

PREA Facility Audit Report: Final

Name of Facility: Chaplin Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/01/2018

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: Sheree Moore	Date of Signature: 02/01/2018

AUDITOR INFORMATION	
Auditor name:	Moore, Sheree
Address:	
Email:	miss.shereemoore@gmail.com
Telephone number:	
Start Date of On-Site Audit:	01/07/2018
End Date of On-Site Audit:	01/08/2018

FACILITY INFORMATION	
Facility name:	Chaplin Youth Center
Facility physical address:	125 Hot Top Road, Fredericksburg, Virginia - 22405
Facility Phone	540-371-0590
Facility mailing address:	12000 Kennedy Lane, Suite 100, Fredericksburg, Virginia - 22407
The facility is:	<input type="radio"/> County <input checked="" type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Jessica Wince	Title:	Residential Case Manager
Email Address:	jessica.wince@chaplinyouthcenter.org	Telephone Number:	540-371-0590

Warden/Superintendent			
Name:	Tom Keating	Title:	Residential Services Director
Email Address:	tom.keating@chaplinyouthcenter.org	Telephone Number:	540-371-0590

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:		Title:	
Email Address:		Telephone Number:	

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	9
Age range of population:	12-17
Facility security level:	Non-secure level 1
Resident custody level:	
Number of staff currently employed at the facility who may have contact with residents:	12

AGENCY INFORMATION	
Name of agency:	Rappahannock Area Office on Youth
Governing authority or parent agency (if applicable):	
Physical Address:	3565 Highway 71, Couthatta, Virginia - 22407
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Jessica Wince	Email Address:	jessica.wince@chaplinyouthcenter.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) on-site audit of the Chaplin Youth Center in Fredericksburg, Virginia was conducted on January 7-8, 2018 by Sheree Moore from Baltimore, MD, a U.S. Department of Justice Certified PREA Auditor for Juvenile Facilities. Pre-audit preparation included sending the facility flyers of the impending audit to be posted in all common areas of the facility. A thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre - Audit Questionnaire uploaded to the Online PREA Audit site. The documentation reviewed included agency policies, procedures, forms, assessments, education materials, training curriculum, organizational charts, brochures, Memoranda of Understandings and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were emailed to the PREA Coordinator and PREA Compliance Manager (Residential Case Manager) for review. This review also prompted requests for more documentation as needed. Answers to the questions were submitted by the Residential Case Manager and Residential Services Director and reviewed by the auditor prior to the on-site audit.

During the on-site audit, the auditor was provided both an area to work and an area to conduct confidential interviews without interruption. Formal interviews were conducted with facility staff and residents. The auditor interviewed six of the seven residents currently housed at Chaplin. All of the residents indicated receiving PREA related information about their rights and how to report upon admission and again shortly thereafter through video. All residents are given a handbook which they keep throughout their stay which covers their rights as well. Residents were versed in a number of ways to report an assault in the event the unfortunate occurs. Eight of the ten staff members outside of the Residential Services Director and Residential Case Manager (who function as the PREA Coordinator and PREA Compliance Manager) were interviewed representing all three shifts. No real rhyme or reason to interviewing staff or residents, as the population and personnel is so small. Staff, like the residents know their responsibility to report, moreover, their responsibility to detect, prevent and respond. The auditor followed up with a Human Resources representative for the Office on Youth, a representative from the Rappahannock Council Against Sexual Assault as well as a representative from the Stafford County Sheriff's Department to discuss policies, MOU collaboration and knowledge of the PREA Standards related to their relationship with Chaplin Youth Center. Residents were interviewed using the recommended DOJ template that question their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms outlets available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties.

The auditor reviewed personnel files for eleven staff members to determine compliance with training mandates and background check procedures. All staff had received formal PREA training at least three times since July 2017. Staff Monthly Meeting minutes shared with the auditor offered that facility briefs on

a number of standards on a consistent basis. The auditor reviewed seven resident files to observe and evaluate timelines for screening and intake procedures, resident education and other general programmatic areas. Chaplin Youth Center has had no allegations of sexual abuse or sexual harassment in the past twelve months. During resident interviews, one incident came up that was not shared with the auditor previously. Upon requesting information into the incident it was determined that though sexual in nature, the incident did not rise to the level of either harassment or abuse, but was indeed inappropriate. The resident was terminated from the program immediately upon the completion of the investigation which was less than two days later. The auditor did not initially see this report while reviewing the Incident Report Log, however, once learned that it was written as a grievance from a youth, the documentation as well as the memorandum terminating the client from the program was ascertained.

The auditor toured the facility escorted by the PREA Compliance Manager and observed among other things the facility layout, location of cameras and mirrors, staff supervision of residents, bedrooms and bathrooms including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor was able to observe that the facility does not perform pat down searches on the residents. Several youth returned to the facility from home visits, medical appointments or from work while on site. Resident's empty their own pockets and remove their shoes and socks before entering any shared areas upon returning to the facility. This practice was consistently followed. The auditor was given an iPad to use to offer the vantage point of what the cameras can and can't see while touring the facility identifying little to no blind spots. The surveillance system video is very clear. Notices of the PREA audit were posted throughout the facility in common areas. The auditor talked informally to staff and residents during multiple walk-throughs of the facility during the course of the visit. The auditor was treated with great hospitality during the visit. Residents and staff were made readily available to the auditor at all times.

It is clear that PREA compliance is a high priority for the Office on Youth and great effort has been made to ensure the sexual safety of residents in its care. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements to prevent, detect and respond.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Chaplin Youth Center falls under the purview of the Office on Youth's Residential Services Division. The facility, located at 125 Hot Top Road, Fredericksburg, VA 22405, began operation in 1994. The Chaplin Youth Center is a 12 bed, community-based, residential facility serving male and female youth ages 12-17. Licensed by the Virginia Department of Juvenile Justice, the Center provides 24-hour supervision in a safe and structured environment, where residents are supported and encouraged to develop healthy, responsible behaviors, in order to return home and be successful in the community.

Youth may be referred to two main programs as outlined below. Chaplin Youth Center provides short-term emergency shelter care services for youth pending disposition. Youth may be placed via a Shelter Care Order either by the court or Intake Officer. Youth can remain in Shelter Care for a maximum of 90 days. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation. Parents of referred youth must participate in service provision and may be required to attend group services at the Center.

Chaplin Youth Center's main program is a six (6) to twelve (12) month program for youth who require a less restrictive placement than secure detention, but are unable to remain in their homes due to their behaviors or criminal involvement. Youth move through a level system designed to develop healthy, responsible behaviors and positive decision-making skills. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation. Youth at the upper levels may earn weekend home visits that assist with family reintegration. Once a youth reaches Level 4, they begin the transition period to returning home. Parents and families are required to participate in service provision and may be required to attend group services at the Center.

Chaplin Youth Center is a one story 5000 square foot facility. There is one living unit with six double bedrooms and one single room which all open into a common area. There is one Jack-and-Jill bathroom between each two bedrooms (shared by up to four residents) which is accessible from inside of each bedroom. The single room has an ensuite bathroom that is not shared. The unit also houses a laundry room with two washers and two dryers as well as three closets (two utility and one supply). The facility provides a living room, a library/counseling room, kitchen with pantry and walk in refrigerator/freezer, dining room, five staff offices, a foyer, two ADA compliant staff/visitor restrooms (one toilet and sink each) and four additional supply closets. There is also a utility closet which can only be accessed from the exterior of the building. The facility has ten cameras which capture the facility entirely of areas occupied by youth at anytime, with the exception of inside bathrooms and offices. Cameras do capture entry into offices.

Chaplin Youth Center does not provide education, medical or mental health services. Youth attend school in the community and they are taken off campus for medical/therapy appointments. The facility has a Food Manager on board who prepares meals for the residents. Recreational activities are offered daily

both on and off campus.

During the on-site audit days, Chaplin's population was 7 residents, all males. A female was released two days prior to my arrival. Complying with a 1:8 ratio, Chaplin exceeded the staffing ratio by scheduling 2 direct care staff on the morning and evening shifts and 1 direct care staff on the overnight shift during my observation. Supervisory staff to include Resident Advisor Supervisors, Residential Services Case Manager and the Residential Services Director though in the same building with the residents make unannounced rounds throughout their day/evening. This practice meets the unannounced rounds standard and is compliant with the staff: youth ratio.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

During the past twelve months, the Chaplin Youth Center reported that no allegations of sexual abuse or sexual harassment were submitted. Chaplin has yet to perform any administrative investigations nor have they had to assist in any criminal investigations.

The resident interviews reflects that Chaplin staff ensure residents are made aware of and understand their rights and protections under PREA as well as the agency's zero tolerance policy. Residents receive written material during Intake to include the facility handbook which outlines multiple ways to report sexual abuse and harassment as well as ways to protect themselves from abuse. After Intake but within 10 days, the residents review an age appropriate video which gives a great visual of what PREA is and how to report violations. Residents were able to speak to having support from the Rappahannock Council Against Secual Abuse (RCASA) and how they can be of support as counselors or taking anonymous reports if needed. The residents reported feeling safe yet comfortable enough to report an incident without retaliation if they had to.

All staff interviewed displayed awareness and knowledge of their role to prevent, detect and respond to PREA violations. Staff were well trained on their facility's PREA Manual, use of the PREA Kit and the notification process upon incident.

Staff were well trained on the First Responders protocol but were well aware that they do not investigate.

The auditor conversed with representative staff from RCASA, Stafford County Sheriffs Office and St. Mary's Hospital to confirm their roles under the signed MOU's.

In summary, after reviewing all information provided, interviewing residents and staff and following up with community providers, the auditor found that the Office On Youth's agency and Chaplin Youth Center's leadership have clearly made PREA compliance a high priority. Chaplin is the only residential facility under the agency therefore it's the first and only to complete a PREA Audit.

Number of standards exceeded: 0

Number of standards met: 44

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 44

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The facility's PREA Policy Manual details its approach to implementing the Federal Juvenile Facility Standards specifically zero tolerance of sexual abuse and sexual harassment, and employing a PREA Coordinator. Pages 1-4 list the relevant definitions according to the standards. Page 5 specifically demonstrates its stance on zero tolerance and how it will prevent, detect and respond to sexual abuse and harassment. Page 6 of the manual describes the policy of OOY-RSD to ensure that sexual activity between staff and juveniles, volunteers, or contract personnel and juveniles, regardless of consensual status, is prohibited and may be subject to administrative disciplinary action and/or criminal prosecution. This policy applies to all OOY-RSD employees, independent contractors, and volunteers who may work directly with residents in the program. Page 22 supplies sanctions for residents as necessary. Throughout the policy are strategies and responses for the prevention and reduction sexual abuse and sexual harassment toward residents.</p> <p>(b) The agency does employ an upper level PREA Coordinator with sufficient time and authority to develop, implement and oversee efforts to comply with PREA standards. His position is listed on the agency's organizational chart.</p> <p>Evidence relied upon to make auditor determination: Chaplin Youth Center PREA Policy Manual Chaplin Youth Center Resident Handbook - Pages Three - Four Chaplin Youth Center "Break The Silence" brochure Chaplin Youth Center Pre-Audit Questionnaire Rappahannock Area Youth Services and Group Home Commission Organizational Chart Interviews with PREA Coordinator and Residential Services Director Interviews with Staff and Residents</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A, however, online audit did not provide N/A option for Auditor Overall Determination. Chaplin Youth Center operates one facility and does not contract with any other entity for the confinement of residents.</p> <p>Evidence relied upon to make auditor determination: Chaplin Youth Center Prea Policy Manual Chaplin Youth Center Pre-Audit Questionnaire Interview with PREA Coordinator</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC's PREA Policy Manual details a plan for ensuring adequate staffing levels and video monitoring to protect residents from sexual abuse. Adequate staffing levels and video monitoring considers the following factors: 1) generally accepted juvenile 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.</p> <p>The facility ratio at a minimum is 1:8 during waking hours and 1:12 during sleep hours. This assumes the facility is at full capacity. When the census is at 8 residents or less, staffing levels may be dropped to one staff in the housing unit. The staff-to-resident ratio will not drop below the PREA compliant ratio of 1:8 during waking hours. FYI": Day shift Coverage" refers to weekends and holidays as the residents attend school in the community. Direct care staff will not be present during the school day. Only staff providing direct supervision of residents are counted in the Housing Unit staffing Ratios. There have been no deviations from the staffing plan over the past twelve months.</p> <p>CYC has 10 video cameras that monitor the public areas of the building. Staff visually supervise the residents in the few blind spots identified. Unannounced rounds occur weekly on varying shifts. CYC is equipped with the necessary fiscal resources, adequate personnel and administrative oversight to ensure adherence to the staffing plan.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual • Chaplin Youth Center Annual Staffing Plan • Chaplin Youth Center Pre-Audit Questionnaire • Chaplin Youth Center Staffing Logistics Assessment • Review of Video (on-site) of Unannounced Rounds • Review of Unannounced Rounds Logs • Observations of the Auditor during the on-site portion of the audit • Interviews with Residential Case Manager and Residential Services Director • Interviews with staff

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not permit any pat down, visual body cavity or any other kind of physical search. OOH-RSD staff shall not conduct any pat-down, strip searches, or visual body cavity searches on any resident of any gender. In exigent circumstances, the local police would be called (with authorization from a program administrator) to address security and contraband concerns in order to avoid pat-down searches. According to CYC's PREA Policy Manual, all staff may conduct resident searches upon the resident's return from an outing not involving staff supervision. These searches will be restricted to the examination of any packages, bags, boxes, youth outerwear, shoes, and pockets. When a resident enters the building, the staff on duty will request that the youth empty his or her pockets and remove his or her jacket, shoes, and socks. The staff will also check backpacks and purses for contraband. Staff members may also utilize a wand detection device to scan the youth. At no time will the staff member place their hands on the youth. Staff are not trained in how to conduct pat downs because it is not allowed.</p> <p>The facility has implemented procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing on video camera). The PREA Policy Manual requires staff to announce themselves upon entering common areas where residents of the opposite gender from them are by announcing "female/male on the duty". The auditor observed the announcements during the on-site tour.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual • Training sign in sheets and curriculum • Chaplin Youth Center Pre-Audit Questionnaire • Interview with residents and staff • Interview with Residential Case Manager and Residential Services Director • Observations of Auditor during the on-site portion of the Audit

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual requires that the facility takes the 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. Additionally, residents requiring the assistance of an interpreter will be provided such assistance through Universe Technician Translation services. The PREA Policy Manual prohibits the use of resident interpreters, resident readers or other types of resident assistants. Various forms are available to youth in both English and Spanish and PREA posters and information is also posted in English and Spanish throughout the facility. The facility has had no residents with disabilities in the last 12 months. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.</p> <p>Evidence relied upon to make auditor determination: -</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Pages 8-9 • Review of Various forms translated into Spanish • Interview with residents and staff • Interview with PREA Coordinator/Residential Director • Interview with Residential Senior Case Manager

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Page 9 of the CYC PREA Policy Manual demonstrates compliance with the Hiring and promotion decisions standard. The Office on Youth considers any incident of sexual harassment in determining whether to hire or promote anyone, as well as to enlist services of any contractor, who may have contact with residents. It is the responsibility of the Residential Services Director to ensure all background checks and child abuse registries checks are completed upon initial hire as well as every five years thereafter. A PREA Employee Questionnaire Form is required and completed with Annual Performance Evaluations, and prior to promotion of any employee in accordance with the standards. These forms are filed in employee personnel files. Review of employee files was consistent with the policy. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. Interviews with staff and the Residential Services Director confirmed practices are compliant with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – Page 9 • Chaplin Youth Center Pre-Audit Questionnaire • Interviews with staff • Interview with Residential Case Manager and Residential Services Director • Review of PREA Mandated Disclosure Forms in Employee Files

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC has not acquired a new facility or made any substantial expansions or modifications to the existing facility. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility has a total of 10 cameras to provide for effective supervision and monitoring given the size and layout of the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Pre-Audit Questionnaire • Auditor Observations during the on-site Tour • Auditor video review • Interviews with Staff • Interview with Residential Case Manager and Residential Services Director

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility conducts internal administrative investigations related to sexual abuse investigations. All criminal investigations regarding sexual abuse, are handled by The Stafford County Sheriff's Office. A Memorandum of Understanding between the facility and the Sheriff's Office was signed on 10/19/2017 by the Sheriff's Office and on 10/30/17 by the Office on Youth Executive Director. The MOU details all parties responsibilities. Though the Stafford County Sheriff's Office follows a uniform evidence protocol that is developmentally appropriate for youth when conducting sexual abuse investigations, in the event an incident occurred the facility does have a sealed PREA Kit designed to easily collect physical evidence in the interim of Stafford County Sheriffs arriving on-site. This kit was observed to be held in a cabinet in the Supervisor's Office readily accessible by staff.</p> <p>All residents who experience sexual abuse will be transported by staff, parent/legal guardian or EMT to Mary Washington Hospital for a forensic medical SAFE/SANE examination when deemed evidentiary or medically appropriate per the manual. The agency has established Rappahannock Council Against Sexual Assault (RCASA) as the crisis team that will be available to serve as a victim advocate. RCASA also comes to CYC and facilitates life skills groups with the population.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Memorandum of Understanding Between Stafford County Sheriff's Office and the Rappahannock Area Youth Services & Group Home Commission • Memorandum of Understanding with RCASA • Chaplin Youth Center PREA Policy Manual p. 10 • Interviews with Staff and Youth • Interviews with Residential Case Manager and Residential Services Director

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Stafford County Sheriff’s Office has the legal authority and shall be the investigating authority for all allegations of sexual abuse or sexual harassment as defined by the Department of Justice (DOJ) referred for investigation by Office on Youth, unless the allegation does not involve potentially criminal behavior. The Office on Youth and the Stafford County Sheriff’s Office have entered into a Memorandum of Understanding (MOU), which outlines the responsibilities of both the agency and the investigating entity and is posted on the Office on Youth’s website.</p> <p>OOY-RSD has designated the Residential Services Director, Case Manager, and/or Senior Residential Advisor to respond to and conduct initial investigations into all allegations of sexual harassment or sexual abuse to determine if the issue is to be handled administratively, or referred to the Stafford County Sheriff’s Office as a criminal matter.</p> <p>The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse received by the facility. Additionally, the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or available publicly via other means.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA pages 10-11 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director • Interviews with Random Staff
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual covers the facilities requirements for staff training. A review of staff files, the PREA training curriculum, graded tests and staff interviews demonstrate that staff are afforded pertinent PREA related information through training and meetings not only upon hire but periodically as well. The training curriculum provided covers the twelve items listed within the standard. The training is tailored to the unique needs and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Between formal trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through monthly meetings. Minutes from those meetings were provided during the on-site tour.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA page 11 • Chaplin Youth Center PREA Training Curriculum and Tests • Chaplin Youth Center Pre-Audit Questionnaire • Auditor review of training documentation within Employee Files • Auditor review of training curriculum • Interviews with staff • Interview with Residential Case Manager and Residential Services Director

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC requires its contractors to review the "Staff Guide to Prevention, Detection and Responding to Sexual Assault, Sexual Abuse and Sexual Harassment" portion of its policy manual within 30 days of the start of their employment. It will be reviewed annually with each contractor and volunteer as well. Contractors and volunteers are also required to complete PREA: Your Role in Responding to Sexual Abuse through NICIC training portal.</p> <p>CYC PREA Policy Manual covers the facilities requirements for staff training. A review of staff files, the PREA training curriculum, graded tests and staff interviews demonstrate that staff are afforded pertinent PREA related information through training and meetings not only upon hire but periodically as well. The training curriculum provided covers the twelve items listed within the standard. The training is tailored to the unique needs and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. Between formal trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through monthly meetings. Minutes from those meetings were provided during the on-site tour.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA page 11 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director • Contractor sign off sheet "Contractor/Volunteer Guidelines: Your Responsibilities to Prevent, Detect and Respond to Sexual Abuse and Sexual Harassment"

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CYC PREA Policy Manual requires that upon admission all residents are provided the CYC Resident Handbook, zero tolerance brochure and PREA Orientation. Resident education is accessible to all residents, including residents who are limited English proficient and those residents who may be deaf, visually impaired or otherwise disabled. During the intake process, staff review the brochure and information on how to report sexual abuse and sexual harassment with each resident. After providing the residents with the required information related to the zero tolerance policy, residents sign and date that they received and understand the information. Additional resident education is provided to each youth within ten days of the intake process. Eight residents admitted to the facility in the past twelve months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake. Residents also view an age appropriate video about PREA within their first ten days. Resident's sign documentation for all PREA related training and its stored in the files. A review of all youth files to include one youth that had been recently discharged was conducted to ensure that education was given. All youth signed documentation stating that they received PREA information. The PREA information is presented in a manner that is accessible to all residents. The auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. Hotline phone numbers were listed near each phone. The facility has access to language/interpreter services for residents with limited English proficiency and those residents who may have hearing or visual impairments.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA page 12 • Chaplin Youth Center Pre-Audit Questionnaire • Auditor review of resident education materials • Auditor review of each resident's file • Interviews with Residents • Interviews with Residential Case Manager and Residential Services Director

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Chaplin Youth Center does not formally investigate allegations that meet the criteria of abuse, neglect, or criminal allegations, and does not employ investigators.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility does not employ nor contract any medical or mental health staff.</p> <p>Evidence relied upon to make auditor determination:</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual requires that designated staff gather necessary information to screen for risk of victimization and abusiveness during intake and periodically throughout the resident's confinement. This screening is completed on each resident upon admission but no later than 72 hours of intake. The risk assessment is conducted using an objective screening instrument. All residents whom were currently in the facility had screening completed. The most recent discharged resident also had a completed screening in her file. The policy ensures that the staff conducting the intake obtains as much information as possible from the resident, past screenings, reviewing court records, case files, etc. to adequately screen.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual pages 12-13 • Chaplin Youth Center Pre-Audit Questionnaire • Review of all residents Vulnerability Assessments and reassessments as completed • Auditor Interviews with Staff • Auditor Interviews with Residents • Auditor Interviews with Residential Case Manager and Residential Services Director

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC uses all information gathered at intake using the Vulnerability Assessment to determine housing, bed, program, education and work assignments for residents with the goal of keeping all residents safe from sexual abuse. Being a community based program, CYC does not utilize isolation as a means of keeping residents safe. Its residents have contact with each other and staff at all times, outside of use of the bathroom. In cases when this is not possible, the resident is discharged from the program and referred to placements with a higher level of needed support, given the situation. CYC residents are not placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex. A resident's identification as either further is not considered as an indicator of the likelihood of being sexually abusive. Decisions to place transgender or intersex residents in a male or female facility with the resident's input are made on a case by case basis. If changes to placement and programming occur the resident is reassessed every 90 days for any threats to his or her safety.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual page 13-14 • Chaplin Youth Center Pre-Audit Questionnaire • Review of Vulnerability Assessment documentation • Interviews with Residential Case Manager and Residential Services Director • Interviews with Staff • Interviews with Residents • Review of Incident Reports

115.351	Resident reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 1043">Per the policy manual and as described by staff and residents during interviews, residents are provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Each resident is given the Residential Director's business card to contact him as needed. Residents can file a grievance in writing and they have the address. The PREA Reporting Hotline and email address is posted near each phone as observed during the on-site tour along with the National Sexual Assault 24-hr Crisis Hotline number. They can call the Executive Director of the agency as well as report to any on-site staff. Residents can call Stafford County Sheriff's Office or RCASA, these numbers are posted throughout the facility. The facility has a PREA Drop Box mounted on the wall near the supervisor's office. All grievances can be placed here which allows for youth who anonymously report to be protected if viewed on video. Youth are also able to inform Probation Officers, Social Workers, School Personnel, Family, Lawyers, etc. Lastly, the facility has partnered with a local Juvenile Detention Center where resident's can contact the Superintendent there to anonymously report as well. Staff accept verbal and written reports, however, verbal reports are documented within 4 hours. Residents are provided the necessary tools to make such requests.</p> <p data-bbox="252 1099 1442 1256">Staff are afforded the same opportunities as residents to privately report sexual abuse and sexual harassment. They can contact the Residential Services Director/PREA Coordinator, Case Manager or Senior Residential Advisor, Stafford County Sheriff's Office and the PREA Reporting Hotline.</p> <p data-bbox="252 1312 935 1346">Evidence relied upon to make auditor determination:</p> <ul data-bbox="252 1357 1241 1686" style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 14 • Chaplin Youth Center PREA Brochure • Chaplin Youth Center Resident Handbook • Chaplin Youth Center Pre-Audit Questionnaire • Auditor Review of forms and reporting documentation • Interviews with Residents • Interviews with Staff • Interview with Residential Case Manager and Residential Services Director

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC does not impose a time limit on when a resident may submit a grievance regarding any allegations of sexual abuse. The facility may apply applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process nor do they have to attempt to resolve alleged incidents of sexual abuse with staff. Residents who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. All filings and reporting of decisions made during the administrative process are according to the PREA Standards. Third party language and emergency grievances within the policy is consistent with the Administrative Remedies Standard 115.352 in its entirety. There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline. In the past 12 months there have been no resident grievances alleging sexual abuse period, therefore, none resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual page 15 • Chaplin Youth Center Grievance Policy • Interview Residential Case Manager and Residential Services Director

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency maintains a Memorandum of Understanding with RCASA to provide residents with emotional support services related to sexual abuse. The facility maintains copies of the memorandum of understanding and attempts to enter into such agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility also provides residents with reasonable access to their parents or legal guardians. There are no limits on professional visits with residents, however, parents are allowed to visit twice weekly.</p> <p>Resident interviews confirmed that they were aware of where to locate telephone numbers and addresses to make contact with outside support services. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives. The CYC PREA Policy Manual requires the facility to 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 of local, state, or national victim advocacy or rape crisis organization. The policy also requires the facility to enable reasonable communication between residents and these organizations in as confidential manner as possible.</p> <p>The facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. The facility informs residents prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. Residents were able to describe to the auditor that reports were confidential but that in the event of an investigation some information would have to be shared.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA page 16 • Chaplin Youth Center Pre-Audit Questionnaire • Observations of the auditor made during the Facility Tour • Memorandum of Understanding with RCASA • Interviews with Residents • Interviews with Staff • Interviews with Residential Case Manager and Residential Services Director

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Office on Youth Residential Services Division (OOY-RSD) shall accept third-party reports of sexual abuse and sexual harassment on behalf of its residents by phone, e-mail, in writing, and through the PREA Hotline. Instructions regarding how to make such reports is available on the Office On Youth’s website. OOY-RSD has also entered into a Memorandum of Agreement (MOU) with the Rappahannock Juvenile Center (RJC) as a means of third party reporting. Per this agreement, RJC will accept and immediately forward all allegations of sexual assault, abuse or harassment to OOY-RSD allowing the resident to remain anonymous upon request. Third party reports can be made to the Superintendent of RJC. Resident's nor staff made mention of reporting to the RJC Superintendent during interviews however they were able to list RCASA, Sheriff's Office and PREA Hotline as third party reporting measures.</p> <p>Evidence relied upon to make auditor determination: Chaplin Youth Center PREA Policy Manual Chaplin Youth Center Pre-Audit Questionnaire Interview with Residential Director/ PREA Coordinator Interview with Residential Case Manager Interview with Residents Phone Call with RCASA representative Review of Agency website</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual requires staff to immediately report 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. The agency requires all staff to report immediately and according to agency policy any retaliation against resident or staff who reported such incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation policy also requires all staff to comply with applicable mandatory child abuse reporting laws. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The facility does not employ medical or mental health staff. Attorneys and Case Workers are alerted within time limits if the parent or guardian is absent from the resident's life. Stafford County Sheriff's Office will investigate as necessary.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Operations – PREA Page 16-17 • Chaplin Youth Center Pre-Audit Questionnaire • Interviews with Staff • Interview with Residential Case Manager and Residential Services Director

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual requires that when a resident is subject to a substantial risk of imminent sexual abuse, it will immediately oversee, coordinate with and follow up on action with administrative staff to protect the resident and document such protective actions taken to ensure the resident's safety.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Pre-Audit Questionnaire • Chaplin Youth Center PREA Policy Manual Page 17 • Interview with Residential Case Manager and Residential Services Director

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CYC PREA Policy Manual requires that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility (i.e., detention center, Juvenile Correctional Center), the Residential Services Director or designee that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. CYC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the standards. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by CYC from other facilities. The interview with the facility Residential Services Director and Residential Case Manager demonstrates a clear understanding of this policy.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 17 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Services Director • Interview with Residential Case Manager

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CYC PREA Policy Manual describes the PREA Response Protocol as follows: The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall:</p> <ol style="list-style-type: none"> a. Immediately contact the on-duty or on-call Administrator. b. At the direction of the Administrator, contact the parents to transport the victim to Mary Washington Hospital. If the parents or legal guardians are unable to provide transportation, program staff will do so. c. The Administrator will determine the need to contact the Stafford County Sheriff's Office and/or Child Protective Services to initiate an investigation. d. Take immediate steps to protect the alleged victim by separating the alleged victim and abuser. e. Maintain constant one-to-one supervision of the resident victim. f. Prevent the alleged victim from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and g. Prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. h. Using the PREA Kit, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence. i. Ensure that the allegation is thoroughly and accurately documented in a Serious Incident Report. <p>Interviews with staff reflect that staff are trained on this procedure, understand the importance, know where the PREA Kit is located and how to use it as well as understand the importance of making notifications and reporting.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 18 • Chaplin Youth Center Pre-Audit Questionnaire • Observation of location of PREA Kit as well as instructions on how to use • Interviews with Staff • Interview with Residential Case Manager and Residential Services Director

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is explained in the PREA Policy Manual and in both the Chaplin Youth Center Sexual Abuse Immediate Response Protocol Plan and the Non-Emergency sexual Abuse Response Protocol Plan. The Protocols outline who is responsible for each action upon receiving an allegation of abuse. The checklist was reviewed and is in compliance with this standard. Interviews with the Residential Services Director and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility's Coordinated Response Plan, the immediate and non-emergency sexual abuse response protocol plans, the PREA Policy Manual and the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 18 • Chaplin Youth Center Pre-Audit Questionnaire • Chaplin Youth Center Sexual Abuse Immediate Response Protocol and Non-Emergency Sexual Abuse Response Protocol • Interviews with Staff • Interview with Residential Case Manager and Residential Services Director

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Chaplin Youth Center is not a collective bargaining agency; therefore, this standard is not applicable. OOOY-RSD believes protection of the alleged victim from an alleged abuser(s) is of the utmost importance and may include several options while undergoing an administrative and/or criminal investigation. If a staff member is the alleged abuser, options may include removing a staff member from having direct contact with residents and/or placing the staff member on administrative leave pending the outcome of the investigation. Staff members who are alleged abusers will not be permitted contact with the alleged victim as soon as any investigative efforts ensue. If a resident is the alleged abuser, options may include keeping the alleged abuser and victim separated at all times. If that cannot be accomplished within the facility, the agency will assist the facility to find another placement for the alleged abuser pending the outcome of the investigation. The alleged abuser may be returned to the facility if the alleged victim is released from the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Pre-Audit Questionnaire • Chaplin Youth Center PREA Policy Manual Page 19

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC's Residential Services Director has a full understanding of his duty to monitor retaliation against residents and staff who report abuse. Though CYC has not received any reports of sexual abuse or sexual harassment, the Director was able to demonstrate how he would monitor disciplinary reports, changes to home visits, or program changes for youth whom may have submitted reports. He would look at Point Sheets, notice if residents were treating staff differently or had unexplained trip restrictions. He also spoke of completing periodic status checks to check on the well being of reporters in the event retaliation occurred. He understood the need to continue to monitor for 90 days or beyond if a continuing indicated such and to terminate monitoring if the allegation was determined to be unfounded. For staff, he spoke of monitoring negative performance reviews or shift changes.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 19-20 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Any use of segregated housing to protect a resident who is alleged to have suffered abuse shall be subject to the requirements of PREA regulations standard 115.342. Chaplin Youth Center does not have the capacity to segregate it's residents. In the event of an incident, the perpetrator would be terminated from the program.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center Pre-Audit Questionnaire • Chaplin Youth Center PREA Policy Manual Page 19

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CYC PREA Policy Manual addresses criminal and administrative investigations. While CYC only conducts administrative investigations, the facility ensures all elements of the standards are met. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Sustained allegations of conduct that appear to be criminal are referred for prosecution. CYC incurred no sustained allegations of conduct that appeared to be criminal since the PREA statutes were created. When the quality of evidence appears to support a criminal investigation, the Stafford County Sheriff's Office is dispatched per the MOU between the Office on Youth and the Stafford County Sheriff's Office. OOOY-RSD does not conduct interviews involving criminal matters. The Stafford County Sheriff's Office may have the option to pursue prosecution at any point during a criminal investigation. The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment 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 for which Virginia law requires a shorter period of retention. Departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator and Residential Case Manager

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The CYC PREA Policy Manual demonstrates compliance with this standard. The policy states that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Page 27 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CYC PREA Policy Manual requires that any resident who makes an allegation of sexual abuse is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no criminal or administrative investigations of alleged resident sexual abuse conducted. Criminal investigations are conducted by Stafford County Sheriff's Department. The agency requests the relevant information from the outside agency in order to inform the resident as to the outcome of the investigation until the resident leaves the facility. There were no reports of sexual abuse to be investigated by an outside agency in the past 12 months or otherwise. The PREA Policy Manual requires that following a resident's allegation that a staff member has committed sexual abuse against a resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All such notifications and attempts of notifications shall be documented. The PREA Policy Manual further states that following a resident's allegation that her or she has been sexually abused by another resident in the facility the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are documented as well. There have been no notifications to residents pursuant to this standard in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Page 28 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator • Notice of Investigative Findings

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency procedures relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. All terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months no staff have violated the agency's sexual abuse or sexual harassment policies. Additionally, no staff has been subsequently disciplined short of termination, or terminated for violating the agency sexual abuse or sexual harassment policies. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Page 28 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with HR representative

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Per the manual, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment procedures by a contractor or volunteer. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Page 29 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Residents may be subject to disciplinary sanctions 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. The residents' due process rights are defined in its Resident Handbook for the residents to understand. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. 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. Residents may be offered participation in programs, services or interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required as a condition of access to any rewards-based incentives, but not as a condition to access to general programming or education. Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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.</p> <p>OOY-RSD prohibits all sexual activity between residents. OOY-RSD, however, may not deem such activity to constitute sexual abuse if it determines the activity is not coerced.</p> <p>In the past 12 months there have been no administrative findings of resident on resident sexual abuse that have occurred at the facility. In the past 12 months there have been no criminal findings of guilt of resident-on-resident sexual abuse occurring at the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Page 29 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with PREA Coordinator

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Chaplin Youth Center residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. This is documented on the instructions of the PREA Vulnerability Assessment completed at intake. Staff will notify the resident's parent or legal guardian of the resident's need for access to a mental health practitioner as a result of any prior victimization disclosure.</p> <p>Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This is documented on the instructions of the PREA Vulnerability Assessment completed at intake. Staff will notify the resident's parent or legal guardian of the resident's need for access to a mental health practitioner as a result of any prior victimization disclosure.</p> <p>All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's medical record or permanent file as appropriate. The CYC PREA Policy Manual states that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days. All residents who previously perpetrated sexual abuse, as indicated during the screening pursuant to §115.341, are offered a follow-up meeting with a mental health practitioner and that meeting will take place within 14 days of the intake screening. In the past 12 months 3 residents who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. CYC's practice is to inform the parent/guardian of the need for such follow up with the youth's doctor as they don't employ Medical or Mental Health staff. 2 of the 3 residents were already in treatment at the time follow up was deemed necessary. The policy confirms that the 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.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 23 • Chaplin Youth Center Pre-Audit Questionnaire • Auditor review of Mental Health Follow Up Log • Interviews with Residents • Interview with Residential Case Manager and Residential Services Director

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC's PREA Policy Manual requires staff to assure resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services that will be coordinated by facility administrators and/or the PREA Coordinator. Staff first responders shall take preliminary steps to protect the victim pursuant to PREA regulation § 115.362 and shall immediately notify the on-duty or on-call Administrator. The Administrator will determine whether or not to call RACSB Emergency Services or to have the resident transported to Mary Washington Hospital and give direction accordingly.</p> <p>Resident victims of sexual abuse while placed in OOH-RSD shall be offered timely information about and timely access to emergency contraceptives, sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>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.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 23 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Fortunately CYC has not encountered any situations where they would have to provide the ongoing medical and mental health care for resident victims, however, the agency has ensured that CYC will apply the standards by offering resident victims medical and mental health evaluations and treatment consistent with the level of care they would receive in the community at no cost to the resident or his/her family. If a female resident is the victim, she will be offered a pregnancy test and if found positive for pregnancy, given timely and comprehensive information about all lawful pregnancy related medical services. Resident victims will be offered screenings for STI's as medically appropriate again at no cost to the victim. The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 23 • Memorandum of Understanding with RCASA • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager and Residential Services Director

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC has not had an incident of sexual abuse reported, therefore, there has not been a need for a Review. In the event of such, the PREA Policy Manual assigns the Residential Services Director or designee to initiate a final sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall occur within 30 days of the conclusion of the investigation. The CYC PREA Policy Manual considers whether the allegation or investigation indicates a need to change procedures or practices to better prevent, detect, or respond to sexual abuse; 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; Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assesses the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff; the Review team will document its findings and determine recommendations for improvement as needed.</p> <p>The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Pages 31-32 • Chaplin Youth Center Pre-Audit Questionnaire • Interviews with members of the Incident Review Team • PREA Incident Based Data Collection Form • Interview with PREA Coordinator

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual details the agency’s efforts and protocol for compliance with this standard. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. CYC will aggregate the incident-based sexual abuse data at least annually. CYC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. The DOJ has not requested agency data for the Office on Youth to date.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Pages 32 • Interview with PREA Coordinator/Residential Case Manager • Interview with Superintendent

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC will review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas, taking corrective action on an on-going basis, and preparing an annual report of its findings from its data review and any corrective actions for the facility and agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CYC's progress in addressing sexual abuse. The report shall be approved by the Residential Services Director and made readily available to the public on the Office on Youth website. CYC reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but in so doing will indicate the nature of the material redacted. A review of documentation and interviews with the Superintendent and PREA Coordinator confirms this practice.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Pages 32-33 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Case Manager • Interview with PREA Coordinator

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CYC PREA Policy Manual requires that the agency ensures that incident-based and aggregate data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection unless Federal, state or local laws require otherwise. Interviews with the Residential Services Director and Residential Case Manager as well as the standard outlined in the policy demonstrates compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual – PREA Pages 26 & 27 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Services Director

115.401	Frequency and scope of audits
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 526">OOY-RSD had its first PREA Audit on January 7, 2018. The Department of Justice may send a recommendation for an expedited audit if the Department has reason to believe that OOH-RSD may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issue. OOH-RSD shall bear the burden of demonstrating compliance with the standards.</p> <p data-bbox="252 582 1412 660">The auditor was allowed access to all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations as deemed necessary.</p> <p data-bbox="252 672 1468 907">The auditor was able to review relevant documents and other records and information for the most recent one-year period. The auditor had unimpeded access and was able to observe all areas of the facility. The auditor was able to request and receive copies of documents that wasn't emailed or uploaded into the Audit System prior to the on-site visit. The auditor conducted private interviews with residents in the same manner and location as when their attorneys visit.</p> <p data-bbox="252 929 1460 1041">Residents were given information to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel prior to the on-site audit, however, nothing was sent.</p> <p data-bbox="252 1097 933 1131">Evidence relied upon to make auditor determination:</p> <ul data-bbox="252 1142 1244 1299" style="list-style-type: none"> • Chaplin Youth Center PREA Policy Manual Page 25-26 • Chaplin Youth Center Pre-Audit Questionnaire • Interview with Residential Services Director and Residential Case Manager • On-Site Observations and Interviews

115.403	Audit contents and findings
	<p data-bbox="252 1503 901 1536">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1581 526 1615">Auditor Discussion</p> <p data-bbox="252 1659 303 1693">N/A</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate 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?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational 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?	no
	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?	no

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	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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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.)	yes

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency 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.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	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).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	no
	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?	no
	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?	no
	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?	no

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.)	no

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?	no

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?	no
	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?	no

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?	no
	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?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	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?	no
	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?	no
	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?	no

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.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or 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.)	na

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	na