an understanding of the PREA information provided. Bilingual staff assisted with one of the targeted interviews.

Provision (e):

Signed acknowledgement statements and signature sheets were reviewed which supported the residents' involvement in PREA education sessions. The residents' and staff interviews confirmed that 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 aware of the advocacy services available if they are sexually abused or have been sexually abused.

Provision (f):

The interviews with the residents and observations confirmed that PREA information is provided initially and continuously and is 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 and how to request advocacy services. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment.

The information is provided through brochures and pamphlets, Detainee Handbook, and posted information and all resources provide consistent information to the residents. Each resident is provided a Detainee Handbook which includes but is not limited to the definition of sexual abuse; safety tips; and reporting information. The intake staff stated that he also explains the meaning of retaliation to the residents during PREA education sessions. PREA related information is provided to staff in policies and procedures, training, and staff meetings.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
--	---

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinators</p> <p>Administrative and criminal investigations are conducted by independent agencies, Tennessee Department of Children’s Services and/or law enforcement; no investigations are conducted by facility staff.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Training Rosters</p> <p>Training Certificates</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p>

	<p>Provision (a):</p> <p>The facility medical staff member and the juvenile court’s mental health staff member have received equivalent training courses. Forensic medical examinations are not conducted by the facility's medical staff member. Policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as specialized training.</p> <p>Provision (b):</p> <p>Forensic examinations are not conducted by facility staff; they will be conducted at the Sexual Assault Center of East Tennessee.</p> <p>Provision (c):</p> <p>Electronic training records and certificates are maintained by medical and mental health staff. The PREA Coordinator maintains documentation of the general PREA training for facility staff. The interviews confirmed receipt of basic and specialized training. Forensic medical examinations are not conducted at this facility.</p> <p>Provision (d):</p> <p>Medical and mental health staff complete the general training provided for all employees and indicated by documentation and interviews.</p> <p>Conclusion:</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	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>PREA Risk Assessments</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (Risk Screener)</p> <p>Residents</p> <p>PREA Coordinator</p>

Provision (a):

The Prison Rape Elimination Act (PREA) Risk Assessment instrument is completed within 72 hours of the intake date and re-assessments are done quarterly. Staff and resident interviews and a review of documentation confirm that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents, is being conducted. Policy provides that within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the facility shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility reports that 228 youth were housed in the facility for 72 hours or more.

Disclosure of prior victimization or perpetrated sexual abuse will be addressed in a timely manner when disclosed during the risk screening process. The issue will be addressed at the time by the qualified staff administering the risk screening instrument and/or the resident will be referred to the clinical provider affiliated with the juvenile court, as indicated. There were no residents identified as having disclosed during the risk screening process, prior victimization or perpetrated sexual abuse within this audit period.

Provision (b):

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

Provision (c):

The vulnerability assessment or risk screening is used to document significant information. The interview with the Risk Screener revealed the practice of the risk screening being conducted in accordance with the Policy and Standard. Screening instruments and the interview confirmed the collective information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;
- Resident's own perception of vulnerability;
- Current charges and offense history;
- Intellectual or developmental disabilities;
- Physical disabilities;

- Mental illness or mental disabilities
- Information regarding relationships with other youth
- Confirmation of size and stature
- Confirmation of Age
- Gang Membership

Any other specific information that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instruments and determined the items required by this provision of the standard are included within the instrument. The interview with the Risk Screener confirmed awareness of the elements of the risk screening instrument and the application and use of the instrument was explained. The resident interviews also confirmed the administration of the risk screening instrument and the general inquiries made. The interviews and documentation revealed the practice is that the instrument is administered within 72 hours of admission to the facility.

Provision(d):

Pertinent information is gathered through conversations with residents during the intake process and during the medical and mental health screenings. The youth is interviewed to obtain information about personal history and behavior. Any accompanying record of the youth is also reviewed to gather pertinent information. The risk screener explained how she provides the youth with an introduction to the process and the purpose of gathering the information. A rapport is established, according to the Risk Screener, and then she proceeds to ask the questions.

Provision (e):

The risk assessments and reassessments are accessible to clinical and management staff, which includes the PREA Coordinators. Records are securely stored in locked cabinets in lockable offices with restricted keys. Data stored electronically is password protected with limited access to the system. Staff take appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files under lock and key.

Conclusion:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA--Zero-Tolerance Policy

PREA Risk Assessments

Interviews:

Staff Responsible for Risk Screening (Risk Screener)

PREA Coordinators

Superintendent

Targeted Resident Interview

Provision (a):

A review of documentation and interviews with staff support that the risk screening information is considered in the decisions regarding housing, education and other program assignments. The facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

Provision (b):

The Policy provide for residents placed in isolation, as a last resort, to have access to required programs and services. There have been no residents placed in isolation in the last 12 months because he or she was at risk of sexual victimization.

Provision (c):

The PREA Zero-Tolerance Policy prohibits placing gay, bisexual, transgender, or intersex residents in particular housing based solely on such identification or status. The policy was confirmed based on staff and a targeted resident interviews and observations during the comprehensive site review. There is no evidence of particular housing or other particular placements occurring currently or in the past for LGBTI residents.

Provision (d):

Policy supports that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews. The interview with the Risk Screener supports that staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staffs' awareness and the importance of their efforts in keeping transgender and intersex youth safe.

Provision (e):

	<p>Practice provides placement and programming assignments for each transgender or intersex resident be reassessed every 90 days to determine any threats to safety experienced by the resident. The interview with the Risk Screener confirmed awareness of the requirements of this provision. There were no transgender or intersex residents identified in the facility during this audit period.</p> <p>Provision (f):</p> <p>The resident’s concern for their own safety is taken into account through the administration of the PREA Risk Assessment, meetings, and formal and informal conversations and interactions with residents by staff. The interviews with staff and review of documentation were aligned with the Policy. The interviews did not reveal or identify any issues in this area.</p> <p>Provision (g):</p> <p>Transgender or intersex residents will be given the opportunity to shower separately from other residents which is supported by interviews, Policy, and current practice.</p> <p>Provision (h):</p> <p>Agency Policy provides that a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided if protective custody is warranted. No residents were determined to be at risk of sexual victimization in the 12 months preceding the audit.</p> <p>Provision (i):</p> <p>Policy provides that every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. No residents were determined to be at risk of sexual victimization and were placed in isolation in the 12 months preceding the audit.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard</p>
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p>

Detainee Handbook

Brochures

Posted Information

Detainee Grievance Form

Documentation of Abuse Hotline Call

Interviews:

Random Staff

Residents; Targeted Resident

PREA Coordinator

Provision (a):

There are internal ways a resident may privately report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation(s) that may contribute to abuse. A resident may file a grievance or write a note; talk to a staff member; tell a family member; and third parties may report allegations to staff or call the abuse reporting hotline. Locked grievance boxes for depositing grievances are located on the living units. The facility has developed a process, including access to telephones, for residents reporting allegations through the Tennessee Department of Children's Services hotline number.

The facility's Policy and Detainee Handbook address this standard and provide for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment. Information is abundantly provided through postings, written materials, video, and verbally by staff regarding how residents may report allegations of sexual abuse or sexual harassment as confirmed by resident and staff interviews and observations. The information available to residents also includes how a resident may privately report by telephone through the 24-hour abuse reporting hotline.

Provision (b):

Signs are posted explaining how to access agencies. The random staff interviewed revealed residents and staff may use the abuse hotline to report allegations of sexual abuse or sexual harassment. The staff and residents explained how a resident may request to make a call and staff must make a telephone accessible and remove themselves from the immediate space of the resident once the call is connected so that a reasonable amount of privacy is provided to the resident. Documentation shows the reporting of allegations through the abuse hotline. The times are recorded by staff for when the resident request to use the telephone; time the call is dialed; time the call starts; and time the call ends. The operator provides a reference number and the staff records it as well. The abuse hotline number was tested during the post onsite audit phase; the call was answered promptly by an

operator who identified themselves. The operator explained the process of screening the call and response of an investigator to the allegation within 24 hours. There was one allegation of sexual abuse during this audit period and it was reported by a resident through the abuse reporting hotline.

Provision (c):

The staff interviews confirmed the 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 immediately document verbal reports. All staff interviewed revealed their familiarity with the provisions of the standard.

The residents are aware they may report either in person, in writing, by telephone, completing a grievance form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Interviewed staff members were aware of their duty to receive and document verbal and third-party reports.

Provision (d):

Writing materials are readily available for residents to complete the accessible forms as observed and indicated by the staff interviewed as well as residents. During the site review, the Auditor observed the residents' accessibility to forms and writing utensils, including writing paper. Grievance forms are maintained on each living unit

Provision (e):

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately by staff: use of the telephone hotline number, tell supervisor or Superintendent, or complete a grievance form.

Conclusion:

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

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: Detainee Handbook

	<p>Detainee Grievance Form</p> <p>PREA Pre-Audit Questionnaire</p> <p>The Detainee Grievance Form may be completed and placed, by the resident, in the locked grievance box located in each living unit. All grievances regarding sexual abuse or sexual harassment are reported to the Tennessee Department of Children’s Services (DCS), Child Protective Services (CPS) who implements the investigation policies and procedures. The facility does not have administrative procedures to address resident grievances regarding sexual abuse. If a grievance form is used to report an allegation of abuse, the resident is informed in bold print to only write "PREA" on the form. This message appears after the name, date, living unit, and time.</p> <p>Instructions on how to complete a grievance is posted in each classroom and living unit. The Detainee Handbook informs residents of how grievances are handled regarding allegations of sexual abuse or sexual harassment which is by DCS, CPS. It was recommended that the language from the Detainee Handbook also be placed in the PREA Policy. There have been no complaints relating to sexual abuse or sexual harassment received through a grievance in the past 12 months.</p> <p>Conclusion:</p> <p>Based on the documentation and the facility operations' infrastructure, the facility is compliant with this standard.</p>
--	--

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Detainee Handbook</p> <p>Memorandum of Understanding (MOU)</p> <p>Flyer</p> <p>Posted Information</p> <p>Interviews:</p> <p>Superintendent</p>

Residents, Including Targeted Interview

PREA Coordinator

Advocacy Agency Representative

Provision (a):

The Policy supports that the facility provides the residents with access to outside victim advocacy and other support services. Documentation was provided by the facility that shows that advocacy and support services are provided by the Sexual Assault Center of East Tennessee (SACET). Residents are provided information about SACET during the intake process and refresher education sessions regarding advocacy services and requesting those services. Related PREA information, along with the hotline numbers and other contact information, is posted in the living units and classrooms. During the comprehensive resident education session, residents are informed of the reporting rules that may govern the agencies that provide outside help services. The facility does not hold juveniles solely for immigration purposes.

The advocacy services to be provided were confirmed by the MOU and the advocacy agency representative. In addition to other services, an advocate will provide accompaniment. Victim advocacy services for a resident will be a response to an alleged victim due to contact for advocacy services by the resident, facility staff or law enforcement personnel. The advocacy services also include but are not limited to emotional support, hotline access, and referrals.

Provision (b):

The information provided to residents informs them of confidentiality and the Policy and posted information support the confidentiality of services. Seven out of 10 residents interviewed indicated their knowledge of the confidentiality of advocacy services. The interviews with residents revealed and described the reasonable privacy provided during specific telephone calls. The targeted interview revealed how staff observed the resident during the telephone call but was not in hearing distance when the allegation of abuse was made by telephone through the hotline number. Residents are aware of staff reporting duties and that when a request is made to use the abuse reporting hotline, staff must provide access to the telephone. The targeted interview revealed that a request was not made to contact the victim advocacy agency.

Provision (c):

Interviews and the MOU document the availability and accessibility of advocacy services to residents, including but not limited to emotional support, accompaniment and referral services.

Provision (d):

The residents have reasonable and confidential access to attorneys and court

	<p>workers and reasonable access to their parents/legal guardians which is verified by staff and resident interviews, Policy, and the Detainee Handbook. All residents interviewed confirmed communication opportunities occur. The interviews confirmed access to attorneys and court representatives and reasonable access to parents/legal guardians. The comprehensive site review revealed areas where residents may meet privately with legal representatives and engage in visitation with approved visitors.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Posted Information</p> <p>Brochure</p> <p>Interviews:</p> <p>PREA Coordinators</p> <p>The facility’s PREA-- Zero-Tolerance Policy provides information regarding the reporting of sexual abuse. The Tennessee Department of Children’s Services website contains information, available to the public, on how to report sexual abuse. Information regarding reporting is posted in the facility’s front entrance, accessible to the public, and in the intake area. The test call of the abuse reporting hotline demonstrated the access to the public for calling and that third-party reports are accepted.</p> <p>Conclusion:</p> <p>Based on the posted information, policy, and interviews, the facility is compliant with this standard.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document:

PREA--Zero-Tolerance Policy

Interviews:

Superintendent

PREA Coordinator

Random Staff

Medical Staff

Mental Health Staff

Random Staff

Provisions (a) and (b):

According to the PREA--Zero-Tolerance Policy and Tennessee statutes, TCA 37-1-403 and 37-1605, all staff members are required to report any allegation of sexual abuse, sexual assault or sexual harassment. The Policy further states that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. It is also provided that staff shall also report all retaliation or support of retaliation against residents or staff who reported allegations of sexual abuse or sexual harassment.

The interviews revealed staff are required to report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurred in a facility and any retaliation against staff or residents who report such. The interviews and training revealed staff would inform their supervisor and/or call the Tennessee Department of Children's Services (DCS) to report the information, confirming they are mandated reporters. A report to the Supervisor ensures the follow-up in reporting to DCS.

Provision (c):

Policy supports that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation. Providing information is based on the need to know by those involved, Superintendent/designee and PREA Coordinators. Staff is expected to abide by the confidentiality requirements of the facility and per training.

Provision (d):

Clinical staff indicated that residents are informed at the initiation of services of the

	<p>limitations of confidentiality and their duty to report. The residents are informed verbally and through paperwork. The clinical staff members interviewed revealed they are mandated reporters.</p> <p>Provision (e):</p> <p>Reports of allegations of sexual abuse are to be made as soon as possible to the investigative entities, parents/legal guardians, and juvenile court or other legal represented where indicated.. Policy and the interview with the Superintendent confirm that a resident’s caseworker rather than a parent would be notified where indicated by the resident being under the guardianship of a child welfare agency.</p> <p>Provision f:</p> <p>Random staff interviews confirm they are required to report allegations made anonymously or by a third-party to the appropriate investigative entities. Policy supports the interviews by requiring that all allegations must be reported.</p> <p>Conclusion:</p> <p>The interviews revealed awareness of the requirements regarding reporting duties; the facility is compliant with this standard.</p>
--	--

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Restrictive Behavior Management Summary</p> <p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>Random Staff</p> <p>PREA Coordinator</p> <p>The PREA--Zero-Tolerance Policy provides that when the facility learns a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. If it becomes necessary and in addition to adequate staffing levels and video monitoring, consideration would be given to living unit assignments, line movement placement, and seating. PREA safety actions will be immediately enforced such as moving resident to another room or mod/dorm.</p>

	<p>The implementation of PREA safety actions are documented utilizing the Restrictive Behavior Management Summary. The form documented the date and time of the PREA telephone call made by the resident to report the allegation of abuse. The form was also used to document the housing change. The random staff interviews revealed that safety measures include housing changes, reporting to supervisor, closer monitoring/supervision which may be implemented as soon as possible.</p> <p>Conclusion:</p> <p>The Auditor determined the facility is compliant with this standard based on the interviews, policy and supporting documentation.</p>
--	---

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interview:</p> <p>Superintendent/Agency Head</p> <p>Provisions (a) through (d):</p> <p>The Policy provides that upon receiving an allegation that a resident was sexually abused while confined in another facility, the Superintendent will notify the head of that facility promptly and will report the incident to the Department of Children’s Services abuse reporting hotline within 72 hours. According to the interview, DCS will notify the other facility. In the past 12 months, there have not been any allegations of sexual abuse reported that occurred to a resident while he or she was in another facility.</p> <p>Conclusion:</p> <p>Based on the interview and policy, the facility is compliant with this standard.</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document:</p>

	<p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p> <p>Random Staff</p> <p>Targeted Resident Interview</p> <p>PREA Coordinator</p> <p>Provision (a):</p> <p>The Policy and training collectively support that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene; c. Request that the alleged victim not take any actions that could destroy physical evidence. <p>The interviews confirmed awareness of first responder duties and the training they have received. There was one allegation of sexual abuse. Once the resident reported it, the resident was moved to another housing unit where the accused staff was not assigned. The allegation did not warrant additional first responder actions.</p> <p>Provision (b):</p> <p>Staff members are trained to act as a first responder as supported by policy and training.</p> <p>Conclusion:</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>
--	---

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy/Coordinated Response Plan</p> <p>Interviews:</p>

	<p>Superintendent</p> <p>Random Staff</p> <p>The coordinated response is incorporated in the PREA--Zero-Tolerance Policy. The interviews with staff support that the plan exists and that they are familiar with it. The Policy guides the actions to be taken among facility first responders and other staff in response to an incident of sexual abuse. It informs staff who to call and when which ensures contact with the Tennessee Department of Children's Services and/or local law enforcement; Sexual Abuse Center of East Tennessee for forensic medical examination and advocacy services; Superintendent; and, mental health practitioner. The reported allegation did not require physical or crisis intervention. The resident requested to call the abuse reporting hotline which was granted by staff.</p> <p>Conclusion:</p> <p>The facility is compliant with this standard based on a review of the Policy and staff interviews.</p>
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview:</p> <p>Superintendent/Agency Head</p> <p>The facility does not maintain any collective bargaining agreements.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p>

Designated Staff Member Charged With Monitoring Retaliation

PREA Coordinator

Superintendent/Agency Head

Provision (a):

The PREA Zero-Tolerance Policy addresses protection against retaliation. Staff has been identified and designated as the person ensuring that retaliation monitoring occurs with the assistance of other direct care staff. If the conduct is identified the monitoring would be conducted for no less than 90 days. Policy further states that the monitoring will be conducted longer than 90 days if there is an indication for continued monitoring. There has been one allegation of sexual abuse during this audit period.

Provision (b):

Policy and interviews revealed multiple protection measures to implement if retaliation is suspected due to the person's reporting an allegation of sexual abuse or sexual harassment. The protective measures include but are not limited to separate residents or residents from staff; reassign staff; and housing or program changes.

Provision (c):

Policy and the interview with the staff responsible for retaliation monitoring provide that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period could last longer, including until the resident is released from the program, according to the Superintendent and random staff. The interview identified items that would be monitored to assess retaliation and include but are not limited to program and housing changes; and shift re-assignments. Other items to be examined also include observing staff/ residents and residents/residents interactions; and disciplinary reports.

Provision (d):

The random staff on the resident's living unit that reported an allegation conducts periodic status checks with the resident. The supervisor conducted status checks with the resident that reported the allegation of abuse. The supervisor reported to the PREA Coordinators the results of the status checks. There were no significant occurrences. Logbooks may be used to document any significant occurrence.

Provision (e):

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

	<p>Provision (f):</p> <p>The obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, review of policy, and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Superintendent</p> <p>The PREA--Zero-Tolerance Policy provides that if post allegation protective custody is used, its use is aligned with the requirements of PREA Standard 115.342, including using as a last resort when there is no alternative and residents will not be denied the identified programs and services. According to the interviews, protective custody will not be used regarding sexual abuse victims.</p> <p>There has been one allegation of sexual abuse and it did not require protective custody. The allegation was staff-on-resident sexual abuse and the resident was immediately moved to another housing unit. There has not been a need for post allegation protective custody during this audit period and no resident was in protective custody during the comprehensive site review.</p> <p>Conclusion:</p> <p>The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

PREA--Zero-Tolerance Policy

Memorandum

Interviews:

Superintendent

PREA Coordinator

Targeted Resident Interview

Provisions (a) through (k):

The facility's PREA--Zero-Tolerance Policy addresses this standard. Allegations of sexual abuse, sexual assault, sexual misconduct, or sexual harassment are investigated by the independent state agency, Department of Children's Services (DCS), and/or local law enforcement. The investigators through DCS may coordinate their work with law enforcement, advocacy service agencies, and prosecutors.

Policy states that the facility will attempt to remain informed about the progress of investigations. According to the Superintendent, communication is maintained through telephone conversations. The DCS and local law enforcement agency are responsible for the provision or appropriate training for their investigators. The facility staff do not conduct any investigations.

An incident occurred within days of the onsite audit phase. The documentation and interviews reveal that the investigation was implemented within a timely manner by DCS and was underway during the onsite audit phase. The results of the investigation was communicated to the Assistant Superintendent by DCS as unfounded during the post onsite audit phase. The investigative report remains with DCS and may be requested. The Assistant Superintendent discussed with the findings with the PREA Coordinator and the Superintendent. The findings were documented, signed by the PREA Coordinator and Superintendent and a copy of the memorandum was shared with the resident.

Provision (l):

The DCS has an agency PREA policy, Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA). The DCS also has policies and procedures governing investigations, Special Investigations Unit Child Protective Services Investigations, and conduct investigations in facilities that are adhering to the PREA Standards.

Provision (m):

	<p>The facility Policy and interviews provide that staff will cooperate with the outside investigators. The practice of cooperation was demonstrated during the DCS investigation of the one allegation that occurred less than one week prior to the onsite audit phase.</p> <p>Conclusion:</p> <p>The Auditor determined the facility is compliant with this standard based on interviews and review of documentation.</p>
--	---

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Tennessee Department of Children's Services, responsible for investigations, conducts investigations in coordination with law enforcement, and the prosecutor's office and maintains PREA related policies and procedures. The PREA related policies are accessible through the agency's website. Facility staff does not conduct administrative investigations or those that may be criminal in nature.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Documentation of Allegation</p> <p>Memorandum</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The PREA Zero-Tolerance Policy contains the guidelines for notifying residents, following an investigation, of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy provides that the notification</p>

will be documented. The resident was informed verbally by the PREA Coordinator of the findings of the investigation. A follow-up memorandum of the findings of the investigation containing the signatures of the Superintendent and PREA Coordinator was provided to the resident during the post audit phase and a copy was provided to the Auditor. It was recommended that in the future, a space be provided on the memorandum for the resident to sign acknowledging receipt of the information.

Provision (b):

According to the interviews, the practice is that the facility will be notified by the Department of Children's Services.

Provision (c):

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed, in writing, of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer posted within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The staff member has been convicted on a charge related to sexual abuse in the facility.

Provision (d):

Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed, in writing, whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

The memorandum, copied and provided to the resident is the documented information. It is recommended a signature spot for the resident be placed on the email to additionally confirm notification to the resident. Policy provides that the notification to the resident be provided in writing.

Provision (f):

Policy provides that the facility's obligation to report under this standard terminates if the resident is released from the facility.

Conclusion:

	<p>The interviews and review of policy and other documentation confirmed the facility is compliant with this standard. The notification to the resident who reported the allegation of abuse was made during the post onsite audit phase, after the completion of the investigation.</p>
--	--

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interview:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The Policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The interview confirmed knowledge of the Policy. Reports to law enforcement agencies will be made as prescribed by the standard, according to the Policy. In the past 12 months, no staff has been terminated or has resigned due to violating the PREA Zero-Tolerance and related policies.</p> <p>Provision (b):</p> <p>Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The interview and Policy are aligned with this premise. The facility reports that no staff member violated policy regarding sexual abuse or sexual harassment during this audit period.</p> <p>Provision (c):</p> <p>Any staff with findings other than actually engaging in sexual abuse will be subject to measures appropriate to the circumstance of the incident and the other components of the provision, in accordance with Policy. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.</p> <p>Provision (d):</p> <p>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</p>

	<p>clearly not criminal. Such information will also be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interview:</p> <p>Superintendent</p> <p>Provisions (a) and (b):</p> <p>Policy addresses corrective actions regarding any contractor or volunteer engaging in sexual abuse of residents. They will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies, in accordance with the standard. During the past 12 months, there were no volunteer services and the facility did not have any contractors.</p> <p>Conclusion:</p> <p>Based on the information provided, the Auditor determined the facility is compliant with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Detainee Handbook</p>

Interviews:

Superintendent

Mental Health Staff

Provision (a):

According to the PREA Zero-Tolerance Policy, any resident found in violation of the facility's zero tolerance policy regarding sexual abuse against another resident will receive disciplinary sanctions after a formal disciplinary process. There has been no incident of resident-on-resident sexual abuse during this audit period.

Provision (b):

There were no allegations of resident-on-resident sexual abuse during this audit period and no residents placed in isolation as a disciplinary sanction for such. The interview revealed that as a result of resident-on-resident sexual abuse, charges would be filed resulting in the perpetrator's subsequent placement in another type facility. Policy provides guidance to staff regarding resident-on-resident sexual abuse.

Provision (c):

The mental disability or mental illness of resident will be considered regarding any sanctions within the facility. Charges would be filed regarding resident-on-resident sexual abuse and the perpetrator would be subsequently placed in another facility.

Provision (d):

The facility would consider whether to offer an offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation. According to the interview with the mental health staff, participation in such interventions is not required as a condition for participation in general programming, education, or an rewards-based behavior management system. It was stated that services will be provided based on need and/or recommendation.

Provision (e):

A resident would be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. There has not been an incident of a resident's sexual contact with staff.

Provision (f):

The PREA--Zero-Tolerance Policy states that "a report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action."

Provision (g):

	<p>The facility prohibits any physical contact between residents. Referrals are made to the investigative entities and court processes occur after determination that a sexual activity was coerced.</p> <p>Conclusion:</p> <p>Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.</p>
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>PREA Risk Assessment</p> <p>Memorandum of Understanding, Sexual Assault Center of East Tennessee</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Superintendent</p> <p>PREA Compliance Coordinator</p> <p>Residents</p> <p>Provisions (a) and (b):</p> <p>Policy provides that a resident be referred to clinical staff and the Sexual Assault Center of East Tennessee 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 seen by the Nurse as a part of the intake process and follow-up is provided as needed by mental health staff through the juvenile court. The detention center and the juvenile court are attached and share certain resources. The Nurse administers the PREA Screening Assessment</p> <p>.Provision (c):</p> <p>The practice is that no information is shared with other staff unless it is required for security and management decisions regarding sexual abuse history and based on</p>

	<p>the need to know. The PREA Assessments are stored in locked cabinets in a lockable office and accessible to clinical staff, Superintendent, and PREA Coordinators. Information maintained electronically is password protected.</p> <p>Provision (d):</p> <p>Clinical staff members understand the practice of informed consent however the facility does not house youth 18 years and older.</p> <p>Conclusion:</p> <p>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
	<p>Documents Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Memorandum of Understanding (MOU)</p> <p>Interviews:</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Targeted Resident Interview</p> <p>Representative, Sexual Assault Center of East Tennessee (SACET)</p> <p>Provision (a):</p> <p>The interviews, including targeted interview, Policy, and MOU support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services, including advocacy services. The clinical interviews were aligned with the Policy including that the nature and scope of their services are determined according to the their professional judgment. Residents are subsequently informed of clinical services and meet with those practitioners and are provided any applicable services during the intake process and during their stay in the facility as needed.</p> <p>The alleged victim will get timely services in the community. An alleged victim will be transported by facility staff to the SACET for a forensic medical examination that</p>

will be conducted by a Sexual Assault Nurse Examiner (SANE). The examination will be performed at no cost to the victim and in accordance with the MOU and Policy, in response to an allegation of sexual abuse. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents. The one allegation of sexual abuse did not require a forensic medical examination or any type medical treatment.

