

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: 04/15/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 04/15/2022

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	03/07/2022
End Date of On-Site Audit:	03/08/2022

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

Primary Contact	
Name:	Kirpheous Stewart
Email Address:	kstewart@spectrumhuman.org
Telephone Number:	313-868-8359

Superintendent/Director/Administrator	
Name:	Kirpheous Stewart
Email Address:	kstewart@spectrumhuman.org
Telephone Number:	313-868-8359

Facility PREA Compliance Manager	
Name:	Tia Cobb
Email Address:	tcobb@spectrumhuman.org
Telephone Number:	O: (313) 868-8300

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

Facility Characteristics	
Designed facility capacity:	90
Current population of facility:	18
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	11-20
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	87
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Spectrum Juvenile Justice Services
Governing authority or parent agency (if applicable):	
Physical Address:	330 Glendale, Highland Park , Michigan - 48203
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:	Kari Klinski	Email Address:	KKlinski@SpectrumHuman.org

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:	
5	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.331 - Employee training • 115.333 - Resident education • 115.341 - Obtaining information from residents • 115.364 - Staff first responder duties
Number of standards met:	
38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-07
2. End date of the onsite portion of the audit:	2022-03-08

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 (Previously Wayne County SAFE Victim Advocacy Services)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	16
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	87
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	I interviewed all residents housed at the facility the two days of the audit. Two residents were in the targeted population profile and 14 were random interviews.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all residents at the facility. I discussed each resident with the clinical director prior to the interviews to determine if there were any targeted residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	I interviewed all residents at the facility. I discussed each resident with the clinical director prior to the interviews to determine if there were any targeted residents.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

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

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the facility. I discussed each resident with the clinical director and medical director prior to the interviews to determine if there were any targeted residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the facility. I discussed each resident with the clinical director and medical director prior to the interviews to determine if there were any targeted residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the facility. I discussed each resident with the clinical director and medical director prior to the interviews to determine if there were any targeted residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the facility. I discussed each resident with the clinical director and medical director prior to the interviews to determine if there were any targeted residents.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the facility. I discussed each resident with the clinical director and medical director prior to the interviews to determine if there were any targeted residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I interviewed all staff that were providing direct care supervision during the audit on the first day of the on-site audit.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility is utilizing trained staff to provide direct supervision of the residents and maintain the required ration of resident to staff. Under the licensing agreement the direct care to staff requirement is higher than required by the PREA standards. Several staff were interviewed on one shift and were not interviewed again when they worked part of the following shift.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no contracting staff at the facility during the audit. The contracting staff are specialized providers such as a physician or psychologist,</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: 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.

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

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

<p>85. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the comprehensive tour of the facility, posted signs were also observed regarding general PREA information and contact numbers for reporting sexual abuse or sexual harassment. There is an office that is utilized by the resident to make these phone calls, visit with attorney, case managers and parents/legal guardians. The telephone system was checked and a staff from the Avalon Healing Center answered the phone. When asked if this was the Wayne County Victim Advocacy Center the person answering the phone stated in the affirmative and went on to ask if I wish to talk to an emotional support staff member or was I calling to make a report. I explained I was just verifying the telephone system. The Spectrum Coordinator is working with Avalon to develop a MOU for their services. The center has access to their services, verified by answering the call from the report line and interviews with staff of the victim advocate. During the tour, youth were observed to be under constant supervision of the staff while involved in various activities. PREA signage (in bold and colorful print) was displayed in all areas frequented by the residents. They include how to make an allegation, end the silence, PREA notice of audit, telephone numbers, and general information about PREA poster. The tour included all areas of the facility which included but was not limited to Intake, all housing units, medical, food services, programming, and education areas. The facility was clean and well maintained. Signs are located in the entrance of each housing unit that states, staff, contractors, and volunteers announced themselves prior to entering the housing area of the opposite gender. During the tour there was always a minimum of a one to six or less ratio to residents. In the early morning visit to the facility there was a ratio of 1 to 6 ratios in the housing units during the day. During the tour of the facility on the second morning there was a 1 to 5 ratio. Questions were answered by staff during informal interviews regarding resident activities and program services as the tour progressed throughout the facility. The site visit also included the outside grounds. During the tour, the intake process was described, and the daily scheduled activities and staff supervision were discussed by the Facility Director Clinical Director and PREA Manager. There were no new admissions during the site visit. Staff readily explained activities as different facility areas were visited. Resident informal interviews confirmed that the residents have multiple ways to make an allegation including the telephone. Several of the resident showed me the office that can be used to talk to your lawyer, parent and to make a call to the local law enforcement or to the victim advocate. Staff of the opposite gender, must announce their presence when entering the housing unit or any area where a resident shower, change clothes, or perform bodily functions. All residents interviewed stated the staff members announce their presence prior to entering the housing unit. This practice was experienced and observed during the tour. The shower area has shower curtains for privacy. The facility has individual rooms with a toilet in their room. Resident indicated that staff knock on their door prior to looking in the room during count. The medical room has a curtain around the examination area and the staff indicated they close the door and use the shower when they examine residents. Medical Request Forms, PREA/grievance forms, and the locked boxes for each are posted in the common area, accessible to all residents, staff and visitors. All residents have access to writing utensils needed for completing the forms. The staff to resident ratio was observed to be met in all areas of the facility during the on-site tour. The camera monitoring system, in addition to mirrors, support the direct supervision provided by staff.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

The auditor requested random personnel background checks and child registry reviews. The employee records included three staff that had been employed at the facility more than 5 years, 3 of the staff were promoted and four of the staff were employed in the last 12 months. A check was completed and is maintained on file in the personnel's office. The auditor requested some specific and some random training files for 10 employees. Included in the specific list was training staff, director, PCM, shift supervisor and ten random monitors. Medical staff receive the same specialized training as Department medical staff. The training files were requested and reviewed. The medical and mental health staff have received specialized training for Sexual Abuse and victimization. All present resident screening files were reviewed. However, ten residential records were reviewed utilizing the worksheet provided by the PREA Resource Center. Included in the review was age, date of arrival, date of initial PREA orientation, date of comprehensive PREA training, initial Vulnerability Screening, and rescreening. A review of the residential records also included resident referrals for mental health or victim advocate programs. The resident's file contained documentation of Intake Screening, Intake PREA notification, rescreening and formalized PREA education. All time requirements were met on each area. Logbook documentation of PREA rounds were reviewed during the tour. The auditor asked to review Investigative files and four files were reviewed utilizing the PREA resource Center worksheet.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	2
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>102. 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>105. 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

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

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	All investigative files were reviewed. The Highland Policy provided copy of the ongoing investigation. They are waiting for the crime lab finding to make a final determination of the incident and will forward their findings to the Prosecutor at that time.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	--

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	--

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management and Communication Group

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 396 1442 456">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="242 486 537 512">Organization Chart Spectrum</p> <p data-bbox="242 658 1493 1151">115.311 (a): Spectrum Juvenile Justice Services (SJJS) are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The agency has developed and implement policies to comply with PREA standards for Juvenile Facilities. Policies includes clearly defined definitions, and residents, staff, contractor, and volunteer roles in preventing, detecting and responding to sexual abuse and sexual harassment. The SJJS and other stakeholders associated with SJJS are committed to preventing, detecting, and responding to sexual abuse and sexual harassment. Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. JDC policies establishes that the center, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Spectrum Juvenile Justice Services Centers' efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="242 1182 1493 1478">115.311 (b): Spectrum Juvenile Justice Services employees an agency head to manage all aspect of children services for the company. The agency head employees a PREA Coordinator that oversees the efforts to comply with the PREA standards in all programs under the umbrellas of the SJJS. The PREA coordinator reports to the Agency Head and ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities. At Spectrum Juvenile Justice Services Lincoln the PREA compliance manager reports to the facility administrator. Spectrum Juvenile Justice Services Lincoln and Calumet Centers in proximity of each other. There is a clinical director that oversee the clinical programs at both facility and services as an additional PREA compliance manager for both centers. In interviews with the agency head, PREA coordinator and the PREA compliance managers from both center it was clear that the agency has established a high priority in making the centers a safe place for at risk children and young adults.</p> <p data-bbox="242 1509 1493 1702">115.311 (c): The center has a PREA compliance manager that oversee the implementation of all PREA standards and ensures compliance with PREA standards. In interview he indicated he had the time to conducts his duties. Not only does the center have a compliance manager, but they also have a PREA team that meets regularly to discuss PREA activities in both centers and the agency. PREA training for staff occur monthly through the Compliance team. Resident claim that training is provided weekly by a member of the Compliance team. Exceed compliance was determined by review of the organizational chart and interviews with the agency head, PREA coordinator</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 504 1508 571">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 627 1508 694">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="231 716 1508 958">Spectrum Juvenile Justice Services and Lincoln Center does not contract with any other entities to house juvenile residents. SJJJS has a contractual agreement with Michigan Department of Human Health Services (MDHHS) to house juveniles referred to the non-profit for treatment and a supplemental network of support services. Residents received from MDHHS are not then transferred to other private agencies or other entities for the confinement of residents. Staff interviews with the PREA Coordinator/Contract Administrator, PREA Compliance Manager, the review of the applicable policy statement and information contained in the PAQ related to this standard establish compliance with Standard 115.312. Lincoln Center met the requirements of Standard 115.312.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy

Spectrum Staff Plan 2022

Michigan Department of Health and Human Services Staffing Plan 2022

Unannounced Rounds

115.313 (a): Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2021 were found to be in compliance with this standard. The staffing plan included: (1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The staffing plans are in depth review of each of the 11 factors that govern developing a staffing plan. The staffing plans are predicated on a population of 57 residents while the average population for the last 3 years was 10. The facility did not report deviations from the staffing plan during the past 12 months. The staff to-youth ratios of a minimum of 1: 5 during the resident waking and minimum of 1:10 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. SCDC utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 5 direct care staff during waking hours and minimum of 1 to 10 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the tour of the facility a formal PREA tour and several walk throughs of the facility noted that the ratios varied from 1 to 1 up to 1 to 4. There was no time that the ratio was above the required ratios.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to reduce the resident capacity in order to provide staff that ensured compliance with the staff to resident ratios. The center also provided overtime pay and utilized management staff to meet the mandates of the staff to resident ratios. The auditor reviewed the staffing schedules for the past 90 days and found that the facility was providing overtime pay for staff on a routing basis. However, there were no instances when the mandatory staff requirement was not met.

115.313 (c): Spectrum Notice – 3 PREA mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The staffing plans were all submitted to the PREA coordinator and agency head. Each staffing plan was approved by the same staff. The PREA coordinator and agency head were interviewed and indicated they discuss the staffing plan with the facility director and also discuss blind spots, camera coverages and staffing deployment.

115.313 (e): Spectrum Notice – 3 Unannounced Rounds the Facility administrator and agency head conduct unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the Policy of SJJS that staff are not to inform other staff when the shift supervisor, facility manager are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor and had signed the logbooks on each day including weekends.

Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard. Staff could not meet with the auditor until they were properly relieved to ensure the facility always had a 1 to 5 ratio during waking hours and a ratio of 1 to 10 during sleeping hours

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 398 1442 456">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy- Search Policy</p> <p data-bbox="242 488 507 515">Transgender search video</p> <p data-bbox="242 546 293 573">PAQ</p> <p data-bbox="242 604 1481 694">115.315 (a): Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months. SDDC Part 3 Resident Search Policy mandates 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.</p> <p data-bbox="242 725 1487 815">115.315 (b): The facility always refrain from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All resident interviewed stated they had never been searched by a staff of the other gender.</p> <p data-bbox="242 846 1417 904">115.315 (c): The facility did not have any transgender or intersex resident at the facility. All cross gender searches are documented. According to the PAQ there were no cross gender searches during the last 12 months.</p> <p data-bbox="242 936 1487 1164">115.315 (d): A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process. All resident stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and resident confirm that staff announce their presence and will knock on the door prior to looking in during counts.</p> <p data-bbox="242 1196 1487 1559">115.315 (e): Agency Policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that If a resident's genital status is unknown, the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Prior to arriving at the Lincoln Center residents are screened by the Michigan Department of Human Health Services and the clinical director would be provided with mental health, medical documentation. The compliance manager, Clinical Director and director stated they would consult with the MDHHS Coordinator and would meet with the resident and take into consideration his/her sexual orientation and treat them accordingly. The center has private rooms, and private showers and toilets and indicated that a transgender or intersex detainee would be housed in the area that the resident felt most comfortable. The MDHHS PREA coordinator is actively involved in supporting Spectrum Juvenile Justice Services goal to provide a safe environment for residents and would be part of the conversation of the housing and programming plan for a transgender resident.</p> <p data-bbox="242 1590 1471 1783">115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner. The training also emphasizes that cross gender searches will only be employed in exigent circumstances. Staff interviewed understood what an exigent circumstance would intel. The agency provided the auditor with a copy of the video that all staff review on at a minimum of once a year.</p> <p data-bbox="242 1814 1481 1872">Compliance was determined by review of polices, reviewing the training curriculum, reviewing staff training, memos from the facility director confirming compliance with no cross gender searches and interview with resident and staff.</p> <p data-bbox="242 1904 274 1930">23</p>

115.316	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="242 452 304 481">Video</p> <p data-bbox="242 510 603 539">PREA Posters in several languages</p> <p data-bbox="242 568 1490 929">115.316 (a- c): SJJS PREA Policy mandates that all residents' rights will be accommodated. Communication with Hearing Impaired and LEP individuals address resources available to provide these residents with necessary communication program. The center has TTY equipment, access to sign language and language lines to carry out the requirements of this Policy. SJJS policy and practices requires that the center develop a plan for residents with disabilities include blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.</p> <p data-bbox="242 958 1490 1153">Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource.</p> <p data-bbox="242 1182 1465 1310">The supervisor will notify the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters.</p> <p data-bbox="242 1339 1449 1400">All special needs youth shall be offered the ability to have any rules or grievance procedures read orally and explained to them. At a minimum, the following special needs are to be addressed:</p> <ul data-bbox="242 1429 1484 1803" style="list-style-type: none"> <li data-bbox="242 1429 1484 1489">• During awake activities, these youth shall be separated from the general population or assigned to an officer who will maintain constant sight and sound supervision of the youth. During sleep time, normal supervision shall be provided. <li data-bbox="242 1518 1484 1624">• These youth shall be placed in sleeping rooms by themselves whenever possible. If it is not possible to provide individual sleeping rooms, they shall be placed in a room with an appropriate youth based on the classification process and selected in conjunction with the medical and mental health staff. <li data-bbox="242 1653 1484 1713">• Facility mental health and medical personnel shall assess youth weekly to determine any special needs. The results of the assessment, including recommendations for care, shall be reported to the Director. <li data-bbox="242 1742 1484 1803">• The Director or designee is responsible for ensuring necessary assistance is provided to the detention center to assist in meeting the needs of those youth. <p data-bbox="242 1832 1390 1892">Compliance was determined by the review of the documented contract for services, interviews with clinical director, compliance manager, victim advocate staff, facility director and agency head.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 396 1442 456">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="240 488 612 515">Background Checks random reviews</p> <p data-bbox="240 546 1481 607">Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents</p> <p data-bbox="240 638 293 665">PAQ</p> <p data-bbox="240 748 1493 1043">115.317 (a): Spectrum Juvenile Justice Services and Lincoln Center shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in 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. 4. SJJS shall 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 youth.</p> <p data-bbox="240 1075 1481 1135">5. Before hiring new employees who may have contact with youth, the center shall adhere Lincoln Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents.</p> <p data-bbox="240 1167 1422 1227">Recruitment and Selection includes background check, review of the child registry and prior employer interviews when applicable.</p> <p data-bbox="240 1258 1449 1350">SJJS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. The center also conducts an interview with former employees and interviews references provided by the perspective employee.</p> <p data-bbox="240 1382 1493 1473">During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. SJJS shall require the following background checks on all JSSJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with SJJS:</p> <ol data-bbox="240 1505 663 1648" style="list-style-type: none"> 1. Criminal background or records check. 2. Sexual offender registry check; and 3. Child abuse and neglect registry check. <p data-bbox="240 1680 1485 2007">115.317 (b): The Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to promotion or selections, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 2038 1461 2130">115.317 (c): During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. SJJS shall require the following background checks on all JDC staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with SJJS:</p>

1. Criminal background or records check.
2. Sexual offender registry check; and
3. Child abuse and neglect registry check.

The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check include any history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): SJJS facilities shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

115.317 (e): Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents requires the center will conduct background checks on all SJJS staff, volunteers, interns, and contractors every five (5) years, or sooner. This was confirmed by reviewing background check for staff with 5 year or more tenure at the facility.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.

115.317 (g): - Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. The human resources director indicated that the county always report to other law enforcement and correctional facilities any information including substantiated sexual abuse, sexual harassment, child neglect or pending investigations.

The auditor requested background checks on five newly hired staff, five promotions and five year tenured staff. Also the center had two contractors from the County School board and those background checks were requested.

Compliance with the standard was determined by review of policies, personnel files, and interviews with Personnel supervisor agency head and facility administrator. The Human Resources Director manages the selection process for both centers. The auditor reviewed 18 personnel files and interview the Human Resources Director, Agency Head, PREA coordinator and each center's director to determine compliance with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 396 1442 456">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="240 488 293 515">PAQ</p> <p data-bbox="240 602 1481 728">The Lincoln Center has upgraded cameras and monitoring capabilities during the last 3 years based on needs such as replacing broken cameras and adding merrow due to yearly staffing and monitoring reviews. There have not been any major expansions or upgrades in cameras since the last PREA audit in 2020. A review of the present system was operational and provided excellent camera coverage throughout the facility.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="242 450 1243 479">Michigan Model Policy: The Law Enforcement Response to Sexual Assault Adults and Young Adults</p> <p data-bbox="242 508 930 537">Conversations with Spectrum PREA Coordinator and Avalon Healing</p> <p data-bbox="242 566 1107 595">Agreements with Avalon Healing (previously Wayne County SAFE Advocacy Program)</p> <p data-bbox="242 624 446 654">Investigative Report</p> <p data-bbox="242 683 632 712">MOU with Highland Police Department</p> <p data-bbox="242 741 576 770">MOU with Avalon Healing Center</p> <p data-bbox="242 799 1453 891">115.321 (a): Michigan Model Policy: The Law Enforcement Response to Sexual Assault Adults and Young Adults request that law enforcement staff follow uniform evidence and investigative protocol. Highland Police provided a redacted investigation that included a uniform evidence as required by the Michigan Model.</p> <p data-bbox="242 920 1468 981">115.321 (b): and (F): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable evidence of sexual abuse/assault.</p> <p data-bbox="242 1010 1469 1375">SJJS Lincoln staff and investigator are trained on securing usable physical evidence for administrative proceedings and criminal prosecutions. The Michigan Model protocol was adopted to include developmentally appropriate for youth and as appropriate, shall be 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," Policy and FOP provides for the uniform SJJC protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. The protocol, developed by related professionals, addresses but is not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. The agency-based investigators conduct administrative investigations and the Highland Police investigate sexual abuse allegations that are criminal in nature. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="242 1404 1490 1632">115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility utilizes Detroit Children Medical Center. which includes for SANEs staff. The children's Medical Center staff interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with the Avalon Healing.</p> <p data-bbox="242 1662 1493 2157">115.321 (d-e): Currently an MOU exists between Avalon Healing Center and the Lincoln Center. During the verification and PRE audit phase of the audit the auditor was advised that Wayne SAFE Advocacy Program had changed their name to Avalon Healing. The Avalon Healing was contact and indicated they would still provide services to Lincoln and any other child that was a victim of sexual abuse. The Auditor contacted the Spectrum Juvenile Justice Services Coordinator. The SJJS and Avalon have had several meetings and are in the process of completing a MOU to formalize the relationship that presently is being operated under the original name of the Wayne County SAFE Victim Advocacy Program. On April 9, 2022 Spectrum formalized the MOU with Avalon Healing Center to provide advocate services if a resident goes for a SANE or other forensic examination. Random and specialized staff confirmed knowledge of an informal agreement with a local victim advocacy organization and what services are offered by the provider. Residents had a general understanding of what type of services were available for victims of sexual abuse however could not recall specifics. Each resident was familiar with where additional advocacy information could be located on their living unit. Specialized staff confirmed that if requested by the victim, Lincoln Center would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a local mental health provider, victims of sexual abuse, either during or prior to admission, can receive emotional support services from a Victim Advocate Program. Residents can call the</p>

MDHHS Children's Protective Services line at 1-855-444-3911 for additional support services or more information. During the last 12 months there was one resident that received a SANE evaluation. He was escorted by staff and the Center's Clinical Director provided the resident with victim advocacy services.

Compliance was determined through chain of emails with the SJJS PREC Coordinator, reviews of policies also and interviews with Clinical Director, Medical Administrator, the Victim's advocacy center staff, and with Investigative files and investigator interview also provided compliance with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p>MOU with Highland Police Department</p> <p>Investigative Report</p> <p>115.322 (a & b): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Investigative Protocol, address the requirements of Standard 115.322. The agency has a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency, Highland Park Police Department (HPPD), with the legal authority to conduct criminal investigations. SJJS policy describes the responsibilities of both the agency and the criminal investigating entity, HPPD. The agency has a practice that documents all such referrals. The agency published such policy on its website per the PAQ and the interview with the PREA Coordinator, Lincoln Center had 3 criminal investigations during the past twelve-month period and 1 administrative investigation of alleged resident sexual abuse that did not require a referral to the prosecutor’s office.</p> <p>115.322 (c): Investigative Protocols mandates that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested.</p> <p>Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility administrator, Investigator and random staff and residents.</p>

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy</p> <p data-bbox="242 450 1474 510">SJJS policy - Policy Review, Education, and Training Requirements to Effectively Address Sexual Harassment, Assault and Abuse; and to Sustain A Zero Tolerance Climate</p> <p data-bbox="242 539 488 566">Employee Training Files</p> <p data-bbox="242 595 547 622">Employee Training Curriculum</p> <p data-bbox="242 651 293 678">PAQ</p> <p data-bbox="242 707 1474 943">115.331 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Transgender Resident Policy, PREA employee training curriculum, verification of training, all address the policy requirement of Standard 115.331. The training curriculum provided by the facility was tailored to the specific needs of a juvenile population. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and review of the training curriculum verified the general topics below were included in the training:</p> <p data-bbox="242 972 847 999">Training is provided in a classroom setting on a yearly basis.</p> <ol data-bbox="242 1028 1474 1731" style="list-style-type: none"> <li data-bbox="242 1028 1018 1055">1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. <li data-bbox="242 1084 1474 1144">2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. <li data-bbox="242 1173 959 1200">3. Residents' right to be free from sexual abuse and sexual harassment. <li data-bbox="242 1229 1410 1256">4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. <li data-bbox="242 1285 986 1312">5. The dynamics of sexual abuse and sexual harassment juvenile facilities. <li data-bbox="242 1341 1091 1368">6. The common reactions of juvenile victims of sexual abuse and sexual harassment. <li data-bbox="242 1397 1458 1458">7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. <li data-bbox="242 1487 820 1514">8. How to avoid inappropriate relationships with residents. <li data-bbox="242 1543 1474 1603">9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. <li data-bbox="242 1632 1347 1659">10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and <li data-bbox="242 1688 831 1715">11. Relevant laws regarding the applicable age of consent. <p data-bbox="242 1760 1474 1951">115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The facility houses males. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy state the training shall be tailored to the needs and attributes to the population served.</p> <p data-bbox="242 1980 1474 2148">115.331 (c): The agency provides each employee with refresher to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training. The agency Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing,</p>

detecting and responding to sexual abuse or sexual harassment.

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. Staff interviewed indicated they receive training on a continuous basis including reminders of PREA protecting, detecting and responding to allegations of sexual abuse or sexual harassment.

At SJJLS Lincoln the Clinical Director provides specialized training on mental health treatment such as knowing trickers and how to deescalate residents that are out of control. The center has an at risk population that includes how to manage this population to prevent sexual abuse or exploitation of these residents.

Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records that indicated staff have received yearly training. An interview with random staff also confirmed that they received training on a

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 389">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents</p> <p data-bbox="242 454 1474 515">SJJS policy - Policy Review, Education, and Training Requirements to Effectively Address Sexual Harassment, Assault and Abuse; and to Sustain A Zero Tolerance Climate</p> <p data-bbox="242 544 533 573">Contract Training Curriculum</p> <p data-bbox="242 602 405 631">Contractor Files</p> <p data-bbox="242 660 1493 920">115.332 (a): The center has developed and implementing a training program for Contracting staff and volunteers to provides training based on the role of the contractor or volunteer. The PREA educational curriculum utilized by SJJS/Lincoln Center for training volunteers and contractors is based on the services each provides and the frequency of their contact with the resident (s). The curriculum also covers the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Volunteer staff must attend the volunteer training program that includes their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. At the present time the facility has four contractor and two interns. Each have received the required training and signed and acknowledgement of this training.</p> <p data-bbox="242 949 1490 1077">115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1106 1458 1234">115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.</p> <p data-bbox="242 1263 1426 1391">Auditor also sampled the training records of contractors and interns for verification compliance with Standard 115.332. Lincoln Center met the requirements of Standard 115.332. The clinical director supervises the interns and confirmed in interview that she provides additional training for interns beyond the mandated in order to help them understand the dynamics of sexual abuse in a confinement setting.</p>

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1458 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1442 387">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents</p> <p data-bbox="240 418 368 445">PREA Video</p> <p data-bbox="240 477 389 504">PREA Posters</p> <p data-bbox="240 535 536 562">Resident Training Curriculum</p> <p data-bbox="240 593 293 620">PAQ</p> <p data-bbox="240 651 1466 775">115.333 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents directs Lincoln Center to provide PREA education to any resident assigned to the facility. PREA education also includes educating those residents who are Limited English Proficient (LEP), deaf, visually impaired, physically or cognitive disabled or residents who have limited reading skills.</p> <p data-bbox="240 806 1481 965">115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Also during the comprehensive training the trainer goes over the PREA safety brochure and has a question and answer session with new residents.</p> <p data-bbox="240 996 1481 1093">115.333 (c): Policy and procedures requires that residents receive such education within 10 days of arrival at the facility and shall 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.</p> <p data-bbox="240 1124 1481 1417">115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. staff review with residents the End Silence Youth Speaking Up About Sexual Abuse in Custody novel, End the Silence brochure, Sexual Abuse Prevention Orientation Packet, and other PREA related educational information and inform residents of the agency's zero tolerance policy, their right to be free from sexual abuse, sexual harassment and from retaliation for reporting allegations of sexual abuse/sexual harassment. To verify receiving the mandatory training, each resident signs an acknowledgement at the Lincoln Center. Additionally, each resident interviewed could describe multiple ways to report sexual abuse or sexual harassment. All residents interviewed were aware that Lincoln Center posted PREA reporting options for residents throughout the facility.</p> <p data-bbox="240 1449 1485 1641">Further, each resident interviewed was aware of PREA reporting methods such as informing staff, using the PREA hotline number, filing a grievance or third-party reporting. The Auditor noted that PREA informational posters were displayed throughout the facility in prominent areas along with telephone numbers to call to report abuse to an outside entity. All resident files sampled (random and targeted) confirmed that each resident signed an acknowledgement confirming receipt of PREA education within 72 hours of their arrival to the facility. Packet collectively address the policy requirements of Standard 115.333.</p> <p data-bbox="240 1673 1481 1767">Staff interviews confirmed residents are not used as translators or readers for other residents. The facility staff indicated that the clinical supervisor, medical staff, education lead teacher and operations manager would work with the community resources to provide education to residents regardless of his limitations or disabilities.</p> <p data-bbox="240 1798 1453 1892">115.333 (e): The agency shall maintain documentation of resident participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations</p> <p data-bbox="240 1924 1474 2047">and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for residents. He ensures residents' receipt of the information, including the resident signing the acknowledgement form. A review of ten resident files confirmed they acknowledged the received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility.</p> <p data-bbox="240 2078 1474 2136">115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Poster include End Silence;</p>

Youth Speaking Up About Sexual Abuse' in Custody novel, End the Silence brochure which are located throughout the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family

Exceed compliance was determined by review of the agency policies, training curriculum, poster, and resident files and by interviews with staff and resident.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1442 387">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents</p> <p data-bbox="240 418 440 445">Training Curriculum</p> <p data-bbox="240 477 469 504">Certificates of Training</p> <p data-bbox="240 535 293 562">PAQ</p> <p data-bbox="240 593 1465 685">115.334 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Investigative Protocol, mandates that SIIS Lincoln does not investigate conduct criminal investigations. However, the facility may conduct administrative investigation that are non-criminal.</p> <p data-bbox="240 716 1481 911">115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The SJJIS Lincoln has three staff that have received this training through the NIC training programs.</p> <p data-bbox="240 943 1458 1034">115.334 (c): Spectrum Juvenile Justice Services – Part 3, -, Investigative Protocol provide that staff that attend the specialized training will document all training they receive. The facility provided a certification of completion for these three staff.</p> <p data-bbox="240 1066 1477 1126">Compliance was determined by review of the training curriculum, documentation of the training and interviews with staff that conduct administrative investigations.</p>

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents</p> <p>Training Curriculum for Medical and Mental Health Staff</p> <p>Certificates of Training</p> <p>Documentation of yearly PREA training</p> <p>115.335 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Specialized Training for Medical and Mental Health Professionals addresses the requirement of Standard 115.335. Medical and mental health practitioners who work in SJJS facilities to complete general PREA education and specialized PREA related training. the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. The facility has 7 medical or mental health staff that have received this training. The training is Provided by NIC and titled PREA 201 for Medical and Mental Health Practitioners.</p> <p>115.335 (b): According to the PREA Coordinator and PREA Compliance Manager, and medical staff Lincoln Center's medical staff does not conduct forensic medical exams of residents. The Auditor interviewed specialized medical and mental health staff. These same staff confirmed that they do not conduct forensic examination on Lincoln Center residents.115.335 (c):</p> <p>115.335 (d): The mental health and medical staff completed the general and refresher training provided for all staff members. A review of the training certificates and training acknowledgement forms and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that meets the expectations of the standards.</p>
---------	---

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Pre-Audit Questionnaire Spectrum Juvenile Justice Services Residential Treatment Admission Form Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services Resident File Reviews</p> <p>115.341 (a) and (b): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy, Spectrum Juvenile Justice Services Residential Treatment Admission Form; Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services document; and Spectrum Juvenile Justice Services Prison Rape Elimination Act (PREA) Sexual Assaultive and Vulnerability Questionnaire collectively address the requirements of Standard 115.341.</p> <p>115.341 (c): Prior to the screening the screener will review the resident files, the assessment's documentation and discuss with the resident the purpose of the screening. Spectrum Juvenile Justice Services utilizes the Michigan Health and Human Services screening instrument for the initial screening This screening instrument includes;</p> <ul style="list-style-type: none"> · Prior sexual victimization or abusiveness · 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. · Current charges and offense history · Age · Level of emotional and cognitive development · Physical size and stature · Mental illness or mental disabilities · Intellectual or developmental disabilities · Physical disabilities · The resident's own perception of vulnerability · Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. <p>Spectrum also conducts a Treatment Admission Form that provides additional screening for vulnerability or abusive behavior. Policy and procedure mandates that the screening will be completed within 72 hours of admission or transfer to the center.</p> <p>115.341 (d): Spectrum PREA policy - screening mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy two (72) hours. Screening staff interviewed indicated staff review the residents court records, MAYSI 2 report, suicide screening reports, family information and any other documents that are provide to them at the time of intake by the JAC. The screening staff utilizes the screening instrument during the initial intake process that includes and conversation with the resident in a private setting. The screening staff indicated they introduce the screening instrument to the resident by explaining the purpose of the questions and acknowledges to the residents that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center.</p> <p>115.341 (e): Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff</p>

will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization. Policy mandate that only staff that need to know will have access to the screening instrument.

Based on the review of the Screening Instrument, agency policy and procedures, observations and information obtained through staff and resident interviews, and review of 10 resident files, the facility has demonstrated exceed compliance with this standard. Interviews with the residents and clinical staff indicated the residents see their therapist usually weekly and during these sessions the staff and resident will discuss his safety plan and feelings of vulnerability. Some of the resident indicated the staff also ask him about prior victimization. Policy mandate that a formal rescreening will be conducted every six months, however based on interviews with staff and residents the rescreening occurs much more often than the formal rescreening.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 387">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents</p> <p data-bbox="242 418 485 445">Pre-Audit Questionnaire</p> <p data-bbox="242 477 994 504">Spectrum Juvenile Justice Services Residential Treatment Admission Form</p> <p data-bbox="242 535 1295 562">Prison Rape Elimination Act (PREA) Screening Tool Michigan Department of Health and Human Services</p> <p data-bbox="242 593 469 620">Resident File Reviews</p> <p data-bbox="242 651 1469 875">115.342 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy assignments requires all information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse. The facility utilizes a classification system for predator and victim to be house alone or housed in an area near the officer's station. The clinical director reviews the housing plan prior to a resident being assigned to a particular unit. Each resident has a safety plan and while the screening instrument is one of several documents to determine housing, programming, and therapist assigned to a particular group is considered in placement of residents.</p> <p data-bbox="242 907 1474 967">115.342 (b): Residents may be 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 resident's safe can be arranged.</p> <p data-bbox="242 999 1453 1160">During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The medical and clinical director indicated during interview that they see the resident prior to and throughout his time in isolation. Both indicated they see the resident at least daily; however it is usually several time a day.</p> <p data-bbox="242 1191 1485 1415">115.342 (c): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy precludes lesbian, gay, bi-sexual, transgender, and intersex residents from being placed in a particular housing unit and states LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his/her safety will be given serious consideration. The PREA Compliance Manager's interview also verified compliance with this standard. During the site tour, there were no rooms observed to be reserved for transgender or intersex residents. A staff interview and observations revealed there is no special housing based on how a resident identifies.</p> <p data-bbox="242 1447 1485 1843">115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The Policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed a special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the onsite visit. The clinical director confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. In interviews with the administrative team, the staff indicated that a resident's sexual status was one of several considerations for housing and programming resident. Since it is a treatment program with groups of four to eight, the center stratifies the groups based on size, maturity, age and would also utilizes the resident preference, sexual orientation, and perception in placing youth with different therapist.</p> <p data-bbox="242 1874 1493 2134">115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the Intake staff is aware of the requirement. The Clinical Director confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident by Policy, however in reality, residents are reassessed on an ongoing basis. Based on the review of the Pre-audit Questionnaire and interview with the Intake staff, the evidence shows the facility follows this provision of the standard.</p>

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. A review of the PREA Education & Screening Log demonstrated the additional documentation of the screening assessments and re-assessments completed for each resident. The staff interviews revealed staff members are aware of the Policy which requires the provision of the standard to be followed.

115.342 (g): Policy mandates that transgender and intersex residents shall be given the opportunity to shower separately from other residents. All staff interviewed were aware of that requirement, however most staff indicated that all residents are required to shower by themselves.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The Policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document a. The basis for the facility's concern for the resident's safety; and b. The reason why no alternative means of separation can be arranged. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The Isolation/separation would be documented according to the provisions of the Policy and standard.

115.342 (i): Policy mandate that every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. The Policy states every thirty (30) days, staff shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and PREA Compliance Manager confirmed the facility has not used isolation for this purpose.

Based on review of the agency Policy and interviews with agency director, PREA coordinator, PREA compliance manager, facility administrator, medical and mental health staff and random staff, the facility is in full compliance

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy,</p> <p data-bbox="240 450 571 479">End Silence, Youth Speaking Up</p> <p data-bbox="240 508 807 537">About Sexual Abuse in Custody Novel (cartoon graphic).</p> <p data-bbox="240 566 512 595">End the Silence Brochure.</p> <p data-bbox="240 624 504 654">SJJS Resident Handbook</p> <p data-bbox="240 683 1490 943">115.351 (a) The above policies, MOUs and External reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are Reporting registry hotline, confidential access through Victim Advocacy program to receive and forward reports of sexual abuse and sexual harassment to MDHHS officials, allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 972 1490 1301">SJJS policy demonstrates that Lincoln Center provides multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff reporting sexual abuse and sexual harassment. Information including multiple reporting signage was displayed in common areas to include all living units. Moreover, sexual abuse or sexual harassment informational signage included posters, and a 24-hour hotline reporting number. The MDHHS Children's Protective Services (CPS) (external entity) also accepts calls from residents alleging sexual abuse or sexual harassment. According to a MDHHS representative, Children's Protective Services would immediately address the resident reports of sexual abuse and sexual harassment and allow the resident to remain anonymous if requested. Third party/someone outside of Lincoln Center can also make a PREA report by contacting MDHHS Child Protective Services (CPS). The CPS toll-free phone number, (855) 444-3911 was visibly displayed throughout the facility. The auditor called the toll-free lines and found that the hot line and toll free line were in good working condition in several areas that it was tested.</p> <p data-bbox="240 1330 1490 1525">115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the MDHHS Child Protection Agency or call the victims' advocate hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question residents about the reason for the call</p> <p data-bbox="240 1554 1458 1816">115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.</p> <p data-bbox="240 1845 1490 2145">115.351 (d): The facility shall provide residents with access to tools necessary to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the Auditor observed the accessibility of writing utensils to the residents. Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, facility administrator or the PREA compliance manager. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the Child Protection Agency. The facility administrator must report to Division of Child Welfare Licensing as soon he is made aware of any allegations of sexual abuse or sexual harassment.</p>

15.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The residents were aware of third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports and immediately report the information to their shift supervisor.

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as PREA/Grievance forms, posters, and the accessibility of writing utensils. During the site visit and while on the site review, the Auditor observed the accessibility of writing utensils to the residents. Staff may privately report sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency, facility director or the PREA compliance manager. The telephone system was tested, and the hotline was answered immediately.

Compliance was determined by review of posters, policy, telephone system review and interview with staff, and residents.

115.352	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 493 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 1246 448">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="242 477 504 506">Abuse of Residents policy</p> <p data-bbox="242 535 544 564">Grievance investigation report</p> <p data-bbox="242 593 1046 622">115.252 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="242 651 1458 743">Abuse of Residents provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on Resident Handbook and PREA posters.</p> <p data-bbox="242 831 1481 1059">115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. SDC does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict Seminole County ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were one grievance filed alleging sexual abuse or sexual harassment.</p> <p data-bbox="242 1088 1485 1216">115.252 (c): Based on facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility Director or PREA Coordinator. If a third party files a grievance on a resident behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="242 1245 1493 1440">115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="242 1469 1485 1664">115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p data-bbox="242 1693 1493 1888">115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Director designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p data-bbox="242 1917 1445 1977">115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There have been no disciplinary action due to filing a grievance in bad faith.</p> <p data-bbox="242 2007 1409 2067">Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance box and a grievance</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 493 387">Pre-Audit Questionnaire</p> <p data-bbox="240 418 1246 445">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="240 477 505 504">Abuse of Residents policy</p> <p data-bbox="240 535 699 562">Facility Agreement with Wayne County SAFE</p> <p data-bbox="240 593 782 620">Interviews with PREA coordinator and Avalon Healing</p> <p data-bbox="240 651 1484 1346">115.353 (a): The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Contact information is posted throughout the facility for the Wayne County SAFE Advocacy Program (WCSAFE) notices were observed posted during the tour of the facility. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. SJJJ/Lincoln Center has attempted to enter into a memorandum of understanding (MOU) with Wayne County SAFE Advocacy Program. Currently no MOU exist between WC SAFE and the Lincoln Center. During the verification and Pre audit phase of the audit the auditor was advised that Wayne SAFE Advocacy Program had changed their name to Avalon Healing. The Avalon Healing was contact and indicated they would still provide services to Lincoln and any other child that was a victim of sexual abuse. The Auditor contacted the Spectrum Juvenile Justice Services Coordinator. The SJJJ Coordinator and Avalon have had several meetings and have completed a MOU to formalize the relationship that was being operated under the original name of the Wayne County SAFE Victim Advocacy Program. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible using the toll-free hotline numbers and written communication. Residents may also contact the MDHHS Children’s Protective Services line at 1-855-444-3911. Information regarding international advocacy organizations is also accessible for residents like Just Detention International (JDI). The Spectrum Juvenile Justice Services PREA coordinator is attempting to formalize the MOU at the time of finalizing the audit. Staff indicated that if a resident wanted to call the emotional support line, the staff would dial the number and provide privacy for the resident to talk to the victim emotional support staff in private. The center would also make arrangements for the emotional support staff to visit in private office located in the visitation room. Avalon staff visited one of SJJJ facilities and in interviews indicated they would provide highly qualified staff to provide emotional support by phone, by mail or by coming to the facility to meet with the residents privately. The program includes a pediatric program. SJJJ will provide private office space for the emotional support staff to meet with the resident and parents or legal guardian.</p> <p data-bbox="240 1377 1477 1603">115.353 (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The standard operation procedure addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by Kids House. When contacted by phone the center’s staff explained they always tell the caller that the telephone calls or confidential however, they have a responsibility to report allegation of child abuse or child neglect.</p> <p data-bbox="240 1635 1437 1762">115.353 (c): The facility maintains an understanding or other agreements with Avalon Healing Center for emotional al support services related to sexual abuse. The agency has copies of agreements. The Facility Director confirmed the availability and accessibility of outside confidential support services to residents. The PREA coordinator verified through interview and Emails that SJJJ has establish a MOU with Avalon Healing Center.</p> <p data-bbox="240 1794 1477 2121">115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview’s confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA. The Facility Director confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal.</p>

Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Staff of the Avalon Healing Center, facility director and random staff and residents.

During the tour of the facility, I called the number and the person that answered identified herself as Avalon Healing. When asked she stated that yes, this is the Wayne County SAFE hotline and emotional support number. When I attempted to call the Wayne County SAFE program, I found they had changed their name to Avalon Healing. The center had an unsigned document that the Wayne County SAFE program would provide victim advocate and emotional support with residents. The staff at Avalon was aware of the agreement and stated that they would be opened to formalizing a MOU with Spectrum Juvenile Justice Services. However at the present time they offer victim advocacy services, victim emotional support, SANE staff, and a Victim Hotline and would continue to support the center. She indicated they had a pediatric program specifically for children that included licensed counselors, pediatric SANE staff, and pediatric victim advocates. The staff at the center stated they have a duty to report and they talk to the client about their confidential conversations and their limits to report any allegation of child abuse, child neglect or child incest. I contacted the PREA coordinator for Spectrum Juvenile Justice Services and asked that she attempt to contact the Avalon Healing Center and the facility needed to update their information pamphlets to Avalon Healing. The PREA coordinator has contacted Avalon Healing and the two parties have formalizing the present agreement to a MOU. The staff from Avalon interviewed provided an overview of the program and indicated they have an agreement to provide advocacy services at several Detroit area medical centers and hospitals. She stated they were part of the Detroit Children's hospital SART team and work with the Children Protective Services division for services of child abuse, child incest, or child neglect including providing trained staff. She indicated there is no charge for their services, however they are a nonprofit and do take donations. The center provides a private office for resident to talk with the emotional to support staff from Avalon Healing to talk to the resident by phone or in person.

Avalon staff indicated they have trained emotional support staffing including mental health professionals. The center has a pediatric program that provides counseling that is child based. Staff that work with his program includes mental health professional and pediatric SANE staff. The agency would provide emotional support by telephone, mail or by coming to the facility to interview residents in a private office.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Pre-Audit Questionnaire</p> <p data-bbox="229 416 1509 479">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="229 479 1509 542">Abuse of Residents policy</p> <p data-bbox="229 542 1509 604">Posters</p> <p data-bbox="229 604 1509 882">Lincoln Center has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident. The reporting methods are publicly published on the SJJS website. Contact information available on the website includes a web link to Spectrum Human Services: http://www.spectrumhuman.org/SHS/AboutUs/CorporateCompliance.aspx . Residents or third party may also contact the MDHHS Children's Protective Services line at 1-855-444-3911. Family, friends or anyone can call the State of Michigan reporting toll-free hotline by calling 855-444-3911. Likewise, residents all have access to the WC SAFE Crisis Line at 313-430-8000. The Auditor found the third-party numbers posted throughout the facility.</p> <p data-bbox="229 882 1509 1016">All residents were aware of third party reporting and new where to locate the number or email to give to their parents to make a report on their behalf. A staff confirmed that they would accept third party reporting and would immediately documents the allegation and call their supervisor.</p> <p data-bbox="229 1016 1509 1106">Compliance was determined by review of the brochure and website and interview with Agency Head, facility director, PREA compliance manager and PREA coordinator.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 491 389">Pre-Audit Questionnaire</p> <p data-bbox="240 421 1246 448">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="240 479 504 506">Abuse of Residents policy</p> <p data-bbox="240 537 1497 864">115.361 (a) (b): SJJS – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents and Agency Reporting Duties and Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy requires that staff member are mandated to report sexual abuse or sexual harassment that occurred anywhere, including in an institutional setting (regardless of whether the facility is operated by the Sheriff's Office) including any knowledge of retaliation against youth or staff who reported abuse and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. Upon receiving any allegation of sexual abuse staff immediately report to Child Protective Services.</p> <p data-bbox="240 896 1469 990">115.361 (c): SJJS – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.</p> <p data-bbox="240 1021 1493 1146">115.361 (d): All Medical and mental health practitioners interviewed confirmed an agency requirement to report sexual abuse to a designated supervisor and if applicable to a designated State or local service agency if required by mandatory reporting laws. Likewise, the same medical and mental health practitioners confirmed that they have a responsibility to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1178 1493 1473">115.361 (e): The facility Director/PREA Compliance Manager indicated that he has a responsibility to promptly report any allegation of sexual abuse or sexual harassment to his direct supervisor the CEO. The director indicted along with MHHS and Spectrum PREA coordinator, he would report incident to the Division of Child Welfare License. The director indicate he would report information 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. More, if the alleged victim is under the guardianship of the child welfare system, the facility Director/PREA Compliance Manager confirmed that he would promptly report the allegation to the alleged victim's caseworker, MDHH and the CEO instead of the parents or legal guardians. victim's parents or legal guardians. If the resident is under the Department of Children and Families (DCF) custody, the DCF Case Worker will be notified and if applicable, the attorney of record will be notified of the allegation within 14 days of receipt of the allegation.</p> <p data-bbox="240 1505 1493 1697">115.361 (f): Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy and training also requires reporting any third party reports of sexual abuse, sexual harassment, staff neglect and retaliation. Upon receiving any allegation of sexual abuse, the facility promptly reports allegations to the Agency's Child Protective Services.</p> <p data-bbox="240 1729 1474 1787">Compliance was determined by review of policies, training module, and interviews with direct care staff and first responders that are not direct care staff, the facility director, and the agency head designee and the PREA coordinator.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Pre-Audit Questionnaire</p> <p data-bbox="229 416 1509 479">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="229 479 1509 542">Abuse of Residents policy</p> <p data-bbox="229 542 1509 604">Staff Training</p> <p data-bbox="229 604 1509 667">Investigative File Including Police Report Redacted</p> <p data-bbox="229 667 1509 1106">115.362 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy and staff training require staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. All staff interviewed indicated their primary duty was to protect the residents housed at the facility and would take immediate action to protect a resident that make and allegation of imminent danger regardless of the whether it was sexual abuse, gang related, or resident own actions. There was one (1) instance where residents were at imminent danger of sexual abuse. The resident was taken to medical and then transported for SANE evaluation. According to the facility director, the resident was placed on one-on-one supervision immediately and the predator was isolated from the rest of the population and placed on one-on-one supervision also.</p> <p data-bbox="229 1106 1509 1182">Compliance was determined by review of policies, training module, and interviews with direct care staff and first responders that are not direct care staff, the facility director, and the agency head designee and the PREA coordinator.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 491 387">Pre-Audit Questionnaire</p> <p data-bbox="240 418 1449 479">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="240 510 1489 703">115.363 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy and intake staff training require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of Lincoln Center notifies the head of the facility or appropriate office where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. During the past 12 months, there were no allegations received a resident was abused while confined to another facility nor were there allegations of sexual abuse received by Lincoln Center from other facilities.</p> <p data-bbox="240 734 1485 795">Compliance was determined by review of policies, and interviews with intake staff, the facility administrator, the agency head designee and the PREA coordinator</p>

115.364	Staff first responder duties
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 210 454 239">Auditor Discussion</p> <p data-bbox="242 271 1460 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 494 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 1252 448">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="242 477 502 506">Abuse of Residents policy</p> <p data-bbox="242 535 454 564">Investigative Protocol</p> <p data-bbox="242 593 375 622">Staff Training</p> <p data-bbox="242 703 1077 732">115.364 (a): Investigative Protocol addresses the requirement of Standard 115.364.</p> <p data-bbox="242 761 1252 965">SJJS Policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder to safeguard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence.</p> <p data-bbox="242 1048 1492 1346">SJJS Investigative Protocol addresses the requirement of Standard 115.364. SJJS Policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder to safeguard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence. The agency has more detailed expectation of staff if a resident is 1). Suspected or alleged Resident-on-Resident rape, sexual assault, or forced sexual activity with or without sexual penetration, 2. Suspected or alleged Staff-on-Resident sexual activity of any type or 3). Any other intentional resident-on-resident sexual touching (nonpenetrative) touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another resident, with or without the latter's consent) and/or alleged or suspected resident-on-resident sexually abusive contact.</p> <p data-bbox="242 1375 1476 1536">115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred.</p> <p data-bbox="242 1568 1492 1628">Exceed compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including staff that seldom go to the back of the center.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1241 387">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or</p> <p data-bbox="240 418 504 445">Abuse of Residents policy</p> <p data-bbox="240 477 459 504">Investigative Protocol</p> <p data-bbox="240 535 528 562">Coordinated Response Plan</p> <p data-bbox="240 593 1485 685">115.365 (a): Lincoln Center has developed a written Coordinated Response Plan to direct actions that should be taken in the event of an incident of sexual abuse among first responders, medical and mental health practitioners, facility leaders and the investigator.</p> <p data-bbox="240 716 1490 875">The Lincoln Center Coordinated Response guides the procedures that should occur in the event an abuse or assault occurs. When activating the Coordinated Response, the policy identifies who is responsible for overseeing the implementation of the coordinating actions; the first responder's responsibilities; Administration/supervisor's duties; medical and mental health practitioner's duties, investigator' duties, victim advocate's duties and the facility director or designee's duties. The center has a flow chart and a check list to ensure all areas of the coordinated plan are managed by the appropriate discipline.</p> <p data-bbox="240 907 1490 967">Compliance was determined by review of the coordinated response plan and interviews with staff responsible for carrying out the response plan.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 215 451 237">Auditor Discussion</p> <p data-bbox="244 275 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 365 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="244 454 1477 611">115.366 (a): Pursuant to 28 C.F.R. of the Federal Prison Rape Elimination Standard (PREA), SJJS does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. SJJS does not allow an entity to restrict the department's ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.</p> <p data-bbox="244 645 1433 674">Interviews with the agency head, and PREA Coordinator determined the facility meets the requirements of the standard</p>

115.367	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="242 452 459 481">Investigative Protocol</p> <p data-bbox="242 510 419 539">Monitor Checklist</p> <p data-bbox="242 568 432 598">Retaliation Monitor</p> <p data-bbox="242 627 1477 954">115.367 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation.</p> <p data-bbox="242 983 1485 1279">115.367 (b): The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Compliance Manager identified protective measures that are aligned with the standard, including Separating the alleged abuser from the alleged victim.</p> <p data-bbox="242 1308 1485 1704">115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA policy requires the monitoring of items identified in this provision of the standard. The PREA Compliance Manager explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p data-bbox="242 1733 1477 1861">115.367 (d-f): In the case of residents, such monitoring shall also include periodic status checks. The PREA Compliance Manager indicated status checks would be initiated with staff and residents. The Policy states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.</p> <p data-bbox="242 1890 1458 1951">Compliance was determined by review of the monitoring checklist, investigative worksheets, interviews with the retaliation monitor, facility administrator, and SJJS PREA coordinator.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or

Abuse of Residents policy

Investigative Protocol

Retaliation Monitor

115.367 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy - Agency Protection against Retaliation establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation.

Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation.

115.367 (b): The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Compliance Manager identified protective measures that are aligned with the standard, including Separating the alleged abuser from the alleged victim.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. FDJJ Policy 1919 PREA requires the monitoring of items identified in this provision of the standard. The PREA Compliance Manager explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d-f): In the case of residents, such monitoring shall also include periodic status checks. The PREA Compliance Manager indicated status checks would be initiated with staff and residents. The Policy states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.

Compliance was determined by review of the monitoring checklist, investigative worksheets, interviews with the retaliation monitor, facility administrator, and SJJS PREA coordinator.

115.371	Criminal and administrative agency investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="242 450 424 479">Investigation Files</p> <p data-bbox="242 508 469 537">Investigation Interview</p> <p data-bbox="242 566 459 595">Investigative Protocol</p> <p data-bbox="242 624 718 654">Division of Child Welfare License Investigations</p> <p data-bbox="242 736 1485 1200">115.371 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. Highland Police Department conducts all criminal investigations. If the center conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. administrative investigations conducted at Lincoln utilizes trained Investigator. The investigations include efforts to determine whether staff actions or failures to act contributed to the abuse: and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Resident on resident investigations is conducted by the center investigator that has received specialized training. During the last 12 months there were 4 investigations of sexual abuse or sexual harassment. Two were for sexual harassment and two were for sexual abuse. One allegation of sexual abuse was staff on residents and was unsubstantiated. One allegation was for resident-on-resident sexual abuse that was referred to Highland Police Department. A SANE was conducted on the victim. Highland Police Department provided the agency with part of the investigative file and has notified the agency that the investigation is ongoing. The Division of Child Welfare Licensing also conduct investigation of sexual abuse investigations.</p> <p data-bbox="242 1232 1453 1328">115.371 (b): Where sexual abuse is alleged, uses investigators who are specially trained in sexual abuse investigations pursuant to § 115.334. Highland Police Department detective are trained on conducting investigation of sexual abuse in a confinement setting.</p> <p data-bbox="242 1357 1477 1453">115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="242 1482 1393 1543">115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="242 1572 1437 1668">115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="242 1697 1485 1823">115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p data-bbox="242 1852 1489 1948">115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="242 1977 1474 2038">115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p data-bbox="242 2067 1329 2096">115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p> <p data-bbox="242 2125 1469 2154">115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the</p>

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.

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency retains all written reports of investigations pertaining to administrative and criminal investigations. The interviews with center investigator confirmed the practice will be in accordance with the policy, and standard.

Compliance was determined by review of investigations that occurred in 2021, interviews with the center investigator, PREA coordinator and facility administrator.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p>Investigation Files</p> <p>Investigation Interview</p> <p>Investigative Protocol</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy addresses the requirements of Standard 115.372. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative investigations. The Auditor interviewed an investigator, the PREA Coordinator and the PREA Compliance Manager who all confirmed that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative Investigations.</p> <p>Compliance was determined by review of investigations. interviews with the center investigator, PREA coordinator and facility administrator.</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p>Investigation Files</p> <p>Investigation Interview</p> <p>Investigative Protocol</p> <p>115.373 (a): SJJS – Part 3 Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy mandate at the conclusion of any investigation into sexual abuse, the victim or the victim's parent(s) or legal guardian(s) shall be notified the investigation has concluded. The facility director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b): Policy mandates that If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.373 (c): Policy requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. Center will send a letter notifying residents/parents /legal guardian of charges and of the outcome of the investigation including the identification of the investigative entity and state the findings.</p> <p>There have been three (3) allegations of sexual abuse or sexual harassment at the center during the last 12 months in which the center has notified the victims of the outcome of the investigation. One of the allegations is ongoing, however, the victim was notified of the ongoing investigation by Highland Police Department.</p>
---------	---

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Disciplinary Sanctions for Employees, Contractors, and Volunteers related to Sexual Harassment, Sexual Assault and/or Sexual abuse of Residents</p> <p>PAQ</p> <p>115.376 (a): SJJS - Part 3, Disciplinary Sanctions for Employees, Contractors, and Volunteers related to Sexual Harassment , Sexual Assault and/or Sexual abuse of Residents establishes the policy for Staff Discipline. Lincoln Center employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. The PREA Compliance Manager indicated that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months zero employees were terminated as a sanction of a PREA incident. More, the PREA Compliance Manager also indicated during his interview that staff disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be proportionate to the nature, scope and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (b): According to agency policy and procedures and interview with facility administrator all allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to prosecutors for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment Policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal. There has been no adverse action taken against staff for violation of sexual abuse, sexual harassment, child neglect or violation of PREA standards during the last 12 months.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator, PREA compliance manager and facility</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 1458 423">Spectrum Juvenile Justice Services – Part 3, Disciplinary Sanctions for Employees, Contractors, and Volunteers related to Sexual Harassment , Sexual Assault and/or Sexual abuse of Residents</p> <p data-bbox="240 454 293 481">PAQ</p> <p data-bbox="240 512 1485 640">115.377 (a) SJJS – Part 3, Disciplinary Sanctions for Employees, Contractors, and Volunteers related to Sexual Harassment , Sexual Assault and/or Sexual abuse of Residents provide any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. The Policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement, and to relevant licensing bodies.</p> <p data-bbox="240 672 1485 799">115.377 (b) The documentation and interviews with the Center PREA compliance manager and a contractor revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the center will take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p data-bbox="240 831 1433 891">Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and Facility Director.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 260 300">a</p> <p data-bbox="240 329 1458 389">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 418 1398 479">Spectrum Juvenile Justice Services – Part 3, Intervention and Disciplinary Sanction for Residents Related to Sexual Harassment, Sexual Assault and/or Sexual Abuse or Resident</p> <p data-bbox="240 508 293 537">PAQ</p> <p data-bbox="240 566 1489 1162">115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Intervention and Disciplinary Sanction for Residents Related to Sexual Harassment, Sexual Assault and/or Sexual Abuse or Resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The Facility Administrator's interview confirmed that Disciplinary Sanction for Residents Related to Sexual Harassment, Sexual Assault and/or Sexual Abuse or Resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The Facility Administrator's interview confirms the formal disciplinary process however residents may also be referred to law enforcement for charges regarding resident-on-resident sexual abuse. Sexual activity between residents is prohibited and court or administrative processes and sanctions occur after a determination the sexual activity was coerced. Residents will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact. Policy provides anyone reporting in good faith will not receive any repercussions. The policies and interview with the mental health staff confirms counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after a sexual abuse incident. The interview also revealed any type interventions or treatment services provided may be a condition for the resident to access participation in the behavior management system, education services, or other programs. The interview with the mental health staff and Facility Director revealed the process regarding allegations of resident-on-resident abuse which can include the resident being removed from the facility and placed in another center during the investigation by law enforcement. There were two residents on resident sexual abuse during the last 12 months.</p> <p data-bbox="240 1191 1489 1420">115.378 (b): Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Policy further provides for daily visits by mental health and medical personnel.</p> <p data-bbox="240 1449 1465 1610">115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Center policy provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Mental Health Staff.</p> <p data-bbox="240 1639 1458 1800">115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, as a condition to access to general programming or education. The facility does have a sex offender program. The facility does have sex offenders in the center.</p> <p data-bbox="240 1830 1474 1890">115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1919 1489 2080">115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The center policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 2110 1430 2139">115.378 (g): The center prohibits all sexual activity between residents and may discipline residents for such activity. An</p>

agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. All such conduct is subject to disciplinary action. Investigations and prosecution would be pursued after determination the sexual activity was coerced.

Based on the review of the agency Policy and procedures, and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy- Resident Assessment</p> <p>PAQ</p> <p>115.381 (a) Pursuant to PREA standard 115.341 intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the intake officer shall document the information on the Follow up Notification Form. The screening staff document and forward a follow up notification form to the Mental Health Staff. The Clinical Director acknowledged that she would see the resident as required by standard. However, she indicated that she would have seen the resident at the at the time of his arrival to complete an intake assessment.</p> <p>115.381 (b) If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the mental health staff, and she acknowledged that she would see the resident within 72 hours of intake.</p> <p>115.381 (c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.</p> <p>115.381 (d): Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.</p> <p>Compliance was determined by review of the agency Policy, review of the referral forms from 2021-2022 and interviews with medical and mental health staff.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="242 450 1070 479">Telephonic interview with Detroit Medical Center Children's Hospital representative</p> <p data-bbox="242 508 293 537">PAQ</p> <p data-bbox="242 566 1485 828">115.382 (a): SJJS Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy - Access to Emergency Medical and Mental Health Services mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. The center would utilize Detroit Medical Center Children's Hospital for emergency services.</p> <p data-bbox="242 857 1490 1220">115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Interviews with staff from Detroit Childrens hospital stated they have an on-call schedule for SANE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted. The facility has an unsigned agreement with Avalon Healing for victim advocacy services. The center clinal director would also be notified and would accompany the resident for a SANE.</p> <p data-bbox="242 1249 1481 1444">115.382 (c): Resident victims of sexual abuse while incarcerated shall be 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. The policy and supportive documents and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The facility houses male residents.</p> <p data-bbox="242 1473 1493 1668">115.382 (d): Emergency Medical and Mental Health Services mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through Policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.</p> <p data-bbox="242 1697 1294 1727">Based upon the review of policies, interview with the medical, mental health staff and interviews with staff</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="240 452 1484 546">115.383 (a): SJJS - Part 3Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy requires that the facility shall 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.</p> <p data-bbox="240 577 1497 672">115.383 (b): SJJS policy includes a provision that the evaluation and treatment of such victims shall 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. Interviews with the clinical staff and observations confirmed ongoing</p> <p data-bbox="240 703 1430 828">medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Residents that are housed at Lincoln Center have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the resident.</p> <p data-bbox="240 860 1465 918">115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 949 1426 1008">115.383 (d): Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The medical nurse indicated that victims would be offered this service.</p> <p data-bbox="240 1039 753 1066">115.383 (e) The center only houses male residents</p> <p data-bbox="240 1097 1426 1155">115.383 (f) The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1187 1436 1214">115.383 (g) All treatment services will be provided at no cost to the victim, according to SJJS policy and staff interviews.</p> <p data-bbox="240 1245 1477 1339">115.383 (h) Lincoln center 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. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.</p> <p data-bbox="240 1370 1490 1429">Based on a review of the PREA policies, and interviews with the mental health staff, medical staff, PREA coordinator, Facility Director and Agency Head the facility is in compliance with this standard.</p>

115.386	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1442 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy</p> <p data-bbox="242 452 624 481">Incident Review Team documentation</p> <p data-bbox="242 510 1465 607">115.386 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy require an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded.</p> <p data-bbox="242 636 1458 696">115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been three allegation of sexual abuse that required an incident review team report</p> <p data-bbox="242 725 1477 786">115.386 (c): This review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="242 815 730 844">115.386 (d): The committee review the following:</p> <ol data-bbox="242 873 1477 1391" style="list-style-type: none"> 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager. <p data-bbox="242 1420 1490 1547">115.386 (e): The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. A corrective action plan is implemented in cases of finding by the incident review team. One allegation of sexual abuse determined that the locking mechanism on some of the doors could be opened when on the locked status. The incident review team corrective action plan was completed and documented.</p> <p data-bbox="242 1576 1485 1738">The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the Facility Administrator. The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.</p> <p data-bbox="242 1767 1458 1895">Compliance was determined by review of the Incident Review Team memorandum, Policy and interviews with the incident review team members, facility director and PREA Compliance Manager. Based on a review of the PREA policies, and interviews with the mental health staff, medical staff, PREA coordinator, Facility Director and Agency Head the facility is in compliance with this standard.</p>

115.387	Data collection
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1460 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1444 421">Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy _ data Collection</p> <p data-bbox="242 450 406 479">Annual Reports</p> <p data-bbox="242 566 1476 797">15.387 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy _ data Collection and a review of reports confirm that SJJS collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for Seminole County facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Spectrum Juvenile Justice Services maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The agency provides DOJ with data as requested.</p> <p data-bbox="242 826 1476 920">115.387 (b): Spectrum Juvenile Justice Services maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA coordinator indicated she receive reports monthly.</p> <p data-bbox="242 949 1492 1010">115.387 (c): The format used for SJJS facilities and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p data-bbox="242 1039 1476 1133">115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives and FDJJ and aggregates the data which culminates into an annual report.</p> <p data-bbox="242 1162 1444 1223">115.387 (e): Based on the PAQ and PREA coordinator, Spectrum Juvenile Justice Services does not contract with other facilities to house residents.</p> <p data-bbox="242 1252 1492 1346">115.387 (f): SDC policy mandates that upon request, Spectrum Juvenile Justice Services shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p data-bbox="242 1375 1460 1435">Compliance was determined by reviewing data collections for preceding three years, review of Spectrum Juvenile Justice Services annual Reports.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy _ data Collection</p> <p>Annual Reports</p> <p>Annual Reports comparisons.</p> <p>115.388 (a): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy _ data Collection requires reports and annual PREA assessments are to 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 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. Further 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. In 2020 the facility reviewed the annual assessment for 2019 and determined there were no significant changes from the two annual reports. The 2021 comparison was found on the website.</p> <p>“Sexual Abuse Allegation Year-to-Year Comparison Data There was a statistical change in the number of allegations of youth-on-youth sexual abuse or youth on-youth sexual harassment at Lincoln Center in 2021 versus 2020; 2021, one allegation of each was made while no such allegations were made in the previous year. There was one allegation of staff-on-youth sexual misconduct made at Lincoln Center in 2021, and that allegation was unsubstantiated. There were no allegations of staff-on-youth sexual misconduct made at Lincoln Center in 2020.”</p> <p>115.388 (b): A review of the annual reports for the last 3 years included 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. Spectrum Juvenile Justice Services’ report is approved by the agency head and made readily available to the public through its website.</p> <p>115.388 (c): The annual report is reviewed by PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.</p> <p>115.388 (d): JDC Policy indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility’s website. There are no personal identifiers on the annual report.</p> <p>Compliance was determined by reviewing data collections for preceding three years and review of Spectrum Juvenile Justice Services website.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDHHS Umbrella Policy 560</p> <p>Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents policy _ data Collection</p> <p>Annual Reports</p> <p>Annual Reports comparisons.</p> <p>115.389 (a)(b)(c)(d): Spectrum Juvenile Justice Services – Part 3, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy addresses the Standard 115.389. The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed, and all personal identifiers are removed. A review of documentation confirmed the practice.</p> <p>Compliance was determined by reviewing data collections for preceding three years and review of Spectrum Juvenile Justice Services website.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Since August 20, 2013, Spectrum Juvenile Justice Services has ensured one-third of all operated juvenile centers have been audited as evidenced by the Final Audit reports provided on the Agency's website.</p> <p>The Auditor was provided complete access to the facility and observed all areas of the facility's buildings and grounds. Additionally, all relevant documents were provided upon request. The facility made space available for private staff and detainee interviews. Detainees were provided information on the "Notice of the Auditor's Onsite Visit" regarding how to send confidential information to the Auditor (none were received). The postings were visible throughout the tour. The facility provided me documentation of posting on February 2, 2022.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Final Reports are post on Spectrum Juvenile Justice Services website. The Lincoln Center was audited by a certified auditor on May 29, 2015, and on April 22, 2020. Both reports were reviewed by the auditor from going to the agency website.

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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 not 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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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