

PREA Facility Audit Report: Final

Name of Facility: Spectrum Juvenile Justice Services Lincoln

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/16/2025

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: Elaine Brideschge	Date of Signature: 04/16/2025

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	03/10/2025
End Date of On-Site Audit:	03/11/2025

FACILITY INFORMATION	
Facility name:	Spectrum Juvenile Justice Services Lincoln
Facility physical address:	1961 Lincoln Street, Highland Park, Michigan - 48203
Facility mailing address:	

Primary Contact

Name:	Derrick McCree
Email Address:	dmccree@spectrumhuman.org
Telephone Number:	313-868-8306

Superintendent/Director/Administrator	
Name:	Derrick McCree
Email Address:	dmccree@spectrumhuman.org
Telephone Number:	313-868-8305

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

Facility Health Service Administrator On-Site	
Name:	Anthony Spearman
Email Address:	aspearman@spectrumhuman.org
Telephone Number:	313-868-8325

Facility Characteristics	
Designed facility capacity:	90
Current population of facility:	59
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	89
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	Spectrum Human Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	28303 Joy Road, Westland, Michigan - 48185
Mailing Address:	
Telephone number:	3138688310

Agency Chief Executive Officer Information:	
Name:	Josh Swaninger

Email Address:	jswaninger@spectrumhuman.org
Telephone Number:	734.4588736

Agency-Wide PREA Coordinator Information			
Name:	Scott Martin	Email Address:	sfmartin@spectrumhuman.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:

6	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.317 - Hiring and promotion decisions • 115.331 - Employee training • 115.332 - Volunteer and contractor training • 115.333 - Resident education • 115.351 - Resident reporting
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Number of standards met:

37

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:	2025-03-10
2. End date of the onsite portion of the audit:	2025-03-11

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:	Avalon Healing Center (Wayne County SAFE)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	9
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	60
19. 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
20. 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
21. 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
22. 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
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>25. 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>26. 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>2</p>
<p>27. 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>11</p>
<p>28. 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>29. 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>30. 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>129</p>
<p>31. 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>15</p>

32. 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>5</p>
33. 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>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>13</p>
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The facility provided detailed rosters during the entrance meeting.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No

38. 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	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<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>	
40. 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
40. 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>40. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>41. 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>42. 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>42. 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>42. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>43. 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>43. 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>43. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. 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>44. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>45. 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>1</p>

<p>46. 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>46. 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>46. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>47. 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>48. 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>48. 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>48. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>49. 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>49. 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>49. 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>According to discussions with staff and a review of detailed rosters, the facility did not have this population during the onsite audit phase.</p>
<p>50. 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>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>52. 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</p>
<p>53. 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>54. 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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. 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:	
65. 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
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. 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>
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Documentation Sampling

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

<p>70. 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 <input type="radio"/> No</p>
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<p>71. 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>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	1	1
Staff-on-inmate sexual abuse	2	0	0	2
Total	4	0	1	3

73. 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.

74. 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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	1	0	0
Staff-on-inmate sexual abuse	0	2	0	0
Total	1	3	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.

76. 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

77. 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

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

3

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>81. 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>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>84. 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>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility did not have any sexual harassment allegations made in the last 12 months.</p>
<p>87. 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 type="radio"/> No</p> <p><input checked="" 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>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

97. 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

Corrections Consulting Services, LLC (formerly PAOA)

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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.311 Documents reviewed:</p> <p>Organizational chart</p> <p>Facility policy manual and PREA standard to ensure compliance</p> <p>Interviews with PREA Coordinator and PREA Compliance Manager</p> <p>115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.</p> <p>A) The facility has a zero-tolerance policy against all forms of sexual abuse and sexual harassment. The prohibits all sexual activity between or with any student(s) under our care and supervision. No staff may work at an ROP program before completing PREA training.</p> <p>The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have</p>

	<p>participated in prohibited behaviors.</p> <p>B) The agency employs an upper-level, PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>C) The facility has a PREA Compliance Manager that ensures the policies and practices meet all the requirements of the standards.</p> <p>The agency submitted an organizational chart as verification.</p> <p>According to interviews, the PCM and PC have enough time to manage all PREA related responsibilities. The agency has one PCM at each facility for a total of two.</p> <p>The facility meets compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <p>PAQ</p> <p>PREA standard</p> <p>Facility PREA Policy</p> <p>Interview with the agency's contracts administrator</p> <p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>(A) (B) According to interviews, the facility does not hold any contracts for the confinement of its residents.</p> <p>The facility meets compliance with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115-313 Documents reviewed:

Procedures for staffing plan requirements

Staffing Plans for 2024 and 2025

As noted in the PAQ, the facility has not had any deviations in the staffing plan

Contract with Michigan department of Health and Human Services that outlines staffing requirements

The state licensing board has staffing requirements that the facility must follow which comply with the PREA standards

Copies of supervisor unannounced rounds

Interviews with intermediate/higher level staff that conducts unannounced rounds, PREA Compliance Manager (PCM), PREA Coordinator (PC), and the Center Director

Site review observations

115.313 Supervision and Monitoring

A) The facility develops, documents, and implements a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse.

At least annually, Facility Administration and the Facility PREA compliance manager must review the plan to ensure: Findings of inadequacy are addressed. Adequate numbers of Supervisory personnel. Physical plant inadequacies, such as "blind spots" on video monitoring systems are addressed to the maximum extent possible. Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors.

B) Any time that the minimum Staffing ratios that are not met, the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum Staff-to-youth ratio was not met and any actions taken to correct the situation.

C) The "Requirements for Staff Supervision of Resident and Staff-to-Resident ratios apply at all times with Staff to Resident ratio during waking hours no greater than 1:5 and Staff to Resident ratio during non-waking hours no greater than 1:10. This Staffing Plan requires that these ratios must be met at all times except in the case of unforeseen and temporary circumstances.

D) The staffing plan is reviewed on an annual basis and the facility will never deviate from the required staffing level.

E) As evidenced by the supervisor unannounced rounds log mid or upper-level Supervision make documented unannounced rounds to identify and deter Staff

	<p>sexual misconduct and sexual abuse. Direct-care Staff are required to maintain line-of-sight supervision of youths at all times except when youth are locked in their individual sleeping rooms. Staff are required to carry a two-way communication device at all times. At least one supervisory level person, including Administrators and/or Shift Supervisors will always be on-duty.</p> <p>According to interviews, unannounced rounds are conducted randomly and at staggered times on every shift daily by shift supervisors. Completed rounds are documented in a logbook. The PCM was able to explain what the staffing plan considers. The PC is consulted regarding any adjustments or assessments made to the staffing plan. The facility develops a staffing plan, and the Center Director was able to explain what the staffing plan considers. Rounds are conducted to check for compliance. There have been no instances in which the facility has been unable to meet the staffing plan. The facility requires ratios of 1:5 during waking hours and 1:10 during sleeping hours, exceeding this standard.</p> <p>Staffing observed matched the facility staffing plan. Staff were visible in all areas where residents were located.</p> <p>No isolation areas were found. Staffing ratios of 1:5 (days) and 1:10 (nights) were observed in all areas of the facility.</p> <p>Residents were always in direct supervision with a good line of sight. No blind spots were observed. No cross-gender viewing was observed. All areas throughout the facility are monitored continuously through central control. Cameras and/or mirrors are in all locations with resident access. Off-limit rooms were secured. Occupied cell checks occurred every 15 minutes. Informal conversations with staff regarding supervision practices and staffing ratios found that an abundance of staff is typical. Informal conversations with residents confirm that residents feel safe with plenty of staff supervision.</p> <p>The facility exceeds compliance with this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-315 Documents reviewed:</p> <p>PREA policy</p> <p>Search policy</p> <p>Training video and training attendance records</p> <p>Information in the PAQ states the facility has not conducted any cross-</p>

gender searches

Memo from the Executive Director stating "JJ will be disabling cameras on Pod C and Pod 3. Room 1 in all Pods at both Locations will be updated and corrected for proper pixilation over the toilets and to be used only for seclusions and suicide precaution."

Interviews with random staff

Site review observations

115.315 Limits to cross-gender viewing and searches.

A) The policy submitted states the facility does not conduct cross-gender pat-down searches except in exigent circumstances and there have not been any cross-gender pat-down searches performed as noted in the PAQ. The facility will document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

B) Cross-gender pat-down searches are not conducted except in exigent circumstances.

C) In such cases, proper justification and documentation are completed immediately following the search.

D) The facility has implemented comprehensive policies and procedures that ensure residents are able to shower, use the restroom, and change clothing without the presence of nonmedical staff of the opposite gender.

E) Staff must not search or physically examine a transgender or intersex Resident for the sole purpose of determining a youth's genital status. If a youth's genital status is unknown, it may be determined during conversations with the youth, 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.

All Staff of the opposite gender must announce their presence when entering a Resident housing unit. Staff of the opposite gender shall announce their presence when entering any areas where Residents are likely to be showering, performing bodily functions, or changing clothes.

F) All security staff receive specialized training in conducting searches of transgender and intersex residents, and in performing cross-gender pat-downs in a professional, respectful, and minimally intrusive manner consistent with safety and security needs.

According to interviews, the facility does not conduct cross gender pat-down, strip or visual body cavity searches. Searching a transgender or intersex resident for the sole purpose of determining that resident's genital status is prohibited by policy. Staff understand that they are to announce themselves when entering units that house the opposite gender from themselves. Staff understand that residents are

	<p>able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.</p> <p>The auditor observed all areas of undress (showers, restrooms, sleeping rooms, intake, medical). Viewed cameras and mirror placement and angles to assure that residents undressing cannot be viewed. Observed staff announcements when entering pods/units. Signs reminding staff are posted. Alerts were loud enough for all to hear. Cross-gender announcements were observed as we entered each unit.</p> <p>The auditor observed unannounced round conducted by staff. Same gender searches occur in a private location. Informal conversations were held with staff. All were aware of procedures to prevent cross-gender viewing. Informal conversations were held with residents. All stated that privacy is given for undressing and they have not seen any cross-gender viewing. Informal conversations were held with staff regarding announcements and searches. Informal conversations were held with residents regarding hearing the announcements and searches.</p> <p>The facility meets compliance with this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-316 Documents reviewed:</p> <p>PREA policy in English, Arabic and Spanish</p> <p>Staff training signature sheets for completion of the ZERO tolerance of sexual abuse or harassment</p> <p>Contract set up by the state with Linguistic international to provide translation services</p> <p>Contract with Bromberg Associates account to provide translation services</p> <p>Information submitted in the PAQ states the facility does not use offender translators</p> <p>Posters that tell residents how to report sexual harassment or abuse</p> <p>Interviews with the Executive Director, random staff and a resident with a learning disability</p> <p>115.316 Residents with disabilities and residents who are limited English proficient.</p> <p>A) The PREA policy submitted through the PAQ states the resident orientation</p>

	<p>process includes Policy and Procedures relating to prevention of and response to reports of sexual assault/rape. Orientation is provided within the first 72-hours of a Resident's admission and comprehensive PREA education is provided within 10 days of intake.</p> <p>B) The information is provided verbally and in written form, and the information is presented in a language and format that each Resident can understand, so that all residents are enabled to benefit from the full protections and rights afforded by PREA.</p> <p>C) The use of Resident interpreters is prohibited except in limited circumstances when delay in translation could compromise Resident safety or the performance of first responder duties.</p> <p>According to interviews, the agency does not allow residents to interpret PREA-related information to other residents. Policies are in place. The facility contracts with an interpreter agency. The facility provides information regarding sexual abuse and sexual harassment that the resident was able to understand. The facility staff is able to help residents read, write, speak or explain things.</p> <p>The language line service was tested. Interpreter services are on demand and available 24/7. Many staff are bilingual and able to assist with translation. Interpretation can be done in a private room. Hotline numbers have bilingual staff and interpretation services are available.</p> <p>The facility meets compliance with this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115-317 Documents reviewed:</p> <p>Policy on hiring staff, volunteers and contractors</p> <p>Background investigations and documents that staff sign stating they have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</p> <p>Interview with HR staff</p> <p>115.317 Hiring and promotion decisions.</p> <p>A) The policy submitted through the PAQ states: The facility is strictly prohibited from hiring any individual with a sexual assault history as an employee or sub-contractor.</p>

B) This includes any individual who has engaged in, been convicted of, or who has been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lockup, community confinement Facility, juvenile Facility, or other institution. This also includes any individual 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 any sexual actions against a victim who did not consent or who was unable to consent or refuse.

C) The facility must 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.

D) Before hiring any new employee, sub-contractor, or coordinating a new volunteer, Spectrum performs a criminal background records check, must consult any child abuse registry maintained by the State of Michigan and

E) Spectrum Juvenile Justice Services shall conduct criminal background and central registry records checks upon initial hire and at least every five years of current employees, contractors, and volunteers.

F) As part of the hiring process, Spectrum Juvenile Justice Services shall ask all applicants, prospective sub-contractors, and prospective volunteers about previous alleged misconduct in written applications or interviews for hiring.

G) Spectrum will be strictly prohibited from extending an offer of employment to any applicant or prospective sub-contractor, or volunteer who has made a material omission regarding such misconduct, or who has provided materially false information.

H) In accordance with applicable law, the agency provides information on substantiated allegations of sexual abuse or harassment to institutional employers upon request when a former employee has applied for a position.

According to interviews, the facility performs criminal background record checks on all newly hired employees, employees considered for promotion and contractors. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor. The facility consults a child abuse registry maintained by the state. Background record checks are performed annually, exceeding this standard. All applicants and employees are asked about previous misconduct for hiring and promotions using a PREA questionnaire sheet. The facility imposes upon employees a duty to disclose any such previous misconduct. When a former employee applies for work at another institution, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving that former employee.

The facility exceeds compliance with this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <p>PAQ</p> <p>PREA Standard</p> <p>Interviews with the Executive Director and the Center Director</p> <p>115.318 Upgrades to Facilities and Technologies</p> <p>A) When designing or acquiring new facilities, and during any substantial expansion or modification of existing facilities, the agency has proactively considered the implications of such changes on its ability to protect residents from sexual abuse. These considerations have been integrated into architectural planning and operational design decisions to enhance resident safety.</p> <p>B) In all instances where the agency has installed or updated video monitoring systems, electronic surveillance, or other monitoring technologies, it has carefully assessed and incorporated the potential of these technologies to improve the agency's ability to detect, prevent, and respond to sexual abuse. These assessments have guided both procurement and deployment to ensure optimal coverage and resident protection.</p> <p>The facility states through the PAQ that they have not made any changes to their facility or camera system.</p> <p>According to interviews, PREA would be considered in any facility expansion, modification or camera upgrade.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-321 Documents reviewed:</p> <p>PREA policy</p> <p>The facility only investigates administrative investigations</p> <p>The Highland Park police department investigates criminal allegations</p> <p>A signed MOU with the Highland Park Police Department that outlines the requirement to follow the Michigan Model Policy (Protocols for</p>

investigating sex crimes for adults and youth developed by a working group and adopted in the state)

Job description for Therapist that outline the job description of crisis intervention

A MOU that provides victim services and forensic exams

Community Advocacy Questionnaire

Interviews with random staff and one resident who reported sexual abuse (did not require forensic examination)

115.321 Evidence Protocol and Forensic Medical Examinations

A) The policy submitted through the PAQ states: Each incident of alleged or reported sexual abuse, sexual harassment or sexual assault/rape must be investigated to the fullest extent possible. Evidence collected must be maintained under strict control. Spectrum Human Services will not terminate an investigation solely because the source of the allegation recants the allegation and will not terminate an investigation due to the alleged victim or alleged perpetrator(s) leaving the facility. Investigators will not make a determination based on the credibility of the alleged victim.

B) The State of Michigan Sexual Assault Model Policy Working Group was created by the Michigan Domestic and Sexual Violence Prevention and Treatment Board to draft a resource for law enforcement agencies that represents best practices for the effective response to, and investigation of, the sexual assault of adults and young adults. The agency's evidence protocol is developmentally appropriate for youth and has been adapted from the most recent edition of the U.S. Department of Justice's Office on Violence Against Women's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or from similarly authoritative protocols developed after 2011.

There is a MOU with Highland Park Police Department.

C) The victim and alleged perpetrator must be separated, kept isolated from each other, and prevented from communicating. If the assault is alleged to have occurred within the past 96-hours, the victim must be transported to DMC Children's Hospital, Detroit (or other Hospital with personnel qualified to perform forensic examinations of children as designated by Administration) for examination by qualified personnel at no cost to the resident.

D) The facility will provide an outside advocate, if requested by the victim, or a qualified staff person, to accompany the victim through the forensic examination process and provide advocacy.

E) The facility will provide an outside advocate, if requested by the victim, or a qualified staff person, to accompany the victim through the forensic examination process and provide advocacy.

	<p>F) A signed MOU with the Highland Park Police Department that outlines the requirement to follow the Michigan Model Policy (Protocols for investigating sex crimes for adults and youth developed by a working group and adopted in the state).</p> <p>G) Same as F</p> <p>H) The qualified staff member is a staff member trained in crises Intervention.</p> <p>For administrative investigations, Spectrum Human Services imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on the results of the investigation, legal authorities will determine if prosecution is appropriate.</p> <p>According to interviews, SAFE SANE examinations are not provided by facility medical staff. Staff understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The facility allows the victim to contact a victim advocacy agency.</p> <p>The facility meets compliance with this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-322 Documents reviewed:</p> <p>PREA policy and MOU with Highland Park Police Department that requires that they comply with the Michigan Model Policy that outlines requirements for law enforcements responsibilities</p> <p>Information provided in the PAQ state they have not had any allegations of sexual abuse or harassment in the last 12 months</p> <p>Interviews with random staff, one resident who reported sexual abuse and the PREA Compliance Manager (PCM)</p> <p>115.322 Policies to Ensure Referrals of Allegations for Investigations</p> <p>A) The agency ensures that an administrative or criminal investigations is completed for all allegations of sexual abuse and sexual harassment, as evidenced by PREA Policy.</p> <p>B) The agency has in place a policy 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</p>

	<p>potentially criminal behavior.</p> <p>C) The facility uses the local police department to investigate any criminal activity.</p> <p>D) A signed MOU with the Highland Park Police Department that outlines the requirement to follow the Michigan Model Policy (Protocols for investigating sex crimes for adults and youth developed by a working group and adopted in the state).</p> <p>E) Same as D</p> <p>According to interviews, SAFE SANE examinations are not provided by facility medical staff. Staff understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The facility allows the victim to contact a victim advocacy agency. Staff are aware of who conducts sexual abuse investigations. The facility has a MOU with a victim advocacy agency.</p> <p>The facility meets compliance with this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115-331 Documents reviewed:</p> <p>Training policy</p> <p>Mandated reporter training</p> <p>PREA training curricular and signed training attendance records</p> <p>Interviews with random staff</p> <p>115.331 Employee Training</p> <p>A) All employees who may have contact with residents receive extensive training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. This training covers responsibilities for prevention, detection, reporting, and response under the agency’s policies and procedures.</p> <p>B) Staff are trained on residents’ rights to be free from sexual abuse and harassment and on protections from retaliation for reporting such incidents.</p> <p>C) The curriculum includes the dynamics of sexual abuse and harassment in juvenile settings, common reactions of youth victims, and how to detect and respond to signs of sexual abuse.</p>

	<p>D) Staff are trained to distinguish between consensual sexual contact and sexual abuse between residents, and to avoid any inappropriate relationships with youth.</p> <p>E) Effective and professional communication with all residents, including LGBTQI+ and gender nonconforming youth, is emphasized in the training.</p> <p>F) Employees are educated on mandatory reporting laws and relevant laws regarding the applicable age of consent.</p> <p>G) Training is tailored to the gender and developmental needs of the resident population, and additional training is provided to employees transferred between male- and female-resident facilities.</p> <p>H) All new employees receive the required training, and current employees who had not previously received this training were trained within one year of the standards' effective date. Refresher training is conducted every two years, with annual updates in interim years.</p> <p>I) The agency maintains documentation, verified by signature or electronic confirmation, that employees understand the training provided.</p> <p>According to interviews, staff receive full PREA training at hire and annually thereafter, exceeding the standard.</p> <p>The facility exceeds compliance with this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115-332 Documents reviewed:</p> <p>The PREA training policy</p> <p>PREA training curricula and signed training attendance records</p> <p>Interviews with one volunteer and two contractors</p> <p>115.332 Volunteer and Contractor Training</p> <p>A) All volunteers and contractors with resident contact receive training on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. The training policy submitted through the PAQ requires all contractors and volunteers of Spectrum Juvenile Justice Services working directly with Residents receive training associated with the prevention, detection, response and elimination of sexual harassment, assault, and abuse.</p>

	<p>B) Training is tailored to the level and nature of their contact with residents. However, all are informed of the agency’s zero-tolerance policy and how to report any incidents.</p> <p>C) The agency documents that all volunteers and contractors understand the training through signed or electronic verification.</p> <p>According to interviews, contractors have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, to include the agency’s zero tolerance policy and how to report incidents. Training is received annually, exceeding the standard.</p> <p>The facility exceeds compliance with this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115-333 Documents reviewed:</p> <p>Orientation policy, posters in English, Arabic and Spanish. pamphlets outlining the process for reporting to Wayne County Safe that provides support services</p> <p>Training materials including a close caption video</p> <p>Statement that staff will read the training to the resident if necessary</p> <p>Reviewed signed training sheets for residents receiving PREA orientation at intake</p> <p>Site review observations</p> <p>Interviews with intake staff and random residents</p> <p>115.333 Resident Education</p> <p>A) During intake, all residents receive age-appropriate information about the agency’s zero-tolerance policy and reporting methods for sexual abuse and harassment.</p> <p>B) Within 10 days of intake, comprehensive education is provided—either in person or via video—on the resident’s rights, protections from retaliation, and agency</p>

policies for addressing abuse and harassment.

C) Any resident who had not previously received such education was educated within one year of the effective date. Residents transferred between facilities receive updated education if policies differ.

D) Education is accessible to residents with limited English proficiency, visual or hearing impairments, intellectual or developmental disabilities, or low literacy levels.

E) The agency maintains documentation of each resident's participation in PREA education sessions.

F) Key information is continuously and prominently posted throughout the facility, including in housing units and dayrooms, and is also included in the resident handbook.

According to interviews, intake staff provide residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the PREA orientation. Residents are provided with a PREA video, PREA packet and in-person review by a clinician. Residents watch a PREA video every quarter, exceeding the standard. PREA signage is located throughout the facility. Residents are provided with information about PREA at time of intake.

The PREA Audit Notice is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Access to outside emotional support services is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Informal conversations with staff and residents stated that postings are always posted on the wall. Residents are able to read and understand the information. Reporting information is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Informal conversations with staff and residents stated that postings are always posted. Residents are able to read and understand the information. Third-party reporting information is posted in English and Spanish and visible in public lobby, staff area, admin, all pods/units, intake, medical, visitation and education, and on the agency website. Informal conversations with staff and residents stated that postings are always posted in the facility. Residents are able to read and understand the information. Zero tolerance and how to report information are posted in areas where staff and residents are able to read and retain the information being provided (staff area, lobby, all pods/units, medical area, visitation). Posters are in English and Spanish. Informal conversations with staff and residents stated that postings are always posted on the walls. Residents are able to read and understand the information displayed.

The auditor observed a mock intake by trained staff and reviewed the packet of sexual safety information provided to residents upon intake. PREA postings in English and Spanish in intake were observed. PREA video, PREA pamphlet, private

	<p>spaces, and interpreter information were observed and readily available. Education is provided verbally, in writing, and through a video with captions. Informal conversations with staff regarding their understanding of initial PREA education provided during intake was held.</p> <p>Refreshers are provided every 30 days to residents. Staff provided a mock education session for demonstration purposes. Education is provided verbally, in writing and through a video in English and Spanish. Interpreter services are on demand. Education includes the residents right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Informal conversations were held with staff regarding their understanding of the information provided.</p> <p>The language line service was tested. Interpreter services are on demand and available 24/7. Many staff are bilingual and able o assist with translation. Interpretation can be done in a private room. Hotline numbers have bilingual staff and interpretation services are available.</p> <p>The facility exceeds compliance with this standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-334 Documents reviewed:</p> <p>PREA investigator training policy</p> <p>Investigator training curricular from NIC</p> <p>Investigator training completion certificates</p> <p>Interview with investigator</p> <p>115.334 Specialized Training: Investigations</p> <p>A) All agency investigators receive specialized training in conducting sexual abuse investigations in confinement settings, in addition to standard employee training.</p> <p>B) This training includes techniques for interviewing juvenile victims, the proper use of Miranda and Garrity warnings, evidence collection protocols in confinement settings, and the standards of proof needed for administrative or criminal proceedings.</p> <p>C) The agency maintains documentation confirming that investigators have received this specialized training.</p>

	<p>According to interviews, investigative staff received training specific to conducting sexual abuse and sexual harassment investigations.</p> <p>The facility meets compliance with this standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-335 Documents reviewed:</p> <p>Training policy</p> <p>Training certificates for completed PREA training for medical and mental staff</p> <p>Interviews with medical and mental health staff</p> <p>115.335 Specialized Training: Medical and Mental Health Care</p> <p>A) All full- and part-time medical and mental health staff receive training in detecting and assessing signs of sexual abuse and harassment, preserving physical evidence, and responding to juvenile victims in a professional and supportive manner.</p> <p>B) Staff who perform forensic examinations are trained appropriately to conduct such examinations in line with medical best practices.</p> <p>C) The agency documents all such training, whether conducted internally or by external providers.</p> <p>D) These practitioners also receive employee training per §115.331 or volunteer/contractor training per §115.332, depending on their status.</p> <p>According to interviews, facility medical staff do not conduct forensic examinations. Medical staff will complete an initial wellness assessment prior to sending the resident out to the local hospital. Medical and mental health staff receive regular staff training and specialized training regarding sexual abuse and sexual harassment. Training is documented.</p> <p>The facility meets compliance with this standard.</p>

115.341	Obtaining information from residents
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115-341 Documents reviewed:

Facility PREA policy

Resident screenings that include a referral to medical or mental health

Resident screenings that document that the screenings are used to determine housing, bed, program, education, and work assignments for Residents

Site review observations

Interviews with staff who conduct risk screenings, random residents, the PREA Coordinator (PC) and the PREA Compliance Manager (PCM)

115.341 Screening for Risk of Sexual Victimization and Abusiveness

A) As evidenced by the orientation policy stating that within 72 hours of arrival, and periodically throughout confinement, the agency uses an objective screening tool to gather information aimed at reducing the risk of sexual abuse, whether as victim or perpetrator.

B) The assessment gathers information on history of sexual victimization or abusiveness, gender identity and expression, offense history, age, emotional development, physical stature, mental and physical disabilities, and the resident's own perception of vulnerability.

C) The process also incorporates a review of case files, court documents, behavioral records, and medical/mental health screenings.

D) To protect residents, the agency implements strict controls on access to this sensitive information, ensuring it is shared only with staff who have a legitimate need to know.

According to interviews, residents are screened at time of admission or within 24 hours to the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. A standardized set of questions is utilized. Only clinicians and managers have access to risk assessments. Risk levels are reassessed every six months. Information is used to determine risk, safety planning and housing/bed assignments. Placement and programming assignments for transgender and intersex residents are completed every six months. Transgender and intersex residents are given the opportunity to shower separately. Medical and mental health follow-ups, post screening, are within 14 days. Residents recall being asked risk screening questions at time of intake. The PCM and PC are aware that only clinicians have access to the risk of screening.

Physical storage of risk screening, medical records, sexual abuse data, and

	<p>investigation records were secured by lock and key.</p> <p>All electronic records are password protected with restricted access. Informal conversations held with staff regarding access and security.</p> <p>The auditor observed a mock intake for demonstration purposes. Private spaces for interviewing were observed. Staff ask questions using a standardized instrument. Staff ask questions regarding sexual orientation and gender identity. Staff reviews records and other documents to complete the screening. Informal conversations were held with staff conducting the mock demo regarding the process and privacy.</p> <p>The facility meets compliance with this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-342 Documents reviewed:</p> <p>The screenings that the facilities use to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse</p> <p>The facilities PREA policy and the PREA standard to ensure compliance</p> <p>Interviews with medical and mental health staff, staff responsible for completing the risk screenings, Center Director, PREA Coordinator (PC), PREA Compliance Manager (PCM), and one resident who identifies as gay/ bisexual</p> <p>115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</p> <p>A) The facility utilizes all information obtained during the resident screening process, as outlined in § 115.341, along with any updated information thereafter, to make individualized housing, bed, program, education, and work assignments. These assignments are made with the express goal of ensuring each resident’s safety and protecting all residents from sexual abuse. All placement decisions are informed by a thorough review of the screening data to mitigate any identified risks.</p> <p>B) Residents are only placed in isolation as a measure of last resort, and only when less restrictive alternatives are deemed insufficient to ensure the safety of the resident or others. When isolation is necessary, it is used only until a suitable alternative can be identified and implemented. During any period of isolation,</p>

residents are provided daily opportunities for large-muscle exercise and continue to receive all legally required educational services, including special education where applicable. Additionally, isolated residents receive daily visits from qualified medical or mental health clinicians and are granted access to available programming and work opportunities to the greatest extent possible.

C) The facility strictly prohibits assigning residents to specific housing, bed, program, or work placements solely based on their identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI). Moreover, LGBTI status is not used as an indicator of a resident's propensity for sexual abusiveness. All placement decisions are made based on individualized assessments without reliance on sexual orientation, gender identity, or intersex status as a determining factor.

D) When making facility placement and other housing or programming decisions for transgender or intersex residents, the facility conducts a case-by-case assessment. These assessments prioritize the health and safety of the resident and consider potential management or security concerns. Final placement decisions are grounded in an individualized approach that balances resident welfare with operational considerations.

E) Placement and programming assignments for transgender and intersex residents are reassessed no less than twice per year. Each reassessment evaluates whether the resident has encountered any threats to their safety, ensuring that accommodations continue to support the resident's well-being and security over time.

F) The personal safety concerns and views of transgender and intersex residents are given significant weight in placement and programming decisions. Their input is considered a critical component of the individualized assessment process, and their preferences are documented and factored into final determinations.

G) All transgender and intersex residents are provided the opportunity to shower separately from other residents. This accommodation is consistently offered to promote privacy and personal dignity while reducing the risk of vulnerability to abuse.

H) When a resident is placed in isolation pursuant to paragraph (b), the facility documents:

- (1) The specific safety concerns that necessitated the isolation; and
- (2) The rationale for determining that no less restrictive alternative was feasible at the time of placement. This documentation ensures transparency and accountability in the decision-making process.

I) A formal review is conducted at least every 30 days for any resident held in isolation under paragraph (h). The review evaluates the ongoing need for separation and explores the feasibility of transitioning the resident back into the general population or an alternative placement, with a goal of minimizing the duration and frequency of isolation.

	<p>According to interviews, all residents have private rooms. No isolation is required. The facility does not have a housing unit only for LGBTI residents. At the time of the audit, there were no residents held in isolation. The PCM was able to explain how information is used from the risk screening. The facility does not have a housing unit only for LGBTI residents. This is an all-male facility. The agency considers whether the placement of a LGBTI resident will ensure the residents health and safety and if it would present management or security problems. Placement and programming assignments for each transgender or intersex resident is reassessed every six months and upon a report or concern.</p> <p>The facility meets compliance with this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115-351 Documents reviewed:</p> <p>PREA policy</p> <p>Posters</p> <p>Handbook and welcome package</p> <p>Site review observations</p> <p>Third party reporting confirmation</p> <p>Community Questionnaire</p> <p>Interviews with random staff, random residents and the PREA Compliance Manager (PCM)</p> <p>115.351 Resident Reporting</p> <p>The policy of the facility encourages residents to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>A) The facility shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>B) The facility shall also provide at least one way for students to report abuse or harassment to a public or private entity or office that is not part of the program and</p>

that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials, allowing the student to remain anonymous upon request.

C) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/ Information Report that is submitted directly to the Director of Student Services or Program Director/ Program Manager.

D) The program shall provide students with access to tools necessary to make a written report. This could include (but not limited to) the following: Student Grievance Form, Student Statement Form, Medical Request Form, Student One-on-One Request Form, the staff shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

E) Staff shall adhere to the following: Regardless of its source, staff, contractors and/ or volunteers who receive information concerning a resident and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that resident has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and the shift supervisor and/or designee.

The evidence provided through the PAQ. (DCS phone number, policy, poster and student handbook) demonstrate compliance.

According to interviews, staff are aware of the various ways staff and residents can report an allegation of sexual abuse or sexual harassment of residents privately.

Residents involved in making the PREA signage exceed this standard.

Residents were able to describe various ways to report sexual abuse or sexual harassment, in person, in writing, through a third party, and anonymously. The PCM stated grievance drop boxes and a PREA reporting phone number are available for resident reporting. When reports are made to the hotline, the hotline will notify facility.

The PREA Audit Notice is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education.

Access to outside emotional support services is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Informal conversations with staff and residents stated that postings are always posted on the wall. Residents are able to read and understand the information.

Reporting information is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Informal conversations with staff and residents stated that postings are always posted. Residents are able to read and understand the information.

Third-party reporting information is posted in English and Spanish and visible in public lobby, staff area, admin, all pods/units, intake, medical, visitation and education, and on the agency website. Informal conversations with staff and residents stated that postings are always posted in the facility. Residents are able to read and understand the information.

Zero tolerance and how to report information are posted in areas where staff and residents are able to read and retain the information being provided (staff area, lobby, all pods/units, medical area, visitation). Posters are in English and Spanish. Informal conversations with staff and residents stated that postings are always posted on the walls. Residents are able to read and understand the information displayed.

Physical storage of risk screening, medical records, sexual abuse data, and investigation records were secured by lock and key.

All electronic records are password protected with restricted access. Informal conversations held with staff regarding access and security.

Writing materials were observed in pods/units. Mail picked up weekdays. Mailbox/drop boxes are accessible to residents. There is no charge to residents for postage. Informal conversations were held with staff regarding incoming and outgoing mail processes.

Phones are available in all units/pods and calls to the hotlines are free. Drop boxes are located in all units/pods. Medical drop boxes are in all units/pods. Grievance drop boxes with grievance forms are in all units/pods. Writing materials are available. Reporting posters are hung near phones. No electronic reporting methods are available. Posters display ways to report, to include verbally, in writing and third party.

Postings are located on the wall near phones. Reporting methods are free to call. Residents can access phones during free time and upon request. Hotline/phone accessibility tested. Phones are in working order. The call was free (no pin number required). A live person answered. Anonymous reporting is allowed. Informal conversations were held with staff and residents regarding reporting by phone. All understood the processes in place.

Staff reporting method was demonstrated by staff.

Third party reporting method was tested.

Access to emotional support services were confirmed during interview with the community advocacy agency and documented on the community advocacy questionnaire.

The facility exceeds compliance with the standard.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 715 378">115-351 Documents reviewed:</p> <p data-bbox="280 412 469 445">PREA policy</p> <p data-bbox="280 479 1474 557">Disciplinary policy and statement that there have been no grievances filed for sexual abuse or harassment in the last 12 months</p> <p data-bbox="280 591 900 624">third party reporting text confirmation</p> <p data-bbox="280 658 676 692">Site review observations</p> <p data-bbox="280 725 1165 759">Interview with one resident who reported sexual abuse</p> <p data-bbox="280 815 549 848">Auditor comments:</p> <p data-bbox="280 882 1461 1005">A) Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.</p> <p data-bbox="280 1039 1445 1196">B) There is no time limit on when a resident may file a grievance related to sexual abuse. Time limits are only applied to non-sexual abuse-related grievances. Residents are not required to use informal grievance procedures or to attempt resolution with staff before filing such grievances.</p> <p data-bbox="280 1229 1426 1352">C) Residents may submit grievances directly to a supervisor or designated PREA official, ensuring that the grievance is never routed to a staff member who is the subject of the complaint.</p> <p data-bbox="280 1386 1474 1677">D) The facility issues a final decision within 90 days of receiving any grievance related to sexual abuse. This period excludes any time residents may take in preparing administrative appeals. If additional time is required, the agency may extend the deadline by up to 70 days with written notice provided to the resident, including the new decision deadline. If a response is not received within the allowed timeframe, the resident may treat it as a denial at that level and proceed accordingly.</p> <p data-bbox="280 1711 1477 2002">E) Third parties—including fellow residents, staff, family members, attorneys, and advocates—are permitted to assist or file grievances on behalf of residents. For non-guardian third-party requests, the facility may require the resident’s agreement to proceed and to personally complete any next steps in the process. If the resident declines to proceed, this decision is documented. For juvenile residents, parents or legal guardians may file grievances and appeals without requiring the juvenile’s agreement.</p> <p data-bbox="280 2036 1461 2069">F) The facility also has procedures for emergency grievances where a resident is at</p>

	<p>substantial risk of imminent sexual abuse. Upon receipt, the grievance is immediately forwarded to a level of review with the authority to take prompt corrective action. The resident receives an initial response within 48 hours and a final decision within 5 calendar days, both of which document the risk assessment and action taken.</p> <p>G) Residents may only be disciplined for filing a PREA-related grievance if the facility can demonstrate bad faith in filing.</p> <p>According to interviews, victims are notified of the outcome of the investigation within a short period of time.</p> <p>Third-party reporting information is posted in English and Spanish and visible in public lobby, staff area, admin, all pods/units, intake, medical, visitation and education, and on the agency website. Informal conversations with staff and residents stated that postings are always posted in the facility. Residents are able to read and understand the information.</p> <p>Third party reporting method was tested.</p> <p>The facility meets compliance with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-353 Documents reviewed:</p> <p>PREA policy</p> <p>A MOU with Wayne County Safe that was verbally agreed to by both parties</p> <p>A picture of an advocacy poster that outlines the reporting process</p> <p>Youth orientation packet and the treatment policy</p> <p>Third party reporting test confirmation</p> <p>Community advocacy questionnaire</p> <p>Site review observations</p> <p>Interviews with random staff, PREA Compliance Manager (PCM) Center Director, and one resident who reported sexual abuse</p>

115.353 Resident Access to Outside Support Services and Legal Representation

A) The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Information on local, state, and national victim advocacy organizations, including toll-free rape crisis hotlines, is provided through posting and made available in resident handbooks and accessible areas. For residents detained solely for civil immigration purposes, contact information for immigrant services agencies is also included.

B) The facility ensures that reasonable communication is possible between residents and advocacy agencies, maintaining confidentiality to the extent possible. To ensure residents are informed, prior to access, the facility informs residents of the extent to which communications will be monitored and the possible reporting obligations for abuse under mandatory reporting laws.

C) The agency has entered into Memoranda of Understanding (MOUs) or other agreements with community service providers that offer confidential emotional support for sexual abuse survivors. Copies of these agreements, or documentation of attempts to enter into such agreements, are maintained by the agency.

D) Furthermore, the facility ensures confidential access for residents to their attorneys or legal representatives and facilitates communication with parents or legal guardians of juvenile residents, ensuring privacy in these exchanges.

According to interviews, most residents were aware that services are available outside the facility for dealing with sexual abuse. Residents' are aware of signage posted in the units and other areas of the facility containing phone numbers and addresses to outside services and most residents knew that they could speak privately to this service. The facility allows residents to see or speak to attorneys privately. The facility allows residents to see or speak to parents or legal guardians during designated times. Residents have unmonitored, unlimited phone calls with attorneys. Residents have in-person, phone and mail contact with parents. Signage states the call is confidential and free. Residents understand that they can call their attorney and parents if they choose.

Access to outside emotional support services is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education. Informal conversations with staff and residents stated that postings are always posted on the wall. Residents are able to read and understand the information.

Writing materials were observed in pods/units. Mail picked up weekdays. Mailbox/drop boxes are accessible to residents. There is no charge to residents for postage. Informal conversations were held with staff regarding incoming and outgoing mail processes.

Access to emotional support services were confirmed during interview with the community advocacy agency and documented on the community advocacy questionnaire.

	The facility meets compliance with this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-354 Documentation reviewed:</p> <p>Policy on third party reporting</p> <p>Posters that describe the zero-tolerance policy and how to report sexual abuse or harassment</p> <p>Family welcome package</p> <p>Site review observations</p> <p>third party reporting text confirmation</p> <p>Community advocacy questionnaire</p> <p>115.354 Third-Party Reporting</p> <p>A) Family who wishes to report allegations to a third party/someone outside of the Facility can do so by contacting MDHHS Child Protective Services (CPS). The CPS toll-free phone number is visibly posted throughout each Facility.</p> <p>Third-party reporting information is posted in English and Spanish and visible in public lobby, staff area, admin, all pods/units, intake, medical, visitation and education, and on the agency website. Informal conversations with staff and residents stated that postings are always posted in the facility. Residents are able to read and understand the information.</p> <p>Third party reporting method was tested.</p> <p>The facility meets compliance with this standard.</p>

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

115-361 Documents reviewed:

The PREA policy

A memo from the executive director to all staff stating: "This poses as a reminder that being a team member at SJS means you have a Duty to Report - your management team will provide a copy of the duty to report policy for review. Additionally, your right as a staff member includes being able to privately report allegation to CPS, like any youth. This information is available below and around the buildings. Who is your PREA Team? The team consists of our company's coordinator, set investigators on each site, the center directors and administrator. Coordinator S. Martin, Investigators - Lincoln - T.Peterson CPS Hotline: 855-444-3911"

Interviews with medical and mental health staff, random staff, Center Director and the PREA Compliance Manager (PCM)

115.361 Staff and Agency Reporting Duties.

A) The policy submitted through the PAQ states: Staff must report immediately any knowledge, suspicion, or information that they receive regarding: An incident of sexual abuse or sexual harassment that occurred in a Facility, whether or not the Facility is part of the agency; retaliation against Residents or Staff that reported such an incident; and/or, any Staff neglect or violation of responsibilities that may have contributed to an incident or any retaliation against residents or staff who reported and allegation or were supporting witnesses. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or Staff that become aware of sexual activity between Residents or between a Resident and Staff, contractor, visitor, or volunteer must immediately report this to the immediate Supervisor. The Supervisor must immediately relay the report to the Facility Director or manager-level designee.

B) That Administrator is responsible for notifying the Division of Child Welfare Licensing (DCWL). The Staff member receiving the report of actual or suspected sexual abuse or rape must immediately call Child Protective Services and report the incident and/or allegation. The Staff member receiving the report of actual or suspected sexual abuse or rape must submit an Incident Report before the end of their work shift and must complete a DHHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72-hours of becoming aware of the incident. Staff members must also comply with all rules for mandated reporters as articulated in the Child Protection Law and all related Spectrum Policies (e.g., Abuse and/or Neglect of Consumer Policy).

C) Staff are prohibited from disclosing information about a sexual abuse report to anyone other than those necessary for treatment, investigation, or security purposes, maintaining confidentiality as required by policy

D) Medical and mental health practitioners have additional responsibilities. They

	<p>must report incidents of sexual abuse to the designated supervisors and relevant state or local services agencies. These practitioners also inform residents at the initiation of services about their duty to report and the limitations on confidentiality, in line with agency policies.</p> <p>E) The facility head or designated officials must promptly report any sexual abuse allegation to the appropriate agency office and, if applicable, the resident’s parents or legal guardians (or caseworker in cases of child welfare custody). If the alleged victim is under the guardianship of the juvenile justice system, the juvenile’s attorney or legal representative must be notified within 14 days.</p> <p>F) All allegations, including those from third parties or anonymous sources, are reported to designated investigators for thorough review and investigation.</p> <p>According to interviews, residents are advised by medical and mental health staff at the initiation of services regarding limitations of confidentiality and their duty to report. All staff are mandatory reporters. Medical and mental health staff are not aware of any disclosures that required to be reported. The PCM and Center Director stated that parents/legal guardians/child welfare are notified of an allegation right away. Attorneys are generally notified within 72 hours. The center Director also stated that allegations are reported directly to the facility investigators.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.362 Documents reviewed:</p> <p>The facility PREA policy</p> <p>Statement in the PAQ that states they have not had any residents in danger needing protection for the last 12 months</p> <p>Interviews with random staff, Center Director and the Executive Director</p> <p>115.362 Agency Protection Duties</p> <p>When an agency learns that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate protective action to ensure the resident’s safety. This may include altering housing assignments, initiating separation from potential abusers, or implementing other security measures to mitigate any immediate threats to the resident’s well-being.</p>

	According to interviews, staff understand that immediate action is required to protect residents at risk of imminent sexual abuse.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-363 Documents reviewed:</p> <p>PREA policy</p> <p>PAQ- The facility reports that there were no reported incidents that required the facility head to notify other facilities</p> <p>Interviews with the Executive Director and the Center Director</p> <p>115.363 Reporting to Other Confinement Facilities</p> <p>A) When a resident reports sexual abuse that occurred at a different facility, the facility head is required to notify the head of the receiving facility and the relevant investigative agency. This notification is to be made within 72 hours of receiving the report. The agency documents the notification to ensure compliance and transparency. The receiving facility must then ensure that the allegation is investigated according to these standards.</p> <p>According to interviews, reports from other facilities are thoroughly investigated.</p> <p>The facility meets compliance with this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-364 Documents reviewed:</p> <p>The coordinated response plan</p> <p>The facility states they have not had any incidents requiring a first responder action</p> <p>Interviews with first responders, random staff and one resident who</p>

	<p>reported sexual abuse</p> <p>115.364 Staff First Responder Duties</p> <p>A) Upon receiving a report of sexual abuse, the first staff member to respond must take immediate action to preserve evidence and protect both the victim and potential perpetrator. Key responsibilities include separating the victim and abuser to prevent further harm.</p> <p>Preserving and protecting the crime scene, if applicable, until investigative authorities can process the area.</p> <p>If the abuse occurred within a timeframe where physical evidence may still be collected, the staff member will instruct the victim not to engage in actions that could destroy evidence, such as washing, brushing teeth, or changing clothes. Similarly, the alleged abuser must be prevented from taking actions that could compromise evidence, including altering clothing or personal hygiene.</p> <p>B) If the first responder is not a security staff member, they are required to notify security staff immediately to ensure proper handling of evidence and further protective actions.</p> <p>According to interviews, security staff, non-security staff and random staff were able to describe all actions to be taken as a first responder in for allegation of sexual abuse. Staff respond as soon as the allegation is made.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-365 Documents reviewed:</p> <p>The coordinated response plan</p> <p>Interviews with the Center Director</p> <p>115.365 Coordinated Response</p> <p>A) The facility has developed and implemented a written institutional plan for responding to incidents of sexual abuse. This plan ensures coordination among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan outlines roles and responsibilities, ensuring a streamlined, unified response to allegations of sexual abuse. This includes ensuring clear communication and adherence to protocols at every stage of the response process, from initial reporting to investigation and follow-up care for residents involved in an incident.</p>

	<p>According to interviews, the facility coordinated response plan is in policy.</p> <p>The facility meets compliance with this standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <p>PAQ - statement that the facility does not have collective bargaining</p> <p>Interview with the Executive Director</p> <p>115.366 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>A) The facility has a policy that prevents any collective bargaining agreement or other agreements from limiting the agency's ability to remove alleged staff sexual abusers from contact with residents during an investigation. This ensures that the facility can take immediate steps to protect residents without delay while an investigation is ongoing.</p> <p>B) This provision does not restrict agreements governing aspects like the disciplinary process or whether a no-contact assignment imposed during an investigation is expunged from an employee's record if the abuse is not substantiated. These agreements are handled in accordance with the relevant provisions outlined in §§ 115.372 and 115.376, ensuring that no policy undermines the ability to protect residents during investigations.</p> <p>According to interviews, the facility does not have any collective bargaining agreements.</p> <p>The facility meets compliance with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115-367 Documents reviewed:

	<p>PREA policy</p> <p>PAQ - states they have not had incidents that required retaliation monitoring</p> <p>Interviews with designated staff member charged with monitoring retaliation, Center Director, Executive Director and one resident who reported sexual abuse</p> <p>115.367 Agency Protection Against Retaliation</p> <p>A) The agency has a clear policy in place to protect residents and staff who report sexual abuse or harassment or cooperate with investigations from retaliation. This includes monitoring retaliation by both residents and staff, with designated staff members or departments responsible for overseeing these protections.</p> <p>B) Multiple protection measures are employed, including housing changes or transfers, removal of alleged abusers from contact, and emotional support services for both residents and staff who may fear retaliation. The agency acts promptly to address any signs of retaliation.</p> <p>C) For a minimum of 90 days following a report of sexual abuse, the agency monitors the conduct or treatment of those involved, including any changes in disciplinary reports, housing assignments, or staff performance reviews. If further retaliation is suspected, the agency will extend this monitoring period as needed.</p> <p>D) In the case of residents, the agency conducts periodic status checks to ensure no retaliation or negative consequences for their cooperation.</p> <p>E) If any individual cooperating with an investigation expresses concerns about retaliation, the agency takes immediate and appropriate protective measures to address those concerns.</p> <p>F) If the allegation is unfounded, the obligation to monitor retaliation ceases.</p> <p>According to interviews, retaliation is monitored weekly. Contact with residents who have reported sexual abuse is initiated. Monitoring will last 90 days or longer. A retaliation questionnaire is completed. Residents feel protected enough against retaliation.</p> <p>The facility meets compliance with this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115-368 Documents reviewed:</p> <p>The facility policy and PREA standard to ensure compliance</p> <p>A statement in the PAQ that the facility has not had to use isolation for any PREA violation</p> <p>Site review observations</p> <p>Interviews with medical and mental health staff and the Center Director</p> <p>115.368 Post-Allegation Protective Custody</p> <p>A) If segregated housing is used to protect a resident alleged to have suffered sexual abuse, the facility ensures that any use of protective custody complies with the requirements of § 115.342. This includes limiting the use of segregated housing to the shortest duration possible and ensuring it does not cause harm to the resident’s well-being, such as disrupting access to education, healthcare, or other services.</p> <p>According to interviews, all residents have private rooms. No isolation is required. At the time of the audit, there were no residents held in isolation.</p> <p>Staffing observed matched the facility staffing plan. Staff were visible in all areas where residents were located. No isolation areas were found.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-371 Documents reviewed:</p> <p>The PREA policy</p> <p>Investigation reports</p> <p>Site review observations</p> <p>Interviews with investigators, PREA Coordinator (PC), Center Director, PREA Compliance Manager (PCM), and one resident who reported sexual abuse</p> <p>115.371 Criminal and Administrative Agency Investigations</p>

A) The facility conducts all investigations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports. Investigations are led by trained investigators who are skilled in handling cases involving juvenile victims, in accordance with the training requirements set out in § 115.334.

B) Investigators gather and preserve all relevant evidence, including physical evidence, DNA, electronic monitoring data, and interviews with alleged victims, suspected perpetrators, and witnesses. They also review previous complaints related to the suspected perpetrator.

C) Investigations are not terminated solely because the source of the allegation recants. The agency ensures the investigation proceeds regardless of whether the accuser maintains or retracts the initial claim.

D) When criminal prosecution is a possibility, the agency consults with prosecutors before conducting any compelled interviews to ensure that these do not hinder any subsequent prosecution.

E) Credibility assessments for victims, suspects, or witnesses are conducted individually, and no resident is required to submit to a polygraph examination or similar truth-telling test as a condition for an investigation to proceed.

G) Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse. The results are documented in written reports with detailed findings, including physical and testimonial evidence.

H) Criminal investigations are similarly documented, with thorough descriptions of the evidence and attached copies of documentary evidence where feasible.

I) If an allegation is substantiated and appears to be criminal, it is referred for prosecution.

(j) All written reports from administrative and criminal investigations are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless laws require a shorter retention period for juvenile victims.

(k) The departure of either the alleged abuser or the victim does not terminate the investigation.

(l) Any State entity or Department of Justice component conducting investigations must do so in accordance with the above standards.

(m) The facility cooperates with outside investigators when they are involved, and efforts are made to remain informed about the progress of the investigation.

According to interviews, investigative staff received training specific to conducting sexual abuse and sexual harassment investigations. Investigations are initiated right away following an allegation of sexual abuse or sexual harassment. The first step in initiating an investigation is to assure first responder duties have been

	<p>completed and proper notifications have been made. Investigators were able to thoroughly describe the investigation process. Anonymous and third-party reports are handled in the same manner as all other investigations. All direct and circumstantial evidence would be collected and preserved. When evidence is discovered that a prosecutable crime may have taken place, it is referred to the Highland Park Police Department. Polygraphs are not utilized. Investigations continue to be completed regardless if the staff terminates employment or the alleged victim leaves the facility. When an outside agency is investigating, the facility appoints a point of contact to maintain communication with the investigating agency. Investigations will not terminate should a victim recant his/her allegation. Administrative and criminal investigations are documented in written reports. A preponderance of the evidence is required to substantiate allegations of sexual abuse or sexual harassment. Victims are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility has a point of contact to keep in touch with investigative entities. Residents do not take a polygraph examination.</p> <p>Physical storage of risk screening, medical records, sexual abuse data, and investigation records were secured by lock and key. All electronic records are password protected with restricted access. Informal conversations held with staff regarding access and security.</p> <p>the facility meets compliance with this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-372 Documents reviewed:</p> <p>The facility PREA policy and the PREA standard to ensure compliance</p> <p>Interviews with investigators</p> <p>115.372 Evidentiary Standard for Administrative Investigations</p> <p>A) The facility follows the preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. This means that decisions are made based on whether it is more likely than not that the allegation occurred, rather than requiring proof beyond a reasonable doubt.</p> <p>According to interviews, the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

	The facility meets compliance with this standard.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115-371 Documents reviewed:</p> <p>The facility PREA policy and PREA standards to ensure compliance</p> <p>Auditor reviewed 2 investigations and notifications to the residents on the outcome of the investigation</p> <p>Interviews with Center Director, investigators and one resident who reported sexual abuse</p> <p>115.373 Reporting to Residents</p> <p>A) The facility ensures that, following an investigation into a resident's allegation of sexual abuse, the resident is informed of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>B) If the facility did not conduct the investigation, it requests the relevant information from the investigative agency to ensure the resident is properly informed.</p> <p>C) If the allegation concerns sexual abuse by a staff member, the facility will notify the resident (unless the allegation is unfounded) if the staff member:</p> <ul style="list-style-type: none"> Is no longer posted within the resident's unit. Is no longer employed at the facility. Is indicted on a charge related to sexual abuse within the facility. Is convicted on a charge related to sexual abuse within the facility. <p>D) If the allegation involves sexual abuse by another resident, the facility will inform the alleged victim if:</p> <ul style="list-style-type: none"> The alleged abuser is indicted on a charge related to sexual abuse within the facility. The alleged abuser is convicted on a charge related to sexual abuse within the facility. <p>E) All notifications or attempts at notification are documented to ensure compliance.</p> <p>F) The facility's obligation to report to the resident terminates if the resident is released from the facility's custody.</p>

	<p>According to interviews, residents are notified of the outcome of the investigation within a short period of time.</p> <p>The facility meets compliance with this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.376 Documents reviewed:</p> <p>The facility policy and PREA standard</p> <p>The investigations that documented 2 staff members were disciplined</p> <p>115.376 Disciplinary Sanctions for Staff</p> <p>A) Staff are subject to disciplinary actions, up to and including termination, if they violate the agency's sexual abuse or sexual harassment policies.</p> <p>B) Termination is the presumptive disciplinary sanction for any staff member who is found to have engaged in sexual abuse.</p> <p>C) For violations of policies relating to sexual abuse or harassment (other than actual abuse), disciplinary sanctions are applied based on the nature and circumstances of the act, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members.</p> <p>D) All terminations due to violations of sexual abuse or sexual harassment policies, or resignations by staff members who would have been terminated, are reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>The facility meets compliance with this standard.</p>

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.377 Documents reviewed:</p> <p>The facility policy and the PREA standard</p>

	<p>A statement that there have been no reported allegations of sexual abuse or harassment with volunteers or contractors</p> <p>Interview with the Center Director</p> <p>§ 115.377 Corrective Action for Contractors and Volunteers</p> <p>A) Any contractor or volunteer who engages in sexual abuse is prohibited from any further contact with residents and is reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>B) For any other violations of the agency's sexual abuse or sexual harassment policies by contractors or volunteers, appropriate remedial measures are taken. The facility will consider whether to prohibit further contact with residents in such cases.</p> <p>According to interviews, remedial measures would be taken against contractors and volunteers for any violation of agency PREA policies.</p> <p>The facility meets compliance with this standard.</p>
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115.378 Interventions and disciplinary sanctions for residents	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378 Documents reviewed:</p> <p>The facility policy and the PREA standard</p> <p>PAQ - states no disciplinary action was taken against a resident</p> <p>Interviews with medical and mental health staff and the Center Director</p> <p>115.378 Interventions and Disciplinary Sanctions for Residents.</p> <p>A) A resident can only be subjected to disciplinary sanctions after a formal disciplinary process, which includes an administrative finding or criminal finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>B) Any disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse, the resident's disciplinary history, and the sanctions applied for similar offenses by other residents with comparable histories. If a resident is placed in isolation as part of the sanction, they will still have access to daily large-muscle exercise and any legally required educational programming or special education services. Medical or mental health clinicians will visit residents in isolation daily, and they will have access to other programs and work opportunities when possible.</p>

	<p>C) The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to their behavior when determining appropriate sanctions.</p> <p>D) If the facility offers therapy, counseling, or other interventions to address the underlying causes of the resident’s abuse, the facility will consider offering the offending resident participation in such programs. Participation may be required as part of a rewards-based behavior management system, but not as a condition for accessing general programming or education.</p> <p>E) The facility may discipline a resident for sexual contact with a staff member only if it is determined that the staff member did not consent to the contact.</p> <p>F) A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred will not be considered false reporting or lying, even if the investigation does not substantiate the claim.</p> <p>G) The facility may prohibit all sexual activity between residents and may discipline residents for engaging in such activity. However, the facility will not treat non-coerced sexual activity between residents as sexual abuse.</p> <p>According to interviews, the facility offers therapy, counseling and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The facility does not require a resident’s participation as a condition of access to any rewards-based behavior management system, programming or education. All residents have private rooms. No isolation is required. The Center Director understands that residents can be subjected to disciplinary sanctions for engaging in resident-on-resident sexual abuse.</p> <p>The facility meets compliance with this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 Documents reviewed:</p> <p>The policy and the PREA standard</p> <p>Reviewed follow up mental health documentation on residents that disclosed being a victim or perpetrator</p> <p>Site review observations</p>

Interviews with medical and mental health staff and staff that conducts the risk screening

115.381 Medical and Mental Health Screenings; History of Sexual Abuse

A) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility ensures the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

B) If the screening indicates the resident has previously perpetrated sexual abuse, the facility ensures that the resident is offered a follow-up meeting with a mental health practitioner within 14 days.

C) Any information regarding prior sexual victimization or abusiveness is strictly limited to medical and mental health practitioners and other staff as necessary for treatment plans and security and management decisions, such as housing, bed assignments, and program placements, and must comply with Federal, State, or local laws.

D) Medical and mental health practitioners must 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.

According to interviews, informed consent is not required as all residents are under the age of 18. Residents that disclose prior sexual victimization at intake are offered to see medical or mental health. At the time of the audit, there were no residents detained who disclosed sexual victimization at intake.

Physical storage of risk screening, medical records, sexual abuse data, and investigation records were secured by lock and key.

All electronic records are password protected with restricted access. Informal conversations held with staff regarding access and security.

The facility meets compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382 Documents reviewed: The policy and the PREA standard MOU for victim services

Policy and coordinating response procedures

Community advocacy questionnaire

Interviews with medical and mental health staff, first responders and one resident who reported sexual abuse

115.382 Access to Emergency Medical and Mental Health Services

A) Resident victims of sexual abuse are provided with timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined by medical and mental health practitioners based on their professional judgment, ensuring victims receive the necessary care without delay.

B) If qualified medical or mental health practitioners are not on duty at the time a report of recent abuse is made, staff first responders take immediate action to protect the victim as required by § 115.362, notifying the appropriate medical and mental health practitioners without delay.

C) Resident victims of sexual abuse while incarcerated are offered timely information and access to emergency contraception and sexually transmitted infection (STI) prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

D) All treatment services provided to victims are free of charge, regardless of whether the victim names the abuser or cooperates with the investigation arising from the incident.

A written MOU was established by site PREA Compliance Manager for outside services for emergency and mental health services.

According to interviews, resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined according to their professional judgement. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Security staff and non-security staff were able to describe all actions to be taken as a first responder in for allegation of sexual abuse.

A Resident who reported sexual abuse was seen by medical and a clinician right away. No forensic examination was required. The resident who reported sexual abuse did not require additional treatment.

The facility meets compliance with this standard.

115.383

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.83 Documents reviewed:

The department policy and procedures

Medical directives

PREA standards to ensure compliance

Interviews with medical and mental health staff and one resident who reported sexual abuse

115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

A) The facility ensures that medical and mental health evaluations are offered to all residents who have been victimized by sexual abuse, whether in an institutional setting or in the community.

B) Victims receive follow-up services, treatment plans, and referrals for continued care following their transfer, placement in another facility, or release from custody, ensuring that their care continues without interruption.

C) The facility provides medical and mental health services to victims that are consistent with the community level of care, ensuring that the services are appropriate and of high quality.

D) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests to ensure their health and safety.

E) If a victim becomes pregnant as a result of the abuse described in paragraph (d), the facility ensures that the victim receives timely and comprehensive information about and access to all lawful pregnancy-related medical services.

F) Sexually transmitted infection (STI) tests are offered to resident victims of sexual abuse when medically appropriate, ensuring their health is monitored following the incident.

G) Treatment services are provided free of charge, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

According to interviews, emergency services would be provided through the local hospital. Facility medical and mental health staff would follow up afterwards on the treatment plan and provide community referrals for continued care. Medical and

	<p>mental health services are consistent with community level of care. This is a male-only facility. A psychosocial evaluation would be conducted for all known resident-on-resident abusers and treatment offered if appropriate. Medical and mental health spoke with a resident who reported sexual abuse regarding other serves available. No tests for infections were required.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 Documents reviewed:</p> <p>The facility PREA policy and the PREA standards to ensure compliance</p> <p>The facility provided a sexual abuse incident review</p> <p>Interviews with the PREA Compliance Manager (PCM), Center Director and members of the incident review team</p> <p>115.386 Sexual Abuse Incident Reviews</p> <p>A) The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when an allegation is unsubstantiated, unless it is determined to be unfounded.</p> <p>B) The review is conducted within 30 days of the investigation's conclusion to ensure timely assessment of the incident.</p> <p>C) The review team consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, ensuring a comprehensive evaluation of the incident.</p> <p>D) The review team examines several aspects of the incident:</p> <p>Whether changes to policies or practices are necessary to improve prevention, detection, or response to sexual abuse.</p> <p>Whether the incident was motivated by factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics within the facility.</p> <p>The area where the incident occurred to assess whether physical barriers contributed to the abuse.</p> <p>Staffing levels during the incident and whether they were adequate.</p> <p>Whether monitoring technology should be improved or deployed to supplement</p>

	<p>staff supervision. A report of findings and recommendations is prepared and submitted to the facility head and PREA compliance manager.</p> <p>E) The facility implements the recommendations for improvement or provides documented reasons for not doing so, ensuring continuous improvement in sexual abuse prevention and response.</p> <p>After reviewing the sexual abuse incident review the facility is meeting all of the elements of the standard.</p> <p>According to interviews, all were able to describe all areas required to be considered during a review. The PCM will follow-up with concerns from the review.</p> <p>The facility meets compliance with the standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 Documents reviewed:</p> <p>The facility PREA policy and the PREA standard to ensure compliance</p> <p>Completed monthly PREA data collected</p> <p>115.387 Data Collection</p> <p>A) The agency collects accurate, uniform data for every allegation of sexual abuse at its facilities using a standardized instrument and set of definitions.</p> <p>B) The agency aggregates incident-based data on sexual abuse at least annually to track and assess patterns of incidents across facilities.</p> <p>C) The collected data must, at a minimum, answer all questions from the most recent Survey of Sexual Violence conducted by the Department of Justice.</p> <p>D) The agency maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, to ensure comprehensive data collection.</p> <p>E) The agency also obtains data from every private facility with which it contracts to confine residents, ensuring consistency in reporting across all facilities.</p> <p>F) The agency provides all collected data from the previous calendar year to the</p>

	<p>Department of Justice by June 30 upon request.</p> <p>The facility meets compliance with the standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388 Documents reviewed:</p> <p>The facility PREA policy</p> <p>The annual report</p> <p>Review of agency website</p> <p>Interviews with the PREA Compliance Manager (PCM), PREA Coordinator (PC) and the Executive Director</p> <p>115.388 Data Review for Corrective Action</p> <p>A) The agency reviews the collected and aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes:</p> <p>Identifying problem areas that need attention; Taking corrective action on an ongoing basis to address issues; Preparing an annual report of findings and corrective actions for each facility and the agency as a whole.</p> <p>B) The annual report compares current data and corrective actions with those from prior years, assessing the agency's progress in addressing sexual abuse.</p> <p>C) The agency head approves the report, and it is made available to the public via the agency's website or through other accessible means.</p> <p>D) The agency may redact specific material from the reports when publication would threaten the safety or security of the facility, but the nature of the redacted material will be indicated.</p> <p>The auditor reviewed the website for compliance.</p> <p>According to interviews, the PCM collects sexual abuse and sexual harassment data using a spreadsheet. The PC retains data collected and prepares the annual report. All personally identifiable information (PII) is withheld from the report.</p> <p>The facility meets compliance with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 Documents reviewed:</p> <p>The facility PREA policy</p> <p>Site review observations</p> <p>Interview with the PREA Coordinator (PC)</p> <p>115.389 Data Storage, Publication, and Destruction</p> <p>A) The agency ensures that the data collected pursuant to § 115.387 is securely retained, preventing unauthorized access or tampering.</p> <p>B) The agency makes all aggregated sexual abuse data from facilities under its control and private facilities it contracts with available to the public annually, ensuring transparency.</p> <p>C) Before publishing aggregated data, the agency removes personal identifiers to ensure privacy and protect individuals' identities.</p> <p>The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>D) The agency retains sexual abuse data for at least 10 years after its initial collection, unless Federal, State, or local laws require a longer retention period.</p> <p>According to interviews, incident-based and aggregated data are securely retained.</p> <p>Physical storage of risk screening, medical records, sexual abuse data, and investigation records were secured by lock and key.</p> <p>All electronic records are password protected with restricted access. Informal conversations held with staff regarding access and security.</p> <p>The facility meets compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed:

	<p>Website review of PREA audit reports for all facilities</p> <p>Site review observations</p> <p>PAQ</p> <p>Issue log</p> <p>Data collection worksheets</p> <p>Notice of Audit (NOA) postings</p> <p>(a) A review of the agency website verifies that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured that each facility operated by the Agency is audited at least once.</p> <p>(b) This is the third year of cycle four. The agency ensures that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>(h) The auditor had full access to, and observed, all areas of the audited facility.</p> <p>(i) The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The auditor was permitted to conduct interviews with residents in a private setting.</p> <p>(n) Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, NOA signage was provided to the facility in English and Spanish with instructions to post in all housing areas and other locations. Staff understood the process for mailing confidential mail to the auditor. The NOA contained language regarding the confidential nature of any correspondence sent to the auditor. All information included on the NOA was accurate. The auditor did not receive written correspondence from residents, staff or third party.</p> <p>The PREA Audit Notice is posted in English and Spanish and visible in lobby, staff area, admin, intake, all pods/units, holding area, medical area, visitation, education.</p> <p>The facility meets compliance with this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed:

Website reviewed for final reports

(f) The agency ensures that the auditor's final reports are published on the agency's website.

The facility meets compliance with this standard.

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

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

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

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

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

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

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

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

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

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

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	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.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

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

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

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

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

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

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

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

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

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

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

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

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

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

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

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
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