Provision (b):

The interviews with facility staff, PREA Coordinators, SACET staff, and observations of posted information revealed residents have access to unimpeded access to emergency services. Training 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. Observations of the interactions among residents and staff during the site review; and the staff and targeted interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse.

Provision (c):

Policy, other documentation, and interviews confirmed processes and services are in place for an alleged victim to receive timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. If needed after an incident, follow-up services may be provided by the facility’s medical and mental health staff members to provide support services coordinated by staff as needed. Based on the staff interviews, the standard of care ensures the appropriate medical and mental health follow-up as needed. The allegation of sexual abuse did not require medical or crisis intervention services.

Provision (d):

Treatment services will 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, in accordance with Policy.

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:

PREA--Zero-Tolerance Policy

Memorandum of Understanding (MOU), Sexual Abuse Center of East Tennessee (SACET)

Interviews:

Medical Staff

Mental Health Staff

Targeted Resident Interview

Advocacy Agency Representative

Provisions (a):

Medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews revealed that follow-up services will be provided that include but are not limited to additional counseling and emotional support and treatment of injuries and provision of other medical follow-up services. There have been no allegations that required medical treatment or mental health or crisis intervention services.

Provision (b):

The interviews with the clinical staff and documentation confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations; processing information with the resident; treatment of wounds and injuries; and follow-up services and referrals as needed, in accordance with policy. Specialized treatment will be provided by clinicians on site and through contracted services as needed. Any follow-up discharge instructions will be followed and accompaniment to any outside appointments.

Provision (c):

Policy, staff interviews and documentation revealed medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and contract providers, if required. The interviews underscored that the treatment services at the facility are consistent with the community level of care.

Provisions (d) and (e):

Policy provides for prompt and appropriate medical attention and treatment. Pregnancy tests shall be offered as a result of sexually abusive vaginal penetration while in the facility. If pregnancy occurs, the victim will be provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The interviews also confirmed that these services will be provided immediately. The SACET will also be supportive in providing education and related services as needed, including referral resources.

	<p>Provision (f):</p> <p>Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections (STI) as medically appropriate. STI testing is done at the facility and treatment is provided by the local health department. There has not been this type of allegation of sexual abuse during this audit period.</p> <p>Provision (g):</p> <p>Treatment services will be 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. The interviews and policy confirms this provision.</p> <p>Provision (h):</p> <p>Policy provides that an attempt for a mental health evaluation will be conducted on known resident-on-resident abusers within 60 days. Treatment will be offered where appropriate. The PREA Coordinator will notify mental health staff and the evaluation will be conducted within a week or less. This type testing has not been conducted during the last 12 months.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>PREA--Zero-Tolerance Policy</p> <p>Interviews:</p> <p>Superintendent</p> <p>Incident Review Team Member/PREA Coordinator</p> <p>Provisions (a) and (b):</p> <p>There have been no criminal investigations completed at the facility during this audit period. One allegation of staff-on-youth sexual abuse was reported by a resident days before the scheduled onsite audit phase and has since to been determined to be unfounded the investigator from the Department of Children's</p>

	<p>Services.</p> <p>The Zero-Tolerance Policy serves as the guide for staff in conducting sexual abuse incident reviews. The policy provides that an incident review will occur after the conclusion of the investigation unless it is determined the allegation is unfounded. A process exists for conducting reviews of significant incidents occurring in the facility. The incident review team has been identified and the interviews confirm the process is in place and there is awareness of the timeline requirement of within 30 days of the completion of the investigation, in accordance with Policy.</p> <p>Provision (c):</p> <p>The Policy and interviews provide the incident review team will consist of management level staff/designees as applicable, with input from line supervisors and medical and mental health staff.</p> <p>Provision (d):</p> <p>The interview with the incident review team member and Policy summarily provide the incident review team shall consider the following in examining the motivation(s) behind the incident: group dynamics and interactions; population make-up; gender identity status; gang affiliation; race; ethnicity; and/or perceived identity status. The interview further revealed the area where the incident occurred will be examined to determine if additional cameras are needed; staffing and deployment of staff will be reviewed; and there will be a determination whether policy was followed.</p> <p>Provision (e):</p> <p>The Policy and both interviews revealed that the proceedings of the meeting will be documented and will contain any recommendations. It will also be documented as to why any recommendations are not implemented.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the staff interviews, the Auditor determined the facility is compliant.</p>
--	--

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Zero-Tolerance Policy</p> <p>Interviews:</p>

	<p>PREA Coordinator</p> <p>Superintendent/Agency Head</p> <p>Provisions (a) and (c):</p> <p>The PREA-Zero-Tolerance Policy states that accurate uniform data will be collected for every allegation of sexual abuse using a standardized instrument. According to the Policy, staff interviews and a review of the form to be used, the data collected will include the required information. The facility's Policy contain the set of uniform PREA-related definitions. The facility will provide the Department of Justice with data upon request. The agency will maintain incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request.</p> <p>Provision (d):</p> <p>The Policy provides for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. The facility maintains the data indicating no occurrences of sexual abuse and completes an annual report. The facility is prepared to use the compilation of any data gleaned from PREA related issues and supporting documents.</p> <p>Provision (e):</p> <p>The facility does not contract with other facilities/agencies for the confinement of its residents.</p> <p>Provision (f):</p> <p>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 and as requested based on the year of the most recent version of the Survey of Sexual Victimization.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the information and the interviews, the Auditor determined the facility is compliant with this standard.</p>
--	--

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Annual Report Summary</p>

	<p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>PREA Coordinator</p> <p>Provisions (a) through (d):</p> <p>The PREA--Zero-Tolerance Policy supports this standard and indicates that the facility will review data collected in order to determine the effectiveness of the PREA related efforts. The Policy also indicates that an annual report will be approved by the Superintendent. The report begins emphasizing the facility's commitment to compliance with the PREA Standards. The report contains but is not limited to how the training needs have been addressed and how incidents are tracked in the facility. The report does not contain any personal identifying information and has not had any allegations of sexual abuse in past years.</p> <p>The one allegation was determined to be unfounded. The PREA Coordinator kept the Auditor informed regarding the investigation of the the allegation made days before the onsite audit phase. The investigation was completed during the post audit phase.</p> <p>The facility does not have a dedicated website and makes the annual report available to the public upon request. The report is kept in the reception area of the facility, accessible to the public and staff. The interviews and Policy support the review of data and that it is used to improve the agency's PREA efforts as summarized in the annual report. The interviews and Policy revealed the collection of various types of data that would be PREA related.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
--	--

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Reviewed:</p> <p>Annual Report Summary</p> <p>Interviews:</p> <p>Superintendent/Agency Head</p> <p>PREA Coordinator</p>

	<p>Provision (a):</p> <p>The data regarding residents are securely stored in locked cabinets behind lockable doors with restricted key access and electronic data is password protected with limited access.</p> <p>Provision (b) and (c):</p> <p>The annual report is maintained onsite and is available to the public upon request due to the facility not having a dedicated website and all personal identifying information is not included in the report. The facility does not contract with other facilities/agencies for the confinement of its residents.</p> <p>Provision (d):</p> <p>According to the PREA--Zero-Tolerance Policy, the related collected data will be maintained for at least 10 years after the date of collection unless a Federal, State, or local law requires otherwise. The aggregated PREA data is reviewed and all personal identifiers will also be removed in subsequent reports. This is supported through a review of the annual report summary and interviews.</p> <p>Conclusion:</p> <p>Based upon the review of information, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>
--	---

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The initial PREA audit was conducted in 2014 and there have been subsequent timely PREA audits since that time. A comprehensive site review was provided to the Auditor and there was full access to the facility. The facility’s Superintendent/ Agency Head, PREA Coordinators, other facility and court staff were cooperative in providing information and participating in or facilitating the interviews.</p> <p>The facility administrators ensured that the interviews were conducted in private with the residents and staff. The posted notices regarding the audit were observed posted throughout the facility during the comprehensive site review. The notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process for confidential correspondence; however, no correspondence was received by the Auditor from residents or staff.</p> <p>The site review was led and conducted by the PREA Coordinators; all areas of the facility where residents go were included. The areas containing posted information,</p>

	<p>provided to the Auditor during the pre-onsite audit phase, were observed. All interviews were conducted in private with the residents and staff.</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The posted PREA reports do not contain any personal identifying information other than names and job titles where requested. The facility’s policies and additional documentation, practices and interviews were reviewed regarding compliance with the standards and have been identified in the reports. The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this audit. The facility does not have a dedicated website however the PREA audit reports are maintained at the facility and are available to and accessible by the public and other agencies.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

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

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

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes