

PREA Facility Audit Report: Final

Name of Facility: St. Vincent House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/26/2021

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: Marlean Ames	Date of Signature: 12/26/2021

AUDITOR INFORMATION	
Auditor name:	Ames, Marlean
Email:	marames328@yahoo.com
Start Date of On-Site Audit:	10/13/2021
End Date of On-Site Audit:	10/14/2021

FACILITY INFORMATION	
Facility name:	St. Vincent House
Facility physical address:	925 North River Road, Saginaw, Michigan - 48609
Facility Phone:	
Facility mailing address:	

Primary Contact	
Name:	Keith Thomas
Email Address:	kthomas@hccsnet.org
Telephone Number:	3139526548e

Superintendent/Director/Administrator	
Name:	Nicole Boyd
Email Address:	nboyd@hccsnet.org
Telephone Number:	(989) 270-0293

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

Facility Characteristics	
Designed facility capacity:	14
Current population of facility:	10
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-18
Facility security levels/resident custody levels:	Staff Secure
Number of staff currently employed at the facility who may have contact with residents:	27
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Holy Cross Children's Services
Governing authority or parent agency (if applicable):	
Physical Address:	1030 North River Road, Saginaw, Michigan - 48609
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Keith Thomas	Email Address:	kthomas@hccsnet.org
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-13
2. End date of the onsite portion of the audit:	2021-10-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CAN Council Great Lakes Bay Region Children's Advocacy Center located in Saginaw Michigan. They confirmed that the agency provides short term crisis intervention in the form of emotional phone support to residents, hospital advocacy and victim advocacy for residents during the forensic interview process as indicated on their signed MOU.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	8
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	4
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	There were only 8 youth residents. I planned to interview all residents. On the second day of the audit, one resident was off grounds and did not return in time to interview.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all residents that were on campus.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were not any resident that fell in the category of disabled. I interviewed all residents that were on campus which was 7.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the categories.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the categories.</p>

<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the categories.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the categories.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the categories.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the category</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents on campus which was 7 and none fell in the category</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not use isolation of any kind.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Three residents were interviewed in the LGBTI category. The 3 interviewed were part of the overall population of 7.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I was able to interview 11 of the 14 staff employed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>5</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Volunteers and contractors have not had any direct contact with resident since the onset of COVID 19 back in 2020

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	All areas of the facility were made accessible. Random conversations while walking through and while inquiring about specific areas were made possible.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Staff provided on site review of resident files and staff files for compliance.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.	None were provided by facility. No allegations
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93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.	None provided. No allegations
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

None provided. No allegations

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Non Provided no allegations

Sexual Harassment Investigation Outcomes

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

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

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.	None provided. No allegations
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97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

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

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.	None provided, no allegations.
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were not any allegations during the time prior to audit. (12 months)
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>no allegations</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>None reported</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Correctional Management and Communications Group</p>

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
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <p>PREA Pre-Audit Questionnaire</p> <p>Holy Cross Policy: 4013 Prison Rape Elimination Act Policy and Procedure</p> <p>Michigan Department of Human Services (DHS) Policy JR5560 - PREA</p> <p>Organizational Chart</p> <p>2020 Annual Report</p> <p>Interviews:</p> <p>Facility Director PREA Compliance Manager Random Staff Residents</p> <p>Provision (a):</p> <p>An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>The facility Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The Policy provides for the appointment of a PREA Coordinator by the facility Director. The Policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for residents and staff</p> <p>Provision (b):</p> <p>An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The interviews and observations revealed the PREA Coordinator's authority to develop, implement and provide oversight of the implementation of the PREA standards and initiatives. The PREA Coordinator provides support to the facility Director, PREA Compliance Manager in the PREA efforts as determined from interviews, observations, review of documentation and continual communication between the Auditor and the PREA Coordinator. The State of Michigan also provide technical support and oversight by State PREA Administrators throughout the process.</p> <p>The Michigan Department of Human Services employs an Agency PREA Coordinator. The PREA Coordinator has complete and unrestricted access to all Agency facilities contract/residential programs, offices, records, staff and residents. Facility staff and contract providers must comply fully with the Agency PREA Coordinator without fear of reprisal or reprimand. The PREA Coordinator reports to Michigan Children Services Administration Consultant.</p> <p>The Agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the Agency. The PREA policy is structured by subject matter, thereby allowing the reader of the policy to discover relevant policy provisions by topics corresponding to each PREA Juvenile Standard.</p> <p>The Agency PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA Juvenile Standards in all its facilities.</p> <p>Provision (c):</p> <p>Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p>

Matthew Hall does not contract with another facility to house its residents, according to the Policy and interview with the Program Manager.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of an Agency PREA Coordinator and a facility PREA Compliance Manager.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Interviews:</p> <p>Facility Director</p> <p>Agency Head</p> <p>Provision (a) and (b):</p> <p>Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards</p> <p>The Mathew Hall facility does not contract with any outside sources for the confinement of its residents with private agencies or entities. The St. Vincent House agency head was able to confirm that no contracts for confinement exist.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined this standard is not applicable and therefore meets the standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 300">Documents Reviewed:</p> <p data-bbox="240 304 845 398">Policy 4013 Prison Rape Elimination Act Policy & Procedure HCS PREA Policy 2095 Unannounced Rounds/Vulnerable Area Assessments</p> <p data-bbox="240 430 504 555">Staffing Plan Staffing Plan Assessment Monthly Staff Schedules Resident Daily Rosters</p> <p data-bbox="240 586 553 616">PREA Pre-Audit Questionnaire</p> <p data-bbox="240 647 363 676">Interviews:</p> <p data-bbox="240 680 528 775">Facility Director PREA Compliance Manager Intermediate Staff</p> <p data-bbox="240 804 389 833">Provision (a):</p> <p data-bbox="240 837 1461 963">The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol data-bbox="240 967 1461 1332" style="list-style-type: none"> (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 data-bbox="240 1361 1485 1487">HCS Policy 2095 provides details for maintaining the staffing ratios of 1:6 during the waking hours and 1:10 during the sleeping hours. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with Program Manager, review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.</p> <p data-bbox="240 1518 1485 1747">The Policy and staffing plan/assessment incorporate the details for maintaining the staffing ratios and the Policy contains the staffing requirements. The facility's staffing plan, internal controls and management ensure the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. The number of staff may be adjusted as needed due to program activities, dynamics of population or other relevant factors. Observations during the site review and interviews indicated the PREA staffing ratios are maintained. Supportive and backup supervision is provided by management staff due to temporary shortages related to the global pandemic. Any staffing plan adjustments are reviewed by the facility director.</p> <p data-bbox="240 1778 1485 1971">The schematics outline and facility walk-through verified the location of all the cameras located throughout the facility. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews which outline staffing requirements. The work schedules are based on the facility's staffing plan. The interviews revealed collaboration and review of the work schedules on a regular basis. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies.</p> <p data-bbox="240 2002 389 2031">Provision (b):</p> <p data-bbox="240 2058 1485 2152">The facility Policy 2095 states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the</p>

staffing plan. The facility shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The facility reports no deviations from the staffing ratios in the past 12 months. The facility is prepared to document any deviations from the staffing plan as per policy on a dedicated form. A coordinated effort was described in maintaining the required staffing ratios during staff absences due to the global pandemic which would temporarily include management staff. The operations of the facility provide for appropriate staff coverage to ensure the PREA staffing ratios are maintained. The management staff understands and are prepared to document any deviations from the staffing requirements as determined through interviews. The staffing plan is also incorporated in Policy and the annual assessment and provides for the staffing ratios to be met.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

Staffing ratios for the facility are provided by the direct care staff. The facility is prepared for back-up with management staff if required due to unmanageable shortages. The security practices and policies ensure the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The Staffing plan provides for minimum staffing; ensuring the PREA ratios are met. The ratios were discussed and observed for and met during the site review and review of documentation. The average daily population for the last twelve months has been twelve (12). Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is eleven (11) The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by §115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Policy 2095, Section 3.5 provides at the least, an annual assessment of the staffing plan is conducted. The Staffing Plan Assessment is conducted annually with the latest being conducted in August 2021 and is signed by the Program Manager, HCS Associate Program Director, HCS PREA Compliance Manager. The document reviews but is not limited to the following areas: generally accepted secure residential practices, any findings of inadequacy, adequate numbers of Supervisory personnel, physical plant inadequacies, such as "blind spots" review/assessment of a sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors, programs occurring on a particular shift, composition of the resident population, applicable state and federal laws and regulations and any other relative factors.

Provision (e):

Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

Facility PREA Policy 4033 Section 5-d provides for the occurrence of unannounced rounds randomly performed by administrative and supervisory staff. A review of a sample of documented unannounced rounds support unannounced rounds are conducted by intermediate level and higher level staff and by Supervisors for each shift at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented on the Unannounced PREA Rounds checklist and the Unannounced Supervisor Rounds checklist is used by shift Supervisors. The areas assessed during the unannounced rounds by the administrative staff includes all areas of the facility such as all living units; common area; staff break room; loading dock; gymnasium; and classrooms. The Supervisors' unannounced rounds include all living units and provides for comments regarding mood, demeanor and interactions. The interview with the PREA Coordinator indicated how he ensures that staff does not alert other staff when he is conducting unannounced rounds. The Policy also indicates staff does not alert other staff regarding the occurrence of unannounced visits. Staff members are not informed of the unannounced rounds and

there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits.

Conclusion:

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

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed:</p> <p data-bbox="240 304 1010 331">Facility PREA Policy 4013 Prison Rape Elimination Act Policy and Procedure</p> <p data-bbox="240 362 879 389">HCS Policy 4002 Client Search & Seizure Policy and Procedure</p> <p data-bbox="240 394 517 421">Facility Training Curriculum</p> <p data-bbox="240 425 552 452">PREA Pre-Audit Questionnaire</p> <p data-bbox="240 456 469 483">Training Sign-in Sheet</p> <p data-bbox="240 488 991 515">Resident Pat-Down Searches & Control of Contraband Accountability Form</p> <p data-bbox="240 519 443 546">Resident Handbook</p> <p data-bbox="240 582 360 609">Interviews:</p> <p data-bbox="240 640 400 667">Facility Director</p> <p data-bbox="240 698 384 725">Random Staff</p> <p data-bbox="240 757 344 784">Residents</p> <p data-bbox="240 815 528 842">PREA Compliance Manager</p> <p data-bbox="240 963 387 990">Provision (a):</p> <p data-bbox="240 994 1286 1088">The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p data-bbox="240 1120 1481 1281">Facility Policy 4013 prohibit cross-gender strip searches and cross-gender visual body cavity searches are prohibited. There is no evidence of cross-gender strip searches or cross-gender visual body cavity searches occurring at the facility. Based on the review of the pre-audit questionnaire and according to the director/program manager, no such searches have been conducted. All staff are required to watch a short training video regarding cross-gender pat down searches in the event of an exigent circumstance as per the standard.</p> <p data-bbox="240 1312 389 1339">Provision (b):</p> <p data-bbox="240 1344 1203 1370">The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p data-bbox="240 1402 1477 1594">Facility Policy 4013 provides that cross-gender pat-down searches are prohibited. Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches. No residents interviewed reported a female staff member conducted a pat-down search of their body. The evidence shows cross-gender pat-down searches have not occurred at the facility. Based on the review of the pre-audit questionnaire; letter of non-occurrence by the director; staff and resident interviews; training sign-in sheets; and training acknowledgement statements, the facility follows this provision of the standard.</p> <p data-bbox="240 1662 389 1688">Provision (c):</p> <p data-bbox="240 1693 1257 1756">The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p data-bbox="240 1787 1485 2047">The facility policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Crossgender pat-down searches may be conducted only in exigent circumstances which random staff interviews summarized as an extreme emergency. The policy indicates that in the event a cross-gender search is warranted pursuant to an emergency circumstance, it must be approved by the Program Manager and the justification for the search documented. Such searches will be documented on a form currently used for all searches which would be used for same sex searches. The form requires the staff to record the reason for the search. The evidence shows the facility is prepared to document and justify all cross-gender pat-down searches. Based on the review of the provided policy, staff training documents, staff and resident interviews, the facility follows this provision of the standard.</p> <p data-bbox="240 2114 389 2141">Provision (d):</p>

The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Facility policy 4013 and 4002 states the facility will enable residents to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. Staff members of the opposite gender are required to announce prior to entering the living units. This practice was confirmed through observation of signage indicating such, observations and interviews with residents and staff. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions. The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Review of facility cameras also confirmed residents are not directly viewed. Staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. Based on the review of the documentation, staff interviews, resident interviews, and observations, the facility follows this provision of the standard.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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

Facility policy 4013 prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. According to the policy, if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff interviews confirmed they are aware facility policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the documentation reviewed and staff interviews, the facility meets this provision of the standard.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Facility Policy 4002 states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation and staff interviews support the training is conducted at least annually. Training participation is documented with sign-in sheets and training acknowledgement forms. The evidence shows staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff are required to watch a training video upon hire and annually thereafter.

Conclusion:

Based on the reviewed documentation and interviews, the facility follows this provision of the standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 919 465">Facility Policy 4013 Prison Rape Elimination Act Policy & Procedure Holy Cross Education Positions (Special Education) Interpreting and Translation Agreement, ALTA, Inc. Admission Summary Overview forms Resident Handbook in English and Spanish</p> <p data-bbox="240 499 363 526">Interviews:</p> <p data-bbox="240 533 400 560">Facility Director</p> <p data-bbox="240 593 344 620">Residents</p> <p data-bbox="240 654 384 680">Random Staff</p> <p data-bbox="240 714 528 741">PREA Compliance Manager</p> <p data-bbox="240 797 389 824">Provision (a):</p> <p data-bbox="240 831 1477 1021">The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately,</p> <p data-bbox="240 1032 1477 1256">and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p data-bbox="240 1290 1477 1547">The facility Policy addresses the provision of support services for disabled residents by providing the residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of 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, performance of first responder duties, or the investigation of the allegations. Staff interviews and verification of special education providers for HCCS confirmed this information. The facility has a MOU signed contract with ALTA, Inc. for supportive services to residents with disabilities or who may be limited English proficient.</p> <p data-bbox="240 1592 389 1619">Provision (b):</p> <p data-bbox="240 1626 1477 1749">The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p data-bbox="240 1783 1477 2074">An Interpreting and Translation Agreement is documented with ALTA Inc. for services to residents. The Resident Handbook is in English and Spanish. The evidence shows residents with disabilities and who may be limited English proficient are provided 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. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The Resident Handbook is printed in English and accessible in Spanish and other languages as needed. The PREA audit notice was printed in English and Spanish. The evidence shows the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.</p> <p data-bbox="240 2107 389 2134">Provision (c):</p> <p data-bbox="240 2141 1445 2168">The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited</p>

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.

According to Policy 4013, the facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the site visit. Interviews with educational staff confirmed the assistance from special education teachers are available should the need arise.

Conclusion:

Based upon the review and analysis of the evidence, the auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Residents with disabilities and who are limited English Proficient are provided 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

115.317	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 528 300">Documentation Reviewed:</p> <p data-bbox="240 304 919 331">Facility Policy 4013 Prison Rape Elimination Act Policy & Procedure</p> <p data-bbox="240 362 400 389">Personnel Files</p> <p data-bbox="240 421 536 448">Criminal Background Checks</p> <p data-bbox="240 479 496 506">Disclosure Questionnaire</p> <p data-bbox="240 537 368 564">Applications</p> <p data-bbox="240 595 488 622">Central Registry Checks</p> <p data-bbox="240 654 360 680">Interviews:</p> <p data-bbox="240 685 647 712">Administrative (Human Resources) Staff</p> <p data-bbox="240 743 440 770">Provision (a) & (f):</p> <p data-bbox="240 801 1453 864">Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <p data-bbox="240 869 1206 931">(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);</p> <p data-bbox="240 936 1254 1025">(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p data-bbox="240 1030 1182 1093">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1124 1246 1285">Provision (f): The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="240 1317 1485 1576">Facility policy addresses hiring and other personnel matters, including and not limited to promotion processes and decisions and background checks. The policy ensures that background checks occur initially and every five years. The facility actually conduct background checks annually as confirmed by personnel administrator interview and documentation review. The personnel files include the completed background checks and hiring documents. The background checks include but are not limited to two images of fingerprints; national web check; FBI database check; and state and federal child abuse registry checks. Background checks with other personnel documentation were reviewed. Through the screening process, prior to hire and promotion, applicants are asked to verify, the following information which supports the background screening information packet:</p> <ul data-bbox="240 1581 1206 1778" style="list-style-type: none"> • Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; • Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or, • Have been civilly or administratively adjudicated to have engaged in the activity described above. <p data-bbox="240 1783 1485 2011">The interview and a review of Policy provide details about the hiring process, completion of background checks, and grounds for termination or disqualification. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity during the pre-hire process and the use of the Disclosure Questionnaire. The documentation, interview and Policy support that the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the personnel records and the required information for conducting the background checks.</p> <p data-bbox="240 2042 392 2069">Provision (b):</p> <p data-bbox="240 2074 1485 2136">The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policies support that the facility does not hire or promote</p>

anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means.

Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application and interview processes regarding previous misconduct. Policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (d):

Provision (c): Before hiring new employees, who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

Provision (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The background check process includes consulting a child abuse registry as confirmed during the interview. The prospective employee or contractor has to be cleared through the regular background check and the inquiries through the child abuse registry. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee. A review of personnel records and the interview confirmed the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee

Provision (e):

The agency shall 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. Initial background checks are conducted and are conducted every five years thereafter, in accordance with Policy.

The interview, review of documentation and a review of the Policy provides guidance regarding the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy and the interview support that the omission of sexual misconduct information or providing false information is grounds for termination. The facility imposes upon employees the continuing affirmative duty to disclose any such misconduct.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

A review of Policy and the interview revealed that when a former employee applies for work at another institution, upon the request from that institution, the facility provides all relevant information regarding substantiated allegations of sexual abuse as requested and where appropriate.

Conclusion:

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

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Facility Design and Technology, states that when there is substantial expansion to the facility, the ability to protect residents and staff from sexual abuse will be reviewed and ensured.</p> <p>At the time of the on-site audit, the facility has not made any upgrades to cameras or technology since the date of the last audit in 2018.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 1246 528"> Facility Policy 4013 Great Lakes Bay Health Agreement/HCCS Covenant Health Care Hospital/Sexual Assault Nurse Examiner Program (SART/SANE) Thomas Township Police Understanding (memo) Memorandum of Understanding (MOU), CAN Council Great Lakes Bay Region (GLBR), Saginaw, MI Staff Training Certificate Resident Handbook </p> <p data-bbox="240 598 363 624">Interviews:</p> <p data-bbox="240 631 414 658">Direct Care Staff</p> <p data-bbox="240 687 424 714">Investigative Staff</p> <p data-bbox="240 743 376 770">Medical Staff</p> <p data-bbox="240 799 400 826">Facility Director</p> <p data-bbox="240 855 427 882">Program Manager</p> <p data-bbox="240 911 432 938">PREA Coordinator</p> <p data-bbox="240 967 347 994">Residents</p> <p data-bbox="240 1064 459 1090">Provisions (a) & (b):</p> <p data-bbox="240 1097 1453 1189">(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p data-bbox="240 1196 1431 1326">(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="240 1364 1490 1659">Facility Policy 4013 provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Protocol, developed by related professionals, addresses but is not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. The facility-based investigators conduct administrative investigations and the Thomas Township Police/Michigan Child Protective Services investigate sexual abuse allegations that are criminal in nature. An understanding exists between the facility and Thomas Township Police regarding criminal investigations for the allegations of sexual abuse. The Police Division agrees to follow uniform protocol. The Chief of Police verifies the training of the Police Division’s investigators and their professional ability to conduct sexual abuse investigations. Staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="240 1691 389 1718">Provision (c):</p> <p data-bbox="240 1724 1468 1886">The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFE or SANE examiners cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFE or SANE examiners</p> <p data-bbox="240 1915 1468 2009">The facility policy states forensic medical examinations will be conducted at Covenant Health Care Hospital. Exams are performed by certified SART/SANE staff from the Sexual Assault Nurse Examiner Program. Services will be provided at no cost to the victim. The Nurse’s interview was aligned with the facility policy.</p> <p data-bbox="240 2040 459 2067">Provisions (d) & (e):</p> <p data-bbox="240 2074 1425 2134">(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a</p>

qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified communitybased organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility has a MOU with CAN Council Great Lakes Bay Region (GLBR) for victim advocacy services. According to the MOU, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The Program Manager and CAN administrator confirmed that advocacy services will be provided in accordance with the MOU. Staff interviews confirmed the resident and/or facility staff members are able to utilize the hotline to request a victim advocate.

Provisions (f) & (g):

(f) To the extent the agency is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities. Allegations of sexual abuse that are criminal in nature are investigated by the Thomas Township Police Department. The agreement with the Police Department states that appropriate protocol will be followed in all sexual abuse/assault investigations.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility Program Coordinator has received training regarding the provision of support for an alleged victim of sexual abuse. A MOU is in place with CAN to provide a victim advocates when requested by a victim of sexual assault.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Facility Policy 4013, (page 4) Prison Rape Elimination Act Policy and Procedure Understanding with the Thomas Township Police Department PREA Pre-Audit Questionnaire</p> <p data-bbox="242 430 363 459">Interviews: Random Staff Investigative Staff Program Manager PREA Coordinator</p> <p data-bbox="242 620 387 649">Provision (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 754 1474 947">The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports there have been no allegations of sexual abuse and no allegations of sexual harassment in the twelve (12) months prior to the audit. The facility policy provide the steps for staff reporting and responding to allegations of sexual abuse and sexual harassment. Policy also ensures the cooperation between the facility staff and the Thomas Township Police Department and as well as the Michigan Child Protective Services.</p> <p data-bbox="242 1014 469 1043">Provision (b) and (c): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="242 1272 1461 1464">The facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting form is also located on the website with instructions for reporting. Reporting information is also posted in various areas of the facility including but not limited to living units and resident bedrooms. The posted information is accessible to residents, staff, contractors and all visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by trained facility investigators and sexual abuse allegations that are criminal in nature are investigated by the Thomas Township Police Department.</p> <p data-bbox="242 1496 389 1525">Provision (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="242 1621 1493 1780">The facility and the Thomas Township Police Department have an understanding in place governing investigations that they will investigate all allegations that are criminal in nature and have ensured that all police officers conducting sexual abuse investigations have had the appropriate training necessary. The Thomas Township Police Department have not entered into an MOU with the agency but were willing to state in writing that they will conduct all duties associated with the facility and official police business.</p> <p data-bbox="242 1812 389 1841">Provision (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="242 1937 1426 1995">The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at Matthew Hall.</p> <p data-bbox="242 2027 376 2056">Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013 Staff Training on Offender Sexual Assault/Rape Prevention & Reporting -PREA Policy and Procedures Employee PREA Training Summary Log Training Attendance Record (Sign-in Sheets) Training Acknowledgement Statements</p> <p>Interviews: Random Staff Facility Program Manager PREA Compliance Manager</p> <p>Provisions (a) and (c):</p> <p>(a) The agency shall train all employees who may have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent. <p>(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>The facility policy addresses PREA related training for all staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented.</p> <p>The direct care staff interviewed and the Program Manager reported the training is provided as required through an on-line training source called Reliance.</p> <p>All direct care staff members interviewed and document review verified the general topics below were included in the training:</p> <ol style="list-style-type: none"> 1. Zero-tolerance PREA related policies. 2. Staff responsibilities and how to fulfill them regarding allegations or incidents of sexual abuse or sexual harassment. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right for staff and residents to be free from retaliation for reporting allegations or cooperating in an investigation. 5. Dynamics of sexual abuse and sexual harassment in juvenile facilities. 6. Residents and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment. 7. How to avoid inappropriate relationships with residents. 8. Common reactions of sexual abuse and sexual harassment by juvenile victims. 9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. 10. Mandatory reporting.

11. Relevant laws regarding the applicable age of consent.

The policy, training materials, staff interviews, review of all trainings logs and acknowledgement statements verify the staff training occurs. Training is conducted annually and refresher training is provided as needed. Staff interviews confirmed they have received training on the 11 required topics. The evidence shows staff members are provided all of the required training topics. Based on the review of the pre-audit questionnaire, training curriculum, associated training materials and records, Staff interviews confirmed the facility complies with the provisions of the standard.

Provision (b):

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses all males and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The policy states the training shall be tailored to the needs and attributes to the population served. The on-line training company Reliance, caters to the needs of criminal justice facilities to ensure the training meets all attributes of the population.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received. The policy provides all training will be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the auditor with all training files for verification of the on-line training having occurred. The auditor also was able to verify through staff interviews that all required training occurred and followed the provisions of the standard.

verification of the training occurring and the training was verified through staff interviews. The facility

Conclusion:

Based upon the review of documents, staff interviews and analysis of the available evidence, the auditor has determined the facility is in compliance with the provisions of this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Facility Policy 4013, Section 4-Volunteer and Contractor Training Contractor and Volunteer PREA Training Form PREA Notification/Acknowledgement Statement</p> <p>Interviews: Program Manager Facility Director PREA Coordinator</p> <p>Provision (a): The agency shall ensure 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. The policies require volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. Program Manager reports zero volunteers or contractors.</p> <p>Provision (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Documents reviewed revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers.</p> <p>Provision (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.</p> <p>Conclusion: It should be noted that there has not been any volunteers or contractors in the facility since the onset of Covid-19. The evidence shows that the policy and practice is in place to ensure that all volunteers and contractors are trained regarding PREA and all documented acknowledgements would be retained. Therefore, based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 329 738 689"> Facility Policy 4013 PREA Policy and Procedures Youth Orientation Packet PREA Education & Screening Log Orientation Group Schedule Safety Brochure Acknowledgement Statements Resident Handbook MOU, V.O.I.C.E. Inc. Resident Handbooks Posted Information Sign-in Sheets </p> <p data-bbox="240 721 362 748">Interviews:</p> <p data-bbox="240 752 528 846"> Intake Staff Residents PREA Compliance Manager </p> <p data-bbox="240 878 481 904">Provisions (a) and (b):</p> <p data-bbox="240 936 389 963">Provision (a):</p> <p data-bbox="240 994 1485 1088"> During the intake process, residents shall receive information explaining, in an ageappropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. </p> <p data-bbox="240 1151 389 1178">Provision (b):</p> <p data-bbox="240 1209 1477 1303"> Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. </p> <p data-bbox="240 1335 1493 1863"> Policy provides that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interviews. A review of the education materials indicated the information provided to the residents is age-appropriate. PREA refresher education sessions are conducted periodically in group sessions whenever residents have questions or staff deems a review of PREA information is warranted. House meetings are used to provide PREA education refresher sessions. The residents sign acknowledgement statements which represent receipt of the PREA information provided. The interviews with the residents revealed their understanding of the information covered in the PREA education sessions. The interviews with the residents and policy revealed that the PREA education sessions are conducted and documented within 10 days of the resident admission. The PREA education to residents includes a handbook, brochure, video, posted information, and verbal presentations by staff. PREA information, including how to report, is also contained in the resident handbook which is reviewed with the residents. The brochure defines PREA, explains sexual assault; provides information regarding avoiding an attack; what to do if sexually assaulted; provides safety tips; and other helpful related information. A part of PREA education includes information about third-party reporting as confirmed during resident interviews. Although reporting information is posted, as well as contact information for requesting advocacy services, the printed information is also manually provided to the youth. Policy provides that residents receive a comprehensive age-appropriate PREA education session within 10 days of admission to the facility. </p> <p data-bbox="240 1895 389 1921">Provision (c):</p> <p data-bbox="240 1926 1485 2119"> Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. The facility reported that all youth admitted during the past 12 months participated in PREA education sessions. Acknowledgement statements, observed posted information, interviews and documentation reviewed in the resident files on site, indicate that PREA education is provided to residents. </p>

Provision (d):

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The education unit is also a resource for accessibility of translation services and other accommodations. The contractual arrangement acknowledges that available resources exist for accommodations. The Policy and access to services address the provision of support services for limited English proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy provides for interpreter and translation services, including the services for the Deaf. The education staff also provides support services through certified teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted within the facility, accessible to residents, staff and visitors. The staff revealed a practice of residents not used as translators or readers for other assistants. The facility has knowledge of the youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents and coordinate with the school and others where needed. Residents are asked about feelings of safety during informal encounters with staff and during formal treatment sessions. The PREA information and resident handbook are accessible in languages other than English, as needed.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions. Signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents' interviews confirmed that PREA education sessions occur. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. The residents are aware of their PREA related rights and are aware of the advocacy services available if they are sexually abused.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The interviews with the residents and observations confirmed that PREA information is provided initially and continuously and is readily available and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse and how to request advocacy services. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials include but are not limited to information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a resident handbook which also contains PREA information. The resident interviews supported that refresher PREA education sessions are conducted in the facility as needed. PREA related information is provided to staff in policies and procedures, training and staff meetings.

Conclusion:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Facility Policy 4013, PREA Policy and Procedure Understanding with Thomas Township Police Department Training Curriculum Training Certificates</p> <p>Interviews: Investigative Staff (1)</p> <p>Provision (a) & (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Provision (b):</p> <p>Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The policy, practice and the letter provided by the Thomas Township Police Department provide for investigations of allegations of sexual abuse that are criminal in nature to be conducted by the Thomas Township Police Department and CPS. Administrative investigations are conducted by trained facility-based investigators. The Program Coordinator have been identified as the administrative investigator: The policy provides for the investigators to be trained. The investigators have received the regular PREA training as evident through documentation. The administrative staff has received additional training in conducting investigations as confirmed by a review of training certificates, training log, and curriculum. The online training course provided by the National Institute of Corrections (NIC), specifically addresses conducting administrative investigations in confinement settings, including the provisions of the standard, as confirmed by the staff interviews.</p> <p>Provision (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The administrative staff has received additional training in conducting investigations. The certificates and training log were reviewed.</p> <p>Provision (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. A letter from the Chief of Police provides information regarding the experience and training of investigators who may conduct criminal investigations at the facility.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding specialized training for investigations.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013 - PREA Policy and Procedure Training Certificates Training Logs Training Curriculum</p> <p>Interviews: Nurse Psychologist</p> <p>Provision (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The policy and facility practice provide medical and mental health staff members receive the regular PREA training as well as the specialized training. The specialized training is provided through the National Institute of Corrections (NIC) and Reliance on-line training. Electronic training logs, certificates and interviews document regular PREA training and the specialized training for medical and mental health staff members; the interviews confirmed the training. The specialized training provides guidance based on the tenets of this provision.</p> <p>Provision (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Forensic medical examinations are not conducted by facility staff; they are conducted at Covenant HealthCare Hospital.</p> <p>Provision (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Training logs, certificates and the interviews confirmed receipt of the regular and specialized training.</p> <p>Provision (d): Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency. Medical and mental health staff completed the general training that is provided for all employees. The standard PREA training is provided to all employees and the specialized training is provided through online courses by the National Institute of Corrections and Reliance as determined from the document review.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor determined the facility is compliant with this standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 826 432">Facility Policy 4013 PREA Policy and Procedure Risk of Victimization and/or Sexual Aggression screenings PREA Education & Screening Log PREA Documents Summary Log</p> <p data-bbox="240 463 362 490">Interviews:</p> <p data-bbox="240 497 834 589">PREA Compliance Manager Staff Responsible for Risk Screening/ Program Coordinator Residents</p> <p data-bbox="240 620 389 647">Provision (a):</p> <p data-bbox="240 654 1490 745">Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p data-bbox="240 777 1490 1373">The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The Intake Coordinator will interview the resident at intake to obtain information about the resident personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The resident's risk level is reassessed periodically throughout the resident's stay or if an alleged sexual abuse incident occurs. Disclosure of prior victimization or perpetrated sexual abuse is addressed during the time of disclosure. The information is related to mental health personnel following the disclosure of the information. There was no resident in the facility who had disclosed prior victimization. A review of documentation, interviews with residents and staff confirmed the Vulnerability Assessment is administered. The information for the instrument may be obtained by asking questions from the form, medical and mental health screenings and other methods. All residents interviewed could identify specific areas inquired about in the administration of the Vulnerability Assessment. reassessments are conducted periodically. PREA Education and Screening log was reviewed and it is maintained indicating the administration of the initial assessment and the completion of the follow-up assessments. The facility provided the auditor with examples of the screening tool. The Intake Coordinator, responsible for risk screening, confirmed residents are screened whether a new admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs within 72 hours of intake, usually on the first day. This practice was confirmed during the on-site visit during review of resident files and during resident interviews. Risk levels are reassessed periodically per the Intake Coordinator and a review of documents. All residents interviewed entered the facility within the past 12 months. They confirmed they were asked questions like the following examples at intake:</p> <ol data-bbox="240 1379 948 1507" style="list-style-type: none"> <li data-bbox="240 1379 716 1406">(1) Have you have ever been sexually abused? <li data-bbox="240 1413 837 1440">(2) Do you identify with being gay, bisexual or transgender? <li data-bbox="240 1447 571 1473">(3) Do you have any disabilities? <li data-bbox="240 1480 948 1507">(4) Do you think you might be in danger of sexual abuse at the facility? <p data-bbox="240 1547 1452 1675">Based on the review of the pre-audit questionnaire, review of resident records, interview with the staff responsible for risk screening, and resident interviews, the evidence shows that resident's risk levels are assessed during intake, but no later than 72 hours of their arrival at the facility. Additionally, risk levels are reassessed periodically. The facility follows this provision of the standard.</p> <p data-bbox="240 1706 389 1733">Provision (b):</p> <p data-bbox="240 1740 1452 1868">Such assessments shall be conducted using an objective screening instrument. The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety.</p> <p data-bbox="240 1899 1477 2056">The interview and review of policy revealed how the objective instrument is administered to glean information to assist staff in keeping residents safe. The responses on the instrument garner a score and the risk level is determined by definition and the corresponding number to that definition. The Policy states residents will be screened within 72 hours of admission however interviews with residents indicated it is also administered earlier.</p> <p data-bbox="240 2087 389 2114">Provision (c):</p> <p data-bbox="240 2121 948 2148">At a minimum, the agency shall attempt to ascertain information about:</p>

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. The interview with the Intake Coordinator confirmed he is aware of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument.

Provision (d):

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The facility policy states the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The staff and resident interviews are aligned with the policy and this provision of the standard. The review of the instrument and interview with the Intake Coordinator responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument. Resident interviews also revealed the instrument is used. Additional screening instruments are used and based on the needs of the resident.

Provision (e):

The agency shall implement 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.

The policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the PREA Coordinator revealed the information is only available to the Intake Coordinator and the mental health staff. The documents are kept in the resident's file in a locked file cabinet in the locked office when unoccupied by the Intake Coordinator. The auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 1082 432">Facility Policy 4013, PREA Policy and Procedure Sample of Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression PREA Education & Screening Log PREA Documents Summary Log</p> <p data-bbox="240 463 363 490">Interviews:</p> <p data-bbox="240 497 828 624">Resident (targeted interviews) x (3) PREA Compliance Manager Staff Responsible for Risk Screening/Program Coordinator Random Staff</p> <p data-bbox="240 656 387 683">Provision (a):</p> <p data-bbox="240 689 1430 748">The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 779 1493 940">The facility policy provides guidance to staff regarding the use of the information obtained from the Vulnerability Assessment: Risk for Victimization and/or Sexual Aggressiveness. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of specific samples of the aforementioned completed screening instrument. The facility also uses additional screening instruments.</p> <p data-bbox="240 972 387 999">Provision (b):</p> <p data-bbox="240 1005 1484 1167">Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 1198 1490 1525">The policy states any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk residents may only be placed in isolation in an emergency situation, and only as a last resort if less restrictive measures are inadequate to keep the resident safe. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. The interview with the facility Director confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The use of isolation would be documented. The residents' rights to daily large-muscle exercise and any legally required educational programming or special education services would be provided. Based on the review of the pre-audit questionnaire, related documents and interview with the facility director, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1556 387 1583">Provision (c):</p> <p data-bbox="240 1590 1493 1718">Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p data-bbox="240 1749 1493 1973">The policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restroom/showers were observed and were configured for a reasonable amount of privacy. A targeted resident interview revealed there is no special housing based on how a resident identifies, which was also supported by staff interviews and observations.</p> <p data-bbox="240 2004 387 2031">Provision (d):</p> <p data-bbox="240 2038 1490 2166">In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.</p>

The policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the site visit and this audit period. The Intake Coordinator's interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident health and safety, and whether the placement would present management or security problems.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the Intake Coordinator is aware of the requirement. The Intake Coordinator confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. Based on the review of the pre-audit questionnaire and interview with the Intake Coordinator, the evidence shows the facility follows this provision of the standard.

Provision (f):

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment and this applies to every resident.

The residents confirmed in the interviews, they are asked about their safety concerns. A review of the PREA Education & Screening Log demonstrated the additional documentation of the screening assessments and re-assessments completed for each resident. The staff interviews revealed staff members are aware of the policy which requires the provision of the standard to be followed.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document:

- a. The basis for the facility's concern for the resident's safety; and
- b. The reason why no alternative means of separation can be arranged.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Program Manager/PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The Isolation/separation would be documented according to the provisions of the policy and standard.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The policy states every thirty (30) days, staff shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Program Manager/PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility prohibits placing LGBTI residents in particular housing, bed, or other assignments solely on the basis of such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. The facility is prepared to provide

a safe and secure environment and follow all provisions of this standard

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 331 775 622">Facility Policy 4013, PREA Policy and Procedure Grievance Forms Medical Request Form Third Party Reporting Forms Safety Pamphlet Sample of Incident Report Resident Handbook Observed PREA Posters Sexual Abuse is NEVER ok MOU, CAN</p> <p data-bbox="240 656 363 683">Interviews:</p> <p data-bbox="240 689 528 781">Random Staff Residents PREA Compliance Manager</p> <p data-bbox="240 815 389 842">Provision (a):</p> <p data-bbox="240 848 1430 940">The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 974 1493 1536">Facility policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how residents can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24 hour hotline of an agency not a part of the facility as confirmed by resident interviews, posters, staff, MOU, and posted phone instructions. The auditor tested the 24 hour hotline number to confirm contact and services provided during the comprehensive on-site review and it was found to be in working order. Direct care staff interviews revealed residents may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The residents also identified internal ways a resident may report such as completing a grievance form; talking to a trusted staff member; completing a Medical Request Form; or tell an outside person or family member. There are designated locked boxes and forms on the living units for depositing the written grievance forms. If a resident uses a grievance form to report allegations of sexual abuse or sexual harassment, the resident will place his name on the form, check the appropriate space and place it in the grievance box. The resident receives a Safety Pamphlet (Preventing Sexual Assault) and Resident Handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.</p> <p data-bbox="240 1570 389 1597">Provision (b):</p> <p data-bbox="240 1603 1493 1760">The agency shall 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p data-bbox="240 1794 1493 1917">Residents may use of the emergency telephone located on each unit. The resident may dial a number to report an allegation of abuse and/or request advocacy services. Signs are posted explaining how to access Children’s Protective Services. Direct care staff revealed staff could use the emergency phone to report allegations of abuse. Allegations of sexual abuse have not been reported during this audit period. The facility does not detain residents solely for civil immigration purposes.</p> <p data-bbox="240 1951 389 1977">Provision (c):</p> <p data-bbox="240 1984 1449 2040">Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.</p> <p data-bbox="240 2074 1414 2166">The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The</p>

resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a grievance, a Medical Request Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously.

Staff members interviewed were aware of their duty to receive and document third-party reports.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete the any accessible forms. During the pre-onsite review, photos were sent to the auditor of all forms available to the residents. During the on-site visit the auditor confirmed the accessability of writing utensil, request forms for residents to use as needed.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews identified the following ways a report can be made privately: use of the telephone on the living units; use of telephone in an office; third-party reporting form online; report by email to administrative staff; and/or talk to supervisor in private.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways for to privately report. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately and the responsive process would begin. Residents have access to pens and pencils to write a grievance or complete a medical request form. Staff can privately report sexual abuse and sexual harassment of residents.

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed:</p> <p data-bbox="240 304 738 331">Agency Policy 4013, PREA Policy and Procedure</p> <p data-bbox="240 362 1171 389">Agency Policy 4009, HCS Complaint Grievance Resolution and Appeal Policy and Procedure</p> <p data-bbox="240 421 443 448">Resident Handbook</p> <p data-bbox="240 479 416 506">Grievance Forms</p> <p data-bbox="240 537 472 564">Medical Request Form</p> <p data-bbox="240 595 518 622">Third-Party Reporting Form</p> <p data-bbox="240 654 363 680">Interviews:</p> <p data-bbox="240 685 384 712">Random Staff</p> <p data-bbox="240 721 344 748">Residents</p> <p data-bbox="240 757 528 784">PREA Compliance Manager</p> <p data-bbox="240 792 588 819">Facility Director/Program Manager</p> <p data-bbox="240 851 389 878">Provision (a):</p> <p data-bbox="240 882 1461 936">An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 967 1477 1196">The policy contains procedures regarding the process for dealing with resident grievances related to sexual abuse and sexual harassment. Residents may submit a grievance related to PREA allegations at any time regardless of when the alleged incident is to have occurred and residents are not required to use an informal process for any situation regarding sexual abuse. When an emergency grievance is received that contains an allegation of sexual abuse or sexual harassment, the policy and procedures for reporting and/or investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. An investigation will be conducted by a facility-based investigator for administrative investigations and an investigator from the Thomas Township Police Department and CPS.</p> <p data-bbox="240 1227 389 1254">Provision (b):</p> <p data-bbox="240 1258 1461 1312">(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1344 1461 1397">(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1429 1461 1482">(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1514 1461 1568">(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1599 1493 1778">Policy provides that there is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located on the housing units and in the common area for residents to deposit forms or notes. Policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1809 389 1836">Provision (c):</p> <p data-bbox="240 1841 557 1868">The agency shall ensure that—</p> <p data-bbox="240 1872 1493 1926">(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</p> <p data-bbox="240 1957 1115 1984">(2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 2016 1493 2150">Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The staff member involved in the grievance will not be involved in handling the grievance. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, residents may put the form directly in the grievance box, unimpeded by staff. The resident handbooks</p>

explain the regular grievance system and contains information regarding reporting allegations of sexual abuse and sexual harassment. The resident is further instructed to place the completed Form in the locked box or give it directly to staff.

Provision (d):

- (1) The agency shall 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.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the resident may consider the absence of a response to be a denial at that level.

The Policy provides details about the administrative remedies including the timelines which are aligned with the standard. Initial response is required within 48 hours to inform the resident of receipt or results of the grievance containing an allegation of sexual abuse or sexual harassment. Evidence supports that the policy is followed.

Provision (e):

- (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- (2) 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.
- (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policy and procedures for reporting and investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The content of the grievance is reviewed by the PREA Compliance Manager and the Program Manager and an investigation will be conducted by an investigative entity as appropriate. The policy supports third-party grievances and appeals. During this audit period, no grievances alleging sexual abuse were filed on behalf of a resident by a third-party.

Provision (f):

- (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy provides for emergency grievances to be responded to within 48 hours. The Grievance Form contains a area in which the resident may indicate it is PREA related. The form advises the resident that if it is PREA related all the details of the allegations do not have to be added to the form, it may be directly placed in the receptacle. If a grievance alleging sexual abuse is received, it is referred to and reviewed by the PREA Compliance Manager / facility-based investigator, the facility Program Manager/Director and/or reported by staff to the appropriate investigative entity. The response to the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be implemented where applicable to ensure the safety of the resident. On weekends and holidays, emergency grievances are received by direct care supervisors in the grievance box which is checked daily, to ensure a prompt response and in accordance with Policy. Residents and staff interviewed identified the use of a Grievance Form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment. The residents are aware of how emergency grievances are handled regarding sexual abuse or sexual harassment as evidences during the on-site interview process. Grievances submitted alleging sexual harassment have the results of being resolved or an investigation completed.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

A resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. Residents understand they will not be punished if a report is made in good faith, as determined through the interviews. Residents are also informed of consequences for filing false reports.

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013, PREA Policy and Procedure</p> <p>MOU, CAN</p> <p>PREA Brochure (Safety Pamphlet)</p> <p>Resident PREA Notification/Acknowledgement Form</p> <p>Resident Handbook</p> <p>Posted Information</p> <p>Interviews: Residents</p> <p>PREA Compliance Manager</p> <p>CAN Representative</p> <p>PREA Coordinator</p> <p>Provision (a): The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>Interviews revealed that residents are familiar with the victim advocacy agency, CAN, and the services provided for residents if needed. The advocacy services are accessible to the residents through the 24-hour hotline services according to the advocacy agency representative, PREA Compliance Manager and PREA Coordinator. The PREA Brochure and posted information include the contact information for the agency: mailing address and direct dial information from the housing unit. Service delivery was also confirmed through written communication, in addition to the interviews. The information to the resident regarding advocacy services outlines how the resident will make contact for emotional support and other advocacy services related to sexual abuse. The information is also posted in the housing units, accessible to all residents.</p> <p>Provision (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Policy, facility staff interviews and the PREA education sessions provide that there will be adherence to confidentiality measures and that the related information is provided to residents during PREA education sessions. The resident interviews, Policy and PREA documents confirmed the provision of confidential services for residents if needed. Contact information for advocacy services is a part of the PREA education sessions and is available to the residents in the PREA brochure; and through postings in housing units.</p> <p>Provision (c): The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</p> <p>The interviews and written communication collectively document the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination, investigative interview, and crisis intervention.</p> <p>Provision (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy and the</p>

resident handbook and on the agency's website. Residents have access to telephone calls, mail and visitation. All residents interviewed confirmed communication opportunities occur and the accessibility of writing materials. The interviews confirmed access to attorneys and court representatives and reasonable access to parents/legal guardians. The onsite review revealed areas where residents could meet privately with legal representatives and engage in visitation with approved visitors.

Conclusion:

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Agency Policy 4013 PREA Policy and Procedure Third-Party Reporting Form Response to Third-Party Reporting of Alleged Sexual Abuse and Sexual Harassment Form Resident Handbook Posted Information Agency Website</p> <p>Interviews: Random Staff Residents</p> <p>Standard 115.354: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received and further report to their supervisor and the facility director. The interviews revealed they may report allegations privately through the use of the abuse reporting hotline (CAN) or a third party reporting form. All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third party reporting. The residents identified the methods within the facility in which they may make third party reports such as file an emergency grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone. Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third Party Reporting Form is observed to be located on the website. Copies of the Third Party Reporting form are maintained in the lobby and the reporting information is provided to parents/guardians. There were no third- party reports received during this audit period.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 485 300">Documents Reviewed: Facility Policy 4013, Resident File Case Notes PREA Clinical Investigation Checklist</p> <p data-bbox="240 434 363 461">Interviews: Random Staff Medical Staff/Nurse Mental Health Staff/Counselor Program Manager</p> <p data-bbox="240 622 469 649">Provision (a) and (b): The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 819 1453 846">Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="240 882 1485 1272">The policy addresses provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of Michigan. The facility's trained investigator conduct administrative investigations and allegations that are criminal in nature are referred to the Thomas Township Police Department. A second facility investigator is in process of the required mandatory training. Allegations of sexual abuse are also reported to the child protective agency where the incident occurred. Reporting according to the State's mandatory reporting laws and the facility policy was evident through document review regarding disclosures by residents of allegations that did not occur in the facility or an institutional setting. The documented case notes in the resident files show the reporting by staff in accordance with facility policy and the requirements of the standard. The staff interviews were aligned with the requirements of the policy and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a supervisor or the Director immediately after the safety and security of the residents are provided.</p> <p data-bbox="240 1308 389 1335">Provision (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.</p> <p data-bbox="240 1464 1453 1720">Facility policy 4013, supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of 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. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.</p> <p data-bbox="240 1756 389 1783">Provision (d): (1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p> <p data-bbox="240 1980 1469 2101">Medical staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.</p> <p data-bbox="240 2136 389 2163">Provision (e):</p>

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Allegations of sexual abuse will be reported by administration/designee to the following agencies which includes but is not limited to the Thomas Township Police Department, Juvenile Court, and Judges of their committing courts, parents/legal guardians, and facility-based investigators of alleged victim and alleged perpetrator. The interview with the Program Manager confirmed if the resident is under the custody of a child welfare agency, the Case Worker will be notified. This information was also verified through policy review.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The policy provide for all allegations to be reported to the facility-based investigator including third-party and anonymous reports. This practice was verified through in person staff interviews and policy review.

Conclusion:

The interviews with random staff, mental health and medical staff, facility investigator and facility the facility director revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents. The random staff interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately to their supervisors and facility director. The facility staff members are also required by the policy to report allegations that were made anonymously or by a third-party. There were no allegations of sexual abuse during the previous twelve (12) months prior to the audit.

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013, PREA Policy and Procedures Administrative Investigation Checklist Vulnerability Assessments</p> <p>Interviews: Facility Director/Program Manager Random Staff PREA Compliance Manager</p> <p>Provision (a):</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Facility policy requires staff to protect the residents through implementing protective measures. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping residents safe through housing and program assignments. The interviews of the random staff and the facility director revealed protective measures include but are not limited to alerting supervisors and management staff and separating the residents including moving to a different housing unit. The facility director and the random staff indicated the expectation is that any action to protect a resident would be taken immediately. The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of Vulnerability Assessments supports the information provided by residents. The Program Manager and Program Coordinator report during the past twelve (12) months prior to the audit, no residents were identified as being subject to substantial risk of imminent sexual abuse. The Checklists regarding the investigations of allegations serves to assist the investigator in ensuring the required protocols are followed.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Facility Policy 4013 PREA Policy and Procedure</p> <p>Interview: Facility Director</p> <p>Provisions (a) - (d): Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility 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. Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Provision (c): The agency shall document that it has provided such notification. Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The policy and interview confirm when an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the director notifies the head of the facility where the alleged abuse occurred. The notification is made as soon as possible and within 72 hours in accordance with policy. The director is aware of the requirement regarding reporting to other confinement facilities and the requirement that allegations received from other facilities must be investigated. In the past 12 months, there was no allegation reported from another facility.</p> <p>Conclusion: Based upon the information received and interviews, the auditor determined the facility is compliant with this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013 PREA Policy and Procedure Incident Report and Report of Administrative Investigation</p> <p>Interviews: Random Staff Non-Security Staff First Responder</p> <p>Provision (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>Facility Policy provides that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There was one allegation of sexual conduct in the prior twelve months that was found to be unsubstantiated. Review of the incident report, investigative report and follow up documentation confirms that the facility follows policy and procedues for the provisions of this standard. <p>Provision (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The facility program manager interviewed as non-security staff who may act as a first responder was familiar with her duties in that role. She indicated she would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. She further stated she would go with the victim to the hospital.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding staff first responder duties.</p>

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013 PREA Policy and Procedure HCS St. Vnicent Home PREA Coordinated Response to Sexual Abuse</p> <p>Criminal Investigation Checklist Administrative Investigation Checklist</p> <p>Interviews: Random Staff Facility Director</p> <p>§115.365 The facility shall develop 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.</p> <p>The facility has developed a PREA Coordinated Response Flow Chart which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The flow chart maps out the steps to take and staff responsibilities. The Checklists assist staff in confirming protocols are followed, including proper and timely notifications. The random staff interviewed was familiar with the roles regarding the response to an allegation of sexual abuse. The director discussed the coordinated actions in response to an incident of sexual abuse which was parallel to policy and the flow chart. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing the situation. Forensic medical examinations will be provided free of charge to the victim at Covenant Healthcare by a Sexual Assault Nurse Examiner (SANE). The Hospital has 24/7 access to a SANE provider. A qualified medical professional shall perform a forensic medical examination if there is no SANE available as stated in the Hospital's Sexual Assault Policy. The victim will be provided unimpeded access to crisis intervention and medical services.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ul style="list-style-type: none">• Auditor is not required to audit this provision.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 528 297">Documentation Reviewed: Facility Policy 4013, PREA Policy an Procedure Retaliation Status Check Checklist Retaliation Monitoring Checklist</p> <p data-bbox="240 432 363 459">Interviews: Retaliation Monitor/PREA Compliance Manager Facility Director</p> <p data-bbox="240 555 389 582">Provision (a): The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="240 712 1493 871">Matthew Hall Policy states the facility shall protect all residents and staff from retaliation who report sexual abuse, sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The PREA Compliance Manager (PCM) is charged with monitoring retaliation. The interview with the PCM confirmed he serves as the retaliation monitor. Although there have been no allegations of sexual abuse or sexual harassment and the need for retaliation monitoring during this audit period., The PCM revealed his understanding of the role of the retaliation monitor.</p> <p data-bbox="240 904 389 931">Provision (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1061 1074 1088">The Policy identifies measures to protect staff and residents including the following:</p> <ol data-bbox="240 1095 999 1189" style="list-style-type: none"> a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. <p data-bbox="240 1196 1493 1323">The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Compliance Manager identified protective measures that are aligned with the Policy and standard, including separating the alleged abuser from the alleged victim.</p> <p data-bbox="240 1357 389 1384">Provision (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1615 1493 1839">The Policy requires the monitoring of items identified in this provision of the standard. The PREA Compliance Manager (PCM) explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p data-bbox="240 1872 389 1899">Provision (d): In the case of residents, such monitoring shall also include periodic status checks. The PREA Compliance Manager (PCM) indicated status checks would be initiated with staff and residents. The policy states periodic status checks will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.</p> <p data-bbox="240 2063 389 2089">Provision (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.</p>

The policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another resident or staff member, Mathew Hall administration and unit staff shall take appropriate measures to protect that individual against retaliation.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The Matthew Hall policy states the facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Facility Policy 4013</p> <p>Interview: Facility Director Treatment Specialist/Program Manager Medical Staff</p> <p>§115.368 Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>The Matthew Hall policy provides that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping a resident safe can be arranged. During the isolation period, the resident must have access to daily large muscle activities and legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work opportunities to the extent possible. According to the Program Manager isolation or segregated housing has not been used to protect a resident who alleged sexual abuse. The clinical staff confirmed in such case, the resident would be visited at least daily by medial staff to ensure the resident's needs were met. Mathew Hall does not use isolation as per policy. Any such need to protect a resident would be met by keeping the alleged victim and aggressor seperated.</p> <p>Conclusion: Based upon the review and analysis of Policy, interviews and observations, the auditor has determined the facility is compliant with this standard regarding post-allegation protective custody.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policies 4013, PREA Policy and Procedure Facility Policy 4009, HCS Complaint Grievance Resolution & Appeal Policy and Procedure Letter of Understanding with Thomas Township Police Department Sexual Assault Protocol for Adolescent and Adult Victims</p> <p>Interviews: Investigative Staff (1) Facility Director Random Staff PREA Coordinator</p> <p>Provision (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Policy 4013, states any time an allegation of sexual abuse is received, including third party reports or anonymous reports, the Thomas Township Police Department will be notified to conduct the criminal investigation and collect evidence. Resident allegations of sexual harassment by staff will also be referred to the Police Department. The facility-based investigators will conduct investigations for allegations of sexual harassment by residents. Policy 4013, addresses the provisions of the standard and the interviews of the police investigator were aligned with the policy and standard. There have been no allegations of sexual abuse or sexual harassment during this audit period. The investigations will be conducted promptly as evidenced through a review of the Policies and staff interviews.</p> <p>Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>The facility has an understanding with the Thomas Township Police Department to conduct criminal investigations. A letter from the Chief of Police provides information regarding the experience and training of investigators who may conduct investigations at the facility. The Letter also states the Sexual Assault Protocol will be followed. Protocol includes but is not limited to addressing the areas of evidence collection and prosecution of sexual assault cases.</p> <p>Provision (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>Per Policy 4013, the administrative staff has received additional training in conducting investigations as confirmed by a review of training certificates, training log, and training curriculum. The online training course provided by the National Institute of Corrections (NIC), specifically addresses conducting administrative investigations in confinement settings as confirmed by the staff interviews and the documents reviewed. The investigators from the Thomas Township Police Department would follow Sexual Assault Protocol which includes but is not limited to evidence collection.</p> <p>Provision (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>Policy 4013, provides that an investigation will not be terminated solely because the source recants the allegation. The interviews confirmed what the practice will be in accordance with the policy and standard.</p> <p>Provision (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>Investigations that are criminal in nature are investigated by Thomas Township Police Department as determined by interview with Program Manager/ Facility Director supports this provision.</p>

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy 4013, states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as a resident or staff. Additionally, no resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The interview with the facility-based investigator support the policy.

Provision (g):

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;

and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The policies, interviews and training documentation are inclusive of this provision of the standard. The policy provides for the investigator to be trained. The investigator has received the regular PREA training as evident through documentation. The administrative staff has received additional training in conducting administrative investigations as confirmed by a review of training certificates, training log, and curriculum. The online training course provided by the National Institute of Corrections (NIC), specifically addresses conducting administrative investigations in confinement settings, including the provisions of the standard, as confirmed by the staff interviews.

Provision (h):

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy 4013 is inclusive of this provision of the standard. The Letter from the Police Chief of the Thomas Township Police Department confirms the appropriate training received by the Division's investigators and their experience to conduct a professional investigation. No criminal investigations have been conducted at the facility during this audit period.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The policy provides that all criminal investigations are referred to and conducted by the Thomas Township Police Department. The Police Department and facility personnel is responsible for referring for prosecution based on the outcome of the investigation. Policy 4013, is inclusive of this provision of the standard.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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. Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years, unless applicable law requires a shorter period of retention.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy 4013, and interviews support that the departure of the alleged abuser or victim from employment shall not provide a basis for terminating an investigation.

Provision (l):

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

The policies collectively provide for this provision supported by the knowledge of the Program Manager/Director and facility PREA Compliance Manager and other administrative staff.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Matthew Hall Policy 4013 states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. Interview with Program Manager/Director, indicated the case number is provided when an

outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual abuse during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Facility Policy 4031, PREA Policy and Procedure</p> <p>Interviews: Investigative Staff (1)</p> <p>§115.372 The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Matthew Hall Policy 4013, states 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. The interview with the facility-based investigator was aligned with the policy.</p> <p>Conclusion: Based upon the review and analysis of the available evidence and the interviews, the auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 732 331">Facility Policy 4013, PREA Policy and Procedure</p> <p data-bbox="240 360 632 387">Residents Notification of Findings form</p> <p data-bbox="240 416 469 443">Report of investigation</p> <p data-bbox="240 510 363 537">Interviews:</p> <p data-bbox="240 544 456 571">Investigative Staff (1)</p> <p data-bbox="240 577 512 604">Program Manager/Director</p> <p data-bbox="240 611 528 638">PREA Compliance Manager</p> <p data-bbox="240 667 389 694">Provision (a):</p> <p data-bbox="240 701 1457 763">Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the gency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 792 1493 987">Facility Policy addresses the resident being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. The Program Manager/PREA Compliance Manager will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person, as determined by interviews. Matthew Hall policy provides that any resident who makes an allegation of sexual abuse shall be informed following an investigation, as to whether or not the allegation was substantiated, unsubstantiated, or unfounded. This notification is documented.</p> <p data-bbox="240 1016 389 1043">Provision (b):</p> <p data-bbox="240 1050 1453 1144">When Matthew Hall staff did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Matthew Hall policy states the facility shall request all relevant information from the investigating agency in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="240 1173 389 1200">Provision (c):</p> <p data-bbox="240 1207 1436 1270">Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="240 1276 1294 1471" style="list-style-type: none"> (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1500 1433 1594">The facility policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ol data-bbox="240 1601 1193 1731" style="list-style-type: none"> a. The staff member is no longer assigned within the resident's housing unit; b. The staff member is no longer employed at the facility; c. The staff member has been indicted on a charge related to sexual abuse within JRCNWO; or d. The staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1760 389 1787">Provision (d):</p> <p data-bbox="240 1794 1490 1856">Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p> <ol data-bbox="240 1863 1264 1991" style="list-style-type: none"> (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 2020 1461 2083">The policy provides that following a resident's allegation that he has been sexually abused by another resident the alleged victim shall be subsequently informed whenever:</p> <ol data-bbox="240 2089 983 2148" style="list-style-type: none"> a. The alleged abuser is criminally charged related to the sexual abuse; or b. The alleged abuser is adjudicated on a charge related to sexual abuse.

Provision (e):

All such notifications or attempted notifications shall be documented.

The policy provides that all such notifications or attempted notifications be documented. Matthew Hall Resident Notification of Findings form has been created and would serve to notify the resident, in writing, regarding the provisions of this standard.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The policy provides the facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

Conclusion:

The interviews with the identified staff confirm the policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the auditor has determined the facility is compliant with this standard regarding reporting to residents.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Facility Policy 4013, PREA Policy and Procedure Employee Handbook</p> <p data-bbox="242 396 352 425">Interview: Facility Director/Program Manager Agency Head</p> <p data-bbox="242 544 389 573">Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Matthew Hall policy provides that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The Employee Handbook spells out all aspects of progressive discipline and the presumption of termination for staff who engage in sexual abuse with a resident. The interview with the Director/Program Manager, and Agency Head confirmed the policy.</p> <p data-bbox="242 826 389 855">Provision (b): Termination shall be the presumptive disciplinary sanction for staff who engage in sexual abuse. The policy and Employee Handbook states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident as confirmed by the Director/Program Manager and Agency Head.</p> <p data-bbox="242 1010 389 1039">Provision (c): Disciplinary sanctions for violations of agency policies 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. Matthew Hall policy provides that disciplinary sanctions for violations of policies 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. Additionally, the policy states all employee discipline and termination are governed solely by At Will employee law. The Employee Handbook also states the progressive discipline for all acts related to PREA and will commensurate with the nature and circumstances of the acts committed, staff disciplinary history and comparable sanctions imposed for similar offenses by other staff with similar histories.</p> <p data-bbox="242 1426 389 1456">Provision (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Matthew Hall policy states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies where applicable.</p> <p data-bbox="242 1740 376 1769">Conclusion: Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed: Facility Policy 4013, PREA Policy and Procedures</p> <p>Interviews: Director/Program Manager</p> <p>Provision (a): 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.</p> <p>The policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. Training records revealed the facility provides volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited. During this audit period, due to Covid-19 restrictions, there have not been any contractors or volunteers permitted in the facility and to have direct contact with any resident. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.</p> <p>Provision (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The policy states the Director/Program Manager will take appropriate remedial measures, and consider whether to prohibit further contact with residents in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. Interview with Director/Program Manager confirmed that there have not been any volunteers or contractors permitted in the facility or in direct contact with any resident since the onset of Covid-19.</p> <p>Conclusion: Based upon the review and analysis of the available documentation, the auditor has determined the facility is in compliant with this standard regarding contractors and volunteers.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 474 297">Document Reviewed: Facility Policy 4013, PREA Policy and Procedure Resident Handbook</p> <p data-bbox="240 427 363 454">Interviews: Director/Program Manager Mental Health Counselor</p> <p data-bbox="240 577 389 604">Provision (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The policy addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior. The interview with the Director/Program Manager revealed the process regarding allegations of resident-on-resident abuse which can include the resident being removed from the facility program and placed in the detention center during the investigation by law enforcement. Interviews with mental health counselors confirmed that sessions are provided to residents who engage in resident-on-resident sexual abuse and any other PREA related incident.</p> <p data-bbox="240 958 389 985">Provision (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Matthew Hall policy provides that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the extreme event a disciplinary sanction results in the isolation of a resident, Matthew Hall shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with policy.</p> <p data-bbox="240 1473 389 1500">Provision (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Matthew Hall policy provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Director/Program Manager.</p> <p data-bbox="240 1724 389 1751">Provision (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. Matthew Hall policy provides the facility considers whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.</p> <p data-bbox="240 2105 389 2132">Provision (e):</p>

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Matthew Hall policy provides the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact which is in line with the standard.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The facility policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced.

Conclusion:

There have been no residents placed in isolation as a disciplinary sanction for sexual abuse in the past twelve (12) months prior to the audit. Additionally, there have been no administrative or criminal findings of resident-on-resident sexual abuse in the past twelve (12) months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for residents.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 528 300">Documentation Reviewed: Facility Policy 4013, PREA Policy and Procedure Mental Health Screening Tool Counselor Case Note in resident files Informed Consent Form</p> <p data-bbox="242 463 363 492">Interviews: Staff Responsible for Risk Screening/Intake Coordinator</p> <p data-bbox="242 553 521 582">Medical/Mental Health Staff</p> <p data-bbox="242 611 472 640">Provision (a) and (b): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="242 799 1485 929">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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="242 958 1493 1120">The policy provides that a resident who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation, including Counselor Case Notes in resident files and Intake Screening Tool, demonstrates residents are offered follow-up meetings in a timely manner, prior to the 14 days. This information was also confirmed through the interview with the Intake Coordinator.</p> <p data-bbox="242 1149 389 1178">Provision (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p data-bbox="242 1341 1490 1536">The policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The auditor observed the resident files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied. The files have a list of individuals that have access to them.</p> <p data-bbox="242 1565 389 1594">Provision (d): Medical and mental health practitioners shall 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 data-bbox="242 1691 1481 1785">The policy provides that medical and mental health practitioners shall 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. The facility has created the Informed Consent form to document this type of situation.</p> <p data-bbox="242 1814 376 1843">Conclusion: Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documentation Reviewed: Facility Policy 4013 PREA Policy and Procedure</p> <p>Resident files - Treatment Services case notes</p> <p>MOU, CAN</p> <p>On-Call List -Medical and Mental Health Staff</p> <p>Interviews:</p> <p>Mental Health Counselor</p> <p>Medical Staff</p> <p>Director/Program Manager</p> <p>Provision (a): Resident victims of sexual abuse shall 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.</p> <p>The facility policy mandates the victim receives timely and unimpeded access to emergency medical treatment, crisis intervention services and advocacy services. The victim would be transported to Covenant Health Care Hospital for a forensic examination, at no cost to the victim which is acknowledged by facility. The policy and interviews with the Nurse and Counselor revealed the medical and mental health services are determined according to the professional judgment of the practitioner. Residents are informed of medical services during intake and sign acknowledgement statements indicating key information reviewed in the education session which includes treatment services. The residents have access to Medical Request Forms on their living units. Residents are provided access to an outside victim advocacy agency for services through a MOU with CAN which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The advocate will go to the facility or the hospital to provide services. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no allegations of sexual abuse during this audit period.</p> <p>Provision (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The policy and the written coordinated response plan flow chart provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. A full-time Nursing service is on-call 24/7 as determined by the interview. Review of the coordinated plan; observations of the interactions among residents, medical and mental health practitioners; and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse. There have been no allegations of sexual abuse during this audit period.</p> <p>Provision (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>The policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, followup services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The facility houses males only.</p> <p>Provision (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the</p>

abuser or cooperates with any investigation arising out of the incident. The policy states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews.

Conclusion:

Facility policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim. Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 732 331">Facility Policy 4013, PREA Policy and Procedure</p> <p data-bbox="240 360 1070 387">Vulnerability Assessment: Risk of Victimization and/or Sexual Aggressiveness Tool</p> <p data-bbox="240 416 387 443">Resident Files</p> <p data-bbox="240 477 363 504">Interviews:</p> <p data-bbox="240 510 376 537">Medical Staff</p> <p data-bbox="240 566 493 593">Mental Health Counselor</p> <p data-bbox="240 622 427 649">Program Manager</p> <p data-bbox="240 683 389 710">Provision (a):</p> <p data-bbox="240 716 1453 777">The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="240 806 1485 1001">The policy requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the policy mandates. The policy and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy.</p> <p data-bbox="240 1032 389 1059">Provision (b):</p> <p data-bbox="240 1066 1457 1160">The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="240 1189 1485 1283">Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.</p> <p data-bbox="240 1290 810 1317">The policy states that follow-up services will be provided.</p> <p data-bbox="240 1348 389 1375">Provision (c):</p> <p data-bbox="240 1382 1460 1408">The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1438 1399 1498">Facility policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.</p> <p data-bbox="240 1529 389 1556">Provision (d):</p> <p data-bbox="240 1563 1321 1590">Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1619 711 1646">Matthew Hall does not house female residents.</p> <p data-bbox="240 1677 389 1704">Provision (e):</p> <p data-bbox="240 1711 1359 1771">If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p data-bbox="240 1800 711 1827">Matthew Hall does not house female residents.</p> <p data-bbox="240 1859 384 1886">Provision (f):</p> <p data-bbox="240 1892 1445 1953">Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1982 1449 2076">The policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at Covenant Hospital and follow-up services may be done at the facility, as needed.</p> <p data-bbox="240 2107 389 2134">Provision (g):</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.

Facility policy states all treatment services will be provided at no cost to the victim. Confirmation of this practice was revealed through staff interviews.

Provision (h):

The facility shall 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.

Facility policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling.

Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment Tool. The mental health treatment counselor's interview supported the policy.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 485 297">Documents Reviewed:</p> <p data-bbox="240 304 724 331">Facility Policy 4013 PREA Policy and Procedure</p> <p data-bbox="240 360 464 387">Incident Review Form</p> <p data-bbox="240 416 531 443">Post Incident Review Report</p> <p data-bbox="240 477 363 504">Interviews:</p> <p data-bbox="240 510 512 537">Director/Program Manager</p> <p data-bbox="240 566 557 593">Incident Review Team Member</p> <p data-bbox="240 622 596 649">PREA Compliance Manager (PCM)</p> <p data-bbox="240 683 389 710">Provision (a):</p> <p data-bbox="240 716 1437 777">The facility shall 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.</p> <p data-bbox="240 806 1418 902">The policy requires the facility to 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 deemed to be unfounded. The director is familiar with the policy requirements and part of the Incident Review Team.</p> <p data-bbox="240 931 389 958">Provision (b):</p> <p data-bbox="240 965 1465 1025">Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The policy requires that the reviews occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1055 1474 1216">The PREA Compliance Manager confirmed incident reviews occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard. The PREA Compliance Manager was able to produce copies of the Incident Review Team documents for the two incidents that were documented during the past twelve (12) months. The signatures and dates confirmed that the review was completed within 30 days of the the conclusion of the investigation.</p> <p data-bbox="240 1245 389 1272">Provision (c):</p> <p data-bbox="240 1279 1474 1339">The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1368 1430 1429">The policy identifies the incident review team members as administrators with input from line supervisors, investigators, medical staff, and counselors. The interview with the facility director confirmed the policy requirements.</p> <p data-bbox="240 1458 389 1485">Provision (d):</p> <p data-bbox="240 1491 469 1518">The review team shall:</p> <ol data-bbox="240 1525 1485 1921" style="list-style-type: none"> (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. <p data-bbox="240 1951 1481 2047">The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the facility director, review of policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including:</p> <ul data-bbox="240 2054 1214 2148" style="list-style-type: none"> • considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; • other group dynamics;

- assessment of the area relative to the allegations; and
- adequacy of staffing.

The policy requires the meeting to be documented, including recommendations and the document provided to the director. The interview with the PREA Coordinator/Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team does consider all factors required by the standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The policy states the administration shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PREA Compliance Manager is familiar with this policy requirement. The form, Alleged Sexual Abuse & Sexual Assault Post-Incident Review, has been developed for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides for recommendations for improvement by the team members.

Conclusion:

Based upon the review and analysis of the available documentation, the auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

115.387	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 727 365">Documents Reviewed: Facility Policy 4013 PREA Policy and Procedure PREA Data (Annual Report)</p> <p data-bbox="240 400 512 456">Interviews: Director/Program Manager</p> <p data-bbox="240 488 1477 647">Provisions (a) & (c): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.</p> <p data-bbox="240 678 1477 770">The policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. A review of the PREA Data document demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice.</p> <p data-bbox="240 801 1075 860">Provision (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="240 902 1466 1028">The policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p data-bbox="240 1059 1414 1151">Provision (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 1182 1473 1274">The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with policy directives from the State of Michigan Juvenile Justice and aggregates the data which culminates into an annual report.</p> <p data-bbox="240 1305 1449 1397">Provision (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its resident.</p> <p data-bbox="240 1429 1083 1456">Mathew Hall does not contract with outside facilities for confinement of its residents.</p> <p data-bbox="240 1487 1461 1579">Provision (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="240 1610 1437 1668">The policy states that upon request, Mathew Hall/HCS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p data-bbox="240 1680 1423 1771">Conclusion: Based upon the review and analysis of the documentation, the auditor has determined the facility is compliant with this standard regarding data collection.</p>

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 485 300">Documents Reviewed: Agency Website Annual Report</p> <p data-bbox="242 396 363 425">Interviews: Director/Program Manager PREA Compliance Manager</p> <p data-bbox="242 544 389 573">Provision (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</p> <p data-bbox="242 768 1493 929">The interviews support the review of data and that it is used to improve the agency's PREA efforts. The interviews and review of documentation revealed the collection of data that is PREA related. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as individual facilities. The review of reports and the lack of related data is primary to preparing annual reports for the Holy Cross Services/Mathew Hall.</p> <p data-bbox="242 967 438 996">Provisions (b)-(d):</p> <p data-bbox="242 1003 1477 1066">Provision (b): Such 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 the agency's progress in addressing sexual abuse.</p> <p data-bbox="242 1070 1469 1133">Provision (c): The agency's report shall be 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.</p> <p data-bbox="242 1137 1489 1200">Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p data-bbox="242 1229 1481 1357">The annual reports are reviewed and approved by the agency head. There are no personal identifiers in any of the reports and did not require redactions. The compilation of annual reports contains PREA related data that allows for the comparison of data. The overarching annual report for the agency is posted on its website, accessible to the public.</p> <p data-bbox="242 1386 376 1415">Conclusion: Based upon the review and analysis of the documentation, the auditor determined the agency is compliant with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Michigan Department of Health Human Services Umbrella Policy #560 p.6-7 Annual Report</p> <p>Interviews: Facility Director/Program Manager PREA Compliance Manager</p> <p>Provision (a)-(d): Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. Provision (b): The agency shall 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. Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Provision (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The data collected is securely stored and maintained per policy for at least 10 years after the initial date of collection unless a State or local statutes require otherwise. The overarching annual report is available to the public through the agency website in accordance with policy. Personal identifiers are not included in the annual report; a review of the annual report verified there are no personal identifiers. The facility/agency PREA records are securely stored; electronic information is password protected. Agency databases are secure and not accessible to the public.</p> <p>Conclusion: Based upon the review and analysis of the documentation, interviews and observations, the auditor determined the facility is compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 398">This serves as the first year of the second three-year auditing period for The Matthew Hall facility (Holy Cross Services) in conjunction with the Michigan Department of Health and Human Services and fulfilling the auditing requirements for this second three-year period. The facility has provided the Auditor with the required documentation which have been maintained as required by the standards and the auditing process.</p> <p data-bbox="240 432 1485 490">The PREA Pre-Audit Questionnaire and supporting documentation was provided in the PREA Online Audit System (OAS) by the State of Michigan PREA Analysts.</p> <p data-bbox="240 524 1485 882">A comprehensive site review was led by the facility Director/Program Manager, PREA Compliance Manager and assisted by other staff. All areas of the facility were included and there were more detailed observations made where residents are permitted. All areas containing posted PREA information were observed. The facility's previous PREA audit was conducted September 24-25, 2018 which was their first PREA Audit. State of Michigan PREA Analysts, Facility Director, PREA Compliance Manager and all supporting staff were cooperative in providing information and participating in or assisting in coordinating the identified staff interviews. The interviews were conducted in private. The posted PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. No correspondence was received by the Auditor from residents or from staff. Additional documentation was reviewed during the site visit for provisions of the standards. The staff members were cooperative in providing additional documentation as requested. The director provided appropriate work spaces which included conditions for conducting interviews in private with the residents and staff.</p> <p data-bbox="240 916 1485 1072">During the post audit phase, the State of Michigan PREA Analysts provided the auditor with evidence that recommendations were implemented regarding placement of signs for further clarification on where residents should be within the facility to further ensure the prevention of any sexual abuse incidents and all pending training documentation including the required Cross Gender Pat-Down Search training. All follow-up documentation was provided by the State of Michigan PREA Analysts.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 398">All prior PREA audits for the agency have been posted on its website. The posted PREA reports do not contain any personal identifying information other than selected names and job titles. The facility policies and additional documentation, practices and staff interviews were reviewed regarding compliance with the standards and have been identified in the reports. The agency audits have been conducted as required in the state-run and agency funded facilities.</p> <p data-bbox="244 432 1485 622">The current audit findings were based on the triangulation of the data sources: review of policies, procedures, and supporting documentation; observations; and interviews with residents, staff and a community resource agency representative. The facility has achieved audit compliance through the demonstrated record of sustained compliance during the one-year period preceding this audit. This report does not contain any personal identifying information other than names and job titles of the staff requested in the completion of the report. There were no conflicts of interest regarding the completion of this audit.</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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational 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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

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

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

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

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

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

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

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

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

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

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

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

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes