

PREA Facility Audit Report: Final

Name of Facility: Youth Services Center

Facility Type: Juvenile

Date Interim Report Submitted: 11/25/2018

Date Final Report Submitted: 07/24/2019

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: Johnitha Rothell McNair	Date of Signature: 07/24/2019

AUDITOR INFORMATION	
Auditor name:	McNair, Johnitha
Address:	
Email:	johnitha@comcast.net
Telephone number:	
Start Date of On-Site Audit:	2018-09-28
End Date of On-Site Audit:	2018-10-01

FACILITY INFORMATION	
Facility name:	Youth Services Center
Facility physical address:	1000 Mt. Olivet Road, Washington, Dist. Columbia - 20002
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Nancy Fisher
Email Address:	nancy.fisher@dc.gov
Telephone Number:	202-299-3278

Superintendent/Director/Administrator	
Name:	Jannifer Nevilles
Email Address:	Jannifer.Nevilles@dc.gov
Telephone Number:	(202) 576-8420

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Kiana Richardson
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Telephone Number:	M: 202-841-0778

Facility Health Service Administrator On-Site	
Name:	Alsan Bellard
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Telephone Number:	202-576-8139

Facility Characteristics	
Designed facility capacity:	88
Current population of facility:	46
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	9-20
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	253
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Department of Youth Rehabilitation Services
Governing authority or parent agency (if applicable):	
Physical Address:	450 H Street NW, Washington, Dist. Columbia - 20001
Mailing Address:	8400 River Road, Laurel, Maryland - 20724
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Clinton Lacey
Email Address:	clinton.lacey@dc.gov
Telephone Number:	202-299-5036

Agency-Wide PREA Coordinator Information			
Name:	Nancy Fisher	Email Address:	nancy.fisher@dc.gov

AUDIT FINDINGS

Narrative:

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

The audit of the Department of Youth Rehabilitation Services took place on the dates of September 28, 2018- October 2, 2018. Notifications of the audit were posted throughout the facility at least six weeks prior to the on-site audit. Photos of the audit notifications were emailed to the auditor to demonstrate compliance. The Pre-Audit Questionnaire and the supporting documentation were uploaded to the Online Audit System (OAS) prior to the on-site portion of the audit. There were several phone calls between the auditor and the PREA Coordinator in reference to the documentation, and the new process of using the OAS. The audit team arrived at the facility at 9:00 a.m. on Friday, September 28, 2018 and departed at around 6:00 p.m. On Monday, October 1, 2018 the audit team arrived at the facility at 9:00 a.m. and departed at around 5:00 p.m. The audit continued upon return to the facility on Monday, October 1, 2018 to interview staff on the overnight shift at 9:30 p.m. An entrance conference was held on the morning of September 26, 2018 with facility leadership. The audit team participated in a complete tour of all areas of the facility prior to beginning interviews. During the tour, staff members were observed to be posted in positions which provided for optimum sight and sound supervision of residents. Additionally, sight supervision was supported by the monitoring of cameras in the main control center. The Administrative team can monitor cameras to ensure proper posting of staff, safe interactions of residents, and for incident review and investigatory purposes. Thirteen randomly selected staff, and 21 specialized staff (26%) was interviewed during the on-site portion of the audit. Thirty-three of the 38 residents (87%) on site were interviewed during the two days. The responses of staff and residents during their interviews confirmed that not all staff and youth had received the required PREA training. Staff members were interviewed from all shifts. The files of 100% of the youth currently assigned to the facility were reviewed to ensure each youth had received resident education during the intake process. The files were also reviewed to ensure each youth was assessed at intake to determine vulnerability. During the review it was revealed that no youth in the facility has been screened to determine vulnerability. The review of all resident files also did not provided documentation of the required reassessments for residents in keeping with the federal standards. The agency currently does not conduct vulnerability assessments or re-assessments of residents. 100% of staff files were reviewed to ensure documentation of training as required by policy and the federal standards. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: log books, shift reports, investigations, memorandums, forms, incident reports, policies and procedures, training records, logs, curriculum and video surveillance footage. During and after the on-site portion of the audit additional documentation was provided as requested. The facility schedule was posted throughout the facility, as were PREA posters that reflected the zero-tolerance policy and phone numbers for the PREA hotline and the Child and Family Services Agency. The numbers for the PREA hotline and the Child and Family Services Agency were posted throughout the facility. During the tour the telephones were tested by the auditor: when the numbers were called, they were not answered. There was the opportunity to leave a message and to have a call returned. The contact number for the auditor was left and the call was returned, however, the return call was from neither the PREA hotline nor the Child and Family Services Agency. Instead, the call was returned by the public defender's office. This was discussed with the agency and the problem was

being addressed but not completed while the auditor was onsite.

At the conclusion of the on-site portion of the audit key facility staff were advised that a corrective action period would be required. While findings for each standard could not be determined at the time, the auditor ensured agency staff were informed as to the areas noted during the on-site portion of the audit. At the conclusion of a review of all documentation by the auditor, the facility was notified that a corrective action period would be required. Prior to the completion of the interim report, the PREA Coordinator began working with agency staff, residents and contracted providers to address issues noted during the on-site portion of the audit as well as areas the agency had been working to address prior to the audit. The PREA Coordinator began submitting supporting documentation as to policy and procedural updates within weeks of the on-site visit during the initial audit. The dialogue between the PREA Coordinator and the Auditor continued up through the completion of the final report. Additionally, the auditor conducted a second on-site visit which consisted of auditor observations, records and documentation review, and staff and resident interviews.

During the Corrective Action Period the agency revised policies and implemented processes to bring the non-compliant standards into compliance. The PREA Coordinator sent documents to the PREA auditor for from October 2018 through June 2019 to demonstrate the work the agency performed to address areas of deficiency. Upon completing a review of all documentation and conducting an additional on-site audit where residents and staff were interviewed and files were reviewed, the agency was able to demonstrate compliance with those standards that were "Not Met" on the interim report. Updated and additional supporting documentation was submitted to the Auditor and uploaded to the OAS System to support evidence required to demonstrate compliance with the standard.

At the conclusion of the corrective action period and after a thorough review of each standard that had been non-compliant, the auditor found through interviews of staff and residents, a review of new processes implemented, records, and documentation submitted the agency was able to demonstrate compliance with the standards previously noted to have deficiencies.

AUDIT FINDINGS

Facility Characteristics:

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

The Department of Youth Rehabilitation Services is an 88 bed secure detention center located in Northeast Washington, D.C. for detained male and female youth.

The facility is one building which has administrative offices, support staff offices and work spaces, dietary/kitchen, maintenance space, intake and holding, educational space for residents, visitation areas, a gymnasium and outdoor recreation and leisure spaces. The living areas for residents are located in eight housing units with individual sleeping rooms for each resident. The resident population generally consists of youth who are charged with delinquent acts and are awaiting adjudication and/or disposition by the District of Columbia Superior Court - Family Division. The Department of Youth Rehabilitation Services (DYRS) is responsible for the supervision, custody, and care, of those youth charged with a delinquent act in the District, and who are detained at DYRS while awaiting adjudication or when committed to DYRS by a DC Family Court judge following adjudication. Youth can be initially committed to the agency until the age of 18 and may remain in DYRS' care until the age of 21. The Youth Services Center has 24-hour supervision supplemented by a manned closed circuit camera and surveillance system. Provided are comprehensive social services, including a variety of academic and experiential programs provided by District of Columbia Public Schools (DCPS), medical/behavioral health/dental care and treatment, social services, nutritional meals, and structured recreation in a rehabilitative setting. The facility was well maintained, very clean and the daily operations appeared to be safe, secure, and efficient. The staff complement of 253 included administrative, direct care staff, educational staff, social workers, medical, dietary, volunteers, housekeeping and maintenance; all were professional. The living units were well lit and provided clear sight lines for supervision and monitoring. Security and supervision are heightened and supported by video cameras which are located throughout the interior and exterior of the facility. The units were furnished with modern furnishings, flooring and space for group activities as well as individual spaces for residents. The residents were able to decorate and individualize their areas with colorful drawings, pictures, posters, vision boards. A typical day for a youth involves hygiene, meals, school, structured physical and leisure activities and visits from family, attorneys, social services and other professionals.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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

At the conclusion of the initial audit and upon receiving the interim audit report, the facility began a corrective action period for the following areas of deficiency:

Standards Not Met: 21

115.311 - It is recommended the agency consider updating the PREA Policy as the current Policy was written prior to the publication of the final juvenile standards and does not address current agency initiatives or outline agency efforts to demonstrate full compliance with the standards. The policy, directive, or memorandum signed by the agency head or designee must include sanctions for those found to have participated in prohibited behaviors, which must be addressed during the corrective action period by updating the policy or initiating a written directive and including the update in staff training. During the corrective action period, the agency should review the PREA Coordinator's challenges to implement agency-wide initiatives related to PREA Compliance and develop a process by which PREA implementation is addressed in the current reporting structure. Additionally, the reporting structure should reflect a direct line of authority between the PREA Coordinator and the Agency head or Deputy Director for Residential Services.

During the corrective action period the agency adopted a new and more comprehensive policy which addressed the areas noted above. The PREA Coordinator has the authority to address deficiencies and areas of concern without impediment. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with residents and staff supported compliance with the standard.

115.312 - To demonstrate compliance with this standard it is recommended that the agency requests and maintains copies of all interim and final PREA audit reports from agencies with which it has contracts for the confinements of residents. During the corrective action period the PREA Coordinator ensured that the agency have access to and maintain copies of all PREA audit reports from agencies required to be audited, with which the agency contracts for the confinement of residents. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with residents and staff supported compliance with the standard.

115.313 - To demonstrate compliance with this standard it is recommended that the agency or facility, either or both, document supervision ratio requirements in the departmental PREA policy, facility

operating procedure or directive or memorandum signed by the agency head or his designee. While policy does not require intermediate and higher-level staff to conduct or document unannounced rounds to identify and deter staff sexual abuse and sexual harassment, the memo dated, July 2018 does. It is recommended that the agency consider including this requirement in any future PREA Policy updates. It is recommended that the prohibition of alerting other staff of the unannounced rounds be written into policy or incorporated and included (with signatures of attendees and documented summary of meeting) in staff training, supervisory and management meetings and briefing minutes. While the agency reviews components of staffing related to compliance with a consent decree; the performance standards related to staffing for the consent decree were met several years ago and no documentation of an annual review was submitted to demonstrate PREA compliance requirements. There is no current documentation to support compliance with this element of the standard; however, the Memo dated July 2018 outlines the Agency's efforts to demonstrate compliance with the annual staffing analysis review. The Youth Services Center Final Staffing Post Analysis outlines the post requirements for adequate supervision levels and in conjunction with the Memo from July 2018 meets the beauty of the standard. During the corrective action period updated documents were reviewed by the auditor. The updated documents had been reviewed and approved by the Director. The analysis is updated annually.

115.317 - To demonstrate compliance with this standard the agency must establish a process for applicants and employees to make disclosures of previous misconduct or confirm that there has been no previous misconduct and to inform them that material omissions regarding misconduct is grounds for termination. The agency must also establish and maintain a tracking mechanism to ensure all contractors, vendors, and volunteers who directly engage with residents undergo criminal background and CPS registry checks. Finally, the agency should require contract providers to submit proof of background checks; either by a memorandum declaring that they are meeting all requirements of standard 115.317, or some other documentation that provides proof of compliance. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence of compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.333 - To demonstrate compliance the agency must produce clear documentation verifying comprehensive, age-appropriate, resident education within 10 days of intake. This can include but is not limited to: resident rosters, documentation from resident files, file entries recorded on a spreadsheet with dates of intake and dates residents received training. During the corrective action period the agency adopted a comprehensive PREA policy which requires the elements of the standard to be followed. A review of documentation submitted as supporting evidence, as well information from the resident and staff interviews confirm the agency has implemented processes that meet the requirements of the standard. A review of the supporting documentation, specifically, resident rosters submitted by the PREA Coordinator during the corrective action period, and a review of the process implemented was completed during the second onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.341 -To demonstrate compliance in this area the agency should establish full implementation of an objective tool designed to assess for risk of victimization or risk of abusiveness must be up and running

prior to the end of the Corrective Action period. During the corrective action period the agency adopted a comprehensive PREA policy which requires the use of an objective screening tool to assess for risk of victimization and risk of abusiveness. The auditor was able to review the components of the tool as well as the process of implementation. The agency has fully implemented the use of the tool which is now an integral part of the intake process for all residents. A review of every residents file confirmed that all residents are being assessed and re-assessed in keeping with the standard. The agency has provided evidence to demonstrate compliance with all areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with residents and staff supported compliance with the standard.

115.342 - The agency must begin using an objective screening tool to meet elements of the standard; the agency must use 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 agency must also begin including information for intersex residents; current documenttion excludes intersex residents. Documentation should be updated or amended to include intersex residents to ensure intersex residents receive the appropriate service provision as required by the standard. Additionally, the agency must implement procedures to document placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. During the corrective action period the agency adopted a comprehensive PREA policy which outlines the process of interpreting data from the screening tool and using that data in an informed way to ensure residents are appropriately housed and safe from sexual abuse. The agency has articulated the correct response to residents identified as intersex and transgender to ensure the rights of these residents are not violated and that these residents are safe and free from seual abuse and sexual harassment. The newly implemented policy addressed all areas not4d in the corrective action plan and documentation submitted and reviewed, as well as interviews of staff and resident support compliance with the standard.

115.365 - Clarifying the retaliation duties by updating the coordinated response plan and the policy to be congruent and ensuring they are in keeping with the beauty of the standard would demonstrate compliance with this standard. During the corrective action period the agency adopted a comprehensive PREA policy which spells out who is responsible for monitoring for retaliation as well as specific actions to look for when determining if retaliation has occurred. The agency has implemented a process for documenting the monitoring process. The PREA Coordinator was able to provide evidence of the new process upon the auditor's return to the agency during the corrective action period. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.366 - To demonstrate compliance with the standard the agency should provide copies of current agreements to ensure no conflict with the standard exists. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The PREA Coordinator submitted documentation as evidence of compliance to the auditor during the corrective action period. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, and during the onsite portion of the audit, as well as interviews with staff supported compliance with the standard.

115.367 - Compliance with this standard may be demonstrated by presenting aligning documentation

and practices. The DYRS Policy 006 and the coordinated response plan present issues that conflict and are confusing. The requirement in the coordinated response document for the Shift Supervisor to monitor for retaliation is not in keeping with the agency's policy which states the Superintendent has this responsibility. This detail in the coordinated response plan if not addressed and clarified could contribute to issues for the agency fulfilling its duties in protecting residents and staff from retaliation. The Shift Supervisor's role in monitoring for retaliation should either be addressed in the policy or be removed from the plan. An interview with the Superintendent confirmed a knowledge of the PREA standards related to monitoring for retaliation and her commitment to provide a safe environment by ensuring the standards are upheld. The internal memorandum submitted by facility leadership, informs all staff as to the Superintendent's expectations and roles related to retaliation monitoring. Addressing the inconsistency in the PREA documentation will strengthen the agency's efforts to comply with the standard. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.368 - Policy requirement to review for the continuing need for room confinement and isolation was not supported by documentation as to what review would entail. The absence of the implementation of an objective screening tool leaves this area out of compliance. The agency must be able to demonstrate the use of an objective screening tool; consistent with the requirements of the standard before moving toward compliance with this standard.

During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.371 - To demonstrate compliance with this standard, all agency investigators must be re-trained and meet with the PREA Coordinator to review the PREA terminology related to the findings of the investigations, as well as what qualifies as a PREA incident. The PREA Coordinator must develop a system of notification that includes the Superintendent, PREA Coordinator and PREA Compliance Manager when an allegation has been made, this notification must take place immediately, so that safety precautions can be made to protect victims of abuse as well as making all aware of the on-going investigation, to include timely updates to the facility leadership and PREA Coordinator. Investigations should not exceed the 35 days spelled out in policy.

During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during

the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.373 - To demonstrate compliance with this standard the agency must develop a system of tracking investigations, their outcomes, and the notification or attempted notifications made to residents as to the results of investigations. The agency must maintain documentation of their efforts to notify residents of the outcome of all investigations. Presentation of a protocol that has been approved by agency leadership and provided to staff and residents as well as maintenance of required documentation will demonstrate efforts to comply with the standard.

During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.376 - To demonstrate compliance with this area of the standard; the agency must address the presumptive response to a substantiated allegation related to staff sexual abuse. This may be addressed through a policy update/change, an operating procedure, an agency-wide memorandum or directive. The agency must address disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) and state that the discipline 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. The agency must make all aware that all terminations for violations of DYRS' PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Metropolitan Police Department, unless the activity was clearly not criminal, and to any relevant licensing bodies. The update should specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.377 - To demonstrate compliance the Agency must present an Agency approved documented process that details the response to any contractor or volunteer who engages in sexual abuse with a resident. Further, the agency must establish a process by which they ensure that all staff, contractor,s and volunteers are aware of the agency policy and protocol related to this standard. This, information must come from the Agency head or his designee (a policy or directive)and must be observed agency wide and incorporated into staff and contractor/volunteer training and education. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background

checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.381 - The PREA Coordinator has an objective screening tool that must be implemented during the corrective action period along with a written policy/directive that covers the process for implementation and practice which will meet elements of this standard.

During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.386 - Policy requires sexual abuse incident reviews to be conducted within one week of the conclusion of the investigation. Because previous investigations have been lengthy and have exceeded 30 days, it is this auditor's recommendation that the agency document this timeline in policy or through written directive. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.387 - To demonstrate compliance with this standard, the agency must provide a set of definitions and data collection tool that meets the elements of this standard for review by the auditor. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.388 - To demonstrate compliance with this standard, the agency must provide documentation that describes the process used to review data as required by the standard for review by the auditor. Additionally, the agency must produce an annual report for review and provide documentation requiring the completion and publication of the annual report on the agency's website or a system by which the report will be made available to the public. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose

previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

115.389 -To demonstrate compliance with this standard, the agency must begin to collect and retain data as required by the standard. A written document outlining this process should be developed and implemented during the corrective action period. During the corrective action period the agency adopted a comprehensive PREA policy which addresses the areas of concern noted above. The agency has implemented processes that require staff to disclose previous misconduct as required by the standard, and the agency requires contract providers submit proof of background checks. A sampling of documentation was reviewed to assess and determine compliance. Additionally, the agency has provided evidence to compliance with all other areas noted to have deficiencies. A review of the supporting documentation submitted by the PREA Coordinator during the corrective action period, a review of the processes implemented during the onsite portion of the audit, and interviews with staff supported compliance with the standard.

Auditing and Corrective Action (115.401)

At the conclusion of the corrective action period all standards were met and the status of each standard is reflected below.

Standards Exceeded: 0

Standards Met: 43; 115.311;115.312;115.313;115.315;11316;115.317;115.318;115.321;115.322;
115.331;115.332;115.333;115.334; 115.335;115.341;115.342;115.351; 115.352; 115.353; 115.354;
115.361; 115.362; 115.363; 115.364; 115.365; 115.366;
115.367;115.368;115.371;115.372;115.373;115.376;115.377;115.378;115.38

1;115.382;115.383;115.386;115.387; 115.388; 115.389;115.401;115.402

During the Corrective Action Period the agency revised policies and implemented processes to bring the non-compliant standards into compliance. The PREA Coordinator sent documents to the PREA auditor from October 2018 through June 2019 to demonstrate the work the agency performed to address areas of deficiency. Upon completing a review of all documentation and conducting an additional on-site audit where residents and staff were interviewed and files were reviewed, the agency was able to demonstrate compliance with those standards that were "Not Met" on the interim report. Updated and additional supporting documentation was submitted to the Auditor and uploaded to the OAS System to support evidence required to demonstrate compliance with the standard.

At the conclusion of the corrective action period and after a thorough review of each standard that had been non-compliant, the auditor found through interviews of staff and residents, a review of new processes implemented, records, and documentation submitted the agency was able to demonstrate compliance with the standards.

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Department of Youth Rehabilitative Services (DYRS) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. However, the policy does not include sanctions for those found to have participated in prohibited behaviors, which must be addressed during the corrective action period by updating the policy or initiating a written directive and including the update in staff training. While the agency employs an upper-level manager with sufficient time to develop and make recommendations to implement agency efforts to comply with the standards, information from the staff interviews support that the PREA Coordinator may be unable to implement recommendations based on authority. The PREA Coordinator often reports directly to the Agency Head or Deputy responsible for residential or secure care and is placed in the hierarchy to afford the role sufficient authority to implement change and efforts. The current structure, while not impossible to manage, impacts the agency's efforts to meet full compliance with the standards. During the corrective action period, the agency should review the PREA Coordinator's ability to implement agency-wide initiatives related to PREA Compliance and develop a process by which PREA implementation is addressed in the current reporting structure. Additionally, the reporting structure should reflect a direct line of authority between the PREA Coordinator and the Agency head or Deputy Director for Residential Services.</p> <p>Because the agency operates more than one facility, each facility has designated a PREA compliance manager with sufficient authority to coordinate the facility's efforts to comply with the PREA standards. The Compliance Manger is a supervisor and has the full support of the Superintendent and upper management. However, the current assignment of duties does not provide for sufficient time to coordinate efforts to comply with the PREA standards. The appointment is a collateral duty and primary duties and responsibilities often require the Compliance Manager to be focused on the day-to-day supervision and management of staff and residents. It is recommended the agency consider updating the PREA Policy as the current Policy was written prior to the publication of the final juvenile standards and does not address current agency initiatives or outline agency efforts to demonstrate full compliance with the standards.</p> <p>Evidence relied upon to make the determination:</p> <ul style="list-style-type: none"> • DYRS PREA Policy # 0006 Dated April 10, 2013 • DYRS PREA Memo Dated May 2018 • DYRS Organizational Chart • Interviews with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Superintendent • Interview with Agency Head/designee

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to documents submitted by the PREA Coordinator, the Agency maintains contracts with 21 agencies and entities for the confinement of residents. Many of these contracts include language requiring compliance with the federal PREA standards. The auditor reviewed 11 contracts and confirmed the presence of language requiring the facilities to comply with the Federal PREA standards.</p> <p>Evidence relied upon to make the determination:</p> <ul style="list-style-type: none"> • DYRS PREA Policy # 0006 Dated April 10, 2013 Section VI. Compliance Coordination (C.) • Review of 11 agency contracts • Interview and Communication with PREA Coordinator

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility presented a Staffing Post analysis from 2014 and a Memorandum from July 2018 to outline efforts to comply with this standard. The documents together outline the facility's strategy for calculating adequate staffing levels while taking into consideration the following factors: (1) generally accepted juvenile detention and correctional/secure residential practices; (2) any judicial findings of inadequacy; (3) any findings of inadequacy from Federal investigative agencies; (4) any findings of inadequacy from internal or external oversight bodies; (5) all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated; (6) the composition of the resident population; (7) the number and placement of supervisory staff; (8) institution programs occurring on a particular shift; (9) any applicable State or local laws, regulations, or standards; (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) any other relevant factors. Supervisory personnel, including upper level supervisors and administrators, are conducting and documenting unannounced rounds on all shifts. Documentation was reviewed and found to be compliant. Reports from staff and the Post Analysis indicate that the Youth Services Center maintains a minimum of 1:8 ratio at all times. The facility ensures that these supervision ratios only include security staff. During the past twelve months, there have been no deviations from the staffing plan. In addition to direct supervision of residents, the facility is equipped with a video monitoring system with cameras that support efforts to protect residents from sexual abuse and sexual harassment. Auditor observations were made during waking and sleeping hours, and auditor observations were made using the camera system during the on-site portion of the audit. It is the recommendation of this auditor, to document supervision ratio requirements in the departmental PREA policy; or at the very least in a facility operating procedure. While policy does not require intermediate and higher level staff to conduct or document unannounced rounds to identify and deter staff sexual abuse and sexual harassment; the memo dated, July 2018 does. It is recommended that the agency consider including this requirement in any future PREA Policy updates. The Memo requires the practice to be implemented for night shifts as well as day shifts. The Memo addresses the prohibition of staff alerting other staff of the unannounced rounds. A review of documentation as well as interviews confirmed the practice of unannounced rounds. It is recommended that the prohibition of alerting other staff of the unannounced rounds be written into policy, or incorporated and included (with signatures of attendees and documented summary of meeting) in staff training, supervisory and management meetings and briefing minutes. The standard requires that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator 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 (3) The resources the facility has available to commit to ensure adherence to the staffing plan. While the agency reviews components of staffing related to compliance with a consent decree; the performance standards related to staffing for the consent decree were met several years ago and no documentation of an annual review was submitted to demonstrate PREA compliance requirements. There is no current documentation</p>

to support compliance with this element of the standard; however the Memo dated July 2018 outlines the Agency's efforts to demonstrate compliance with the annual staffing analysis review.

The Youth Services Center Final Staffing Post Analysis outlines the post requirements for adequate supervision levels and in conjunction with the Memo from July 2018 meets the beauty of the standard.

Evidence relied upon to make the determination:

- DYRS PREA Policy # 0006 Dated April 10, 2013 Section XIX
- Jerry M. Document
- DYRS PREA Memo 115.313 Dated August 2017 and July 2018
- Final YSC Staffing Post Analysis
- YSC Unannounced Rounds Blank Form
- YSC Unannounced Rounds Completed December 2017 - January 2018
- YSC Unannounced Rounds Completed February - March 2018
- YSC Unannounced Rounds Completed May and July 2018
- Interviews with PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Superintendent
- Interview with Agency Head/designee

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policies 002, 007, and 006 outline the Agency's efforts to demonstrate compliance with this standard. Policy 002 prohibits cross-gender pat or strip searches outside of exigent circumstances. When exigent circumstances are present, all cross-gender searches must be justified and documented. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Policy 002 prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Additionally, Policy requires that residents have access to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Staff of the opposite gender shall announce their presence when entering resident housing units or other areas where residents are likely to be showering or performing bodily functions or changing clothing. Observations during the facility tour and interviews with staff and residents verified these practices are in place. Signs were clearly posted which remind staff to make the cross-gender announcement prior to entering the housing units. Staff was observed making the cross-gender announcement during the audit tour. Interviews with residents and staff confirm compliance with agency policies and procedures. Security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with the security needs of the facility. A review of training documentation related to searches, as well as interviews with staff and residents support the practices as outlined by policy and in keeping with compliance with the standard. Finally, as recommended by the auditor, the agency developed a new policy during the corrective action period and has begun implementing the policy agency-wide.</p> <p>The new Policy reflects that both transgender and intersex residents are afforded the opportunity to shower separately from other residents as well as request the gender of staff to perform searches of their bodies.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policies 002, 006 and 007 • Training sign in sheets and curriculum • DYRS Pre-Audit Questionnaire • Interview with residents and staff • Interview with PREA Coordinator • Observations of Auditor during the on-site portion of the Audit • DYRS Policy 006 - Updated

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Department of Youth Rehabilitative Services Policy requires that residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. The agency employs a Language Access Coordinator to ensure all provisions of policy 002 are met to assist youth and families who require language assistance with "access and participation in services, programs and activities". Various forms are available to youth in both English and Spanish and PREA posters and information is also posted in English and Spanish throughout the facility. The facility has had no residents with disabilities in the last 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policies 006 and 022 • DYRS Memo 115.316 Dated September 2017 • Review of Various forms translated into Spanish • DYRS Pre-Audit Questionnaire • Interview with residents and staff • Interview with PREA Coordinator • Observations of Auditor during the on-site portion of the Audit • Interview with Superintendent/Designee

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS policy requires criminal background screening for all new hires, employees, and contractors. District of Columbia Personnel Regulations require biennial criminal background checks for all employees and volunteers in sensitive positions. YSA 3.2 Recruitment, Selection and Promotion policy requires the Human Resources Office to complete a background investigation for all new applicants. The background shall include verification of education, licensure, certifications, criminal record, child abuse record check, and drug testing. In the past 12 months, 40 staff were hired who may have contact with residents all of them have had criminal background checks. During the corrective action period, the agency produced the revised and updated PREA policy requiring the facility to ask all applicants about previous misconduct. The policy states that material omission regarding misconduct is grounds for termination. Further, employees and applicants are required to disclose previous misconduct. There was also confirmation of this disclosure being required prior to promotion decisions. Finally, the revised policy requires the criminal background check of all contractors. The new policy and processes demonstrate compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DC Government Personnel Regulations • YSA Policy 3.2 • DYRS Policy 006 Updated • DYRS YSC Pre-Audit Questionnaire • Interviews with staff • District of Columbia Personnel Regulations • Interview with PREA Coordinator

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. The agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. While the facility has a total of 149 cameras to supplement efforts in supervision and monitoring, they have discussed where additional cameras or other monitoring technology such as mirrors might be placed to reduce blind spots or other supervision issues related to the facility plant.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Pre-Audit Questionnaire • Memorandum 115.318 Dated July 2018 • Observations of the Auditor during the on-site Tour • Observations of the Auditor during video/surveillance review • Interviews with Staff • Interview with PREA Coordinator • Interview with Superintendent

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Youth Service Center Policy 27.10 requires the immediate referral of all sexual abuse allegations to the District of Columbia Metropolitan Police Department . Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. DC Metro PD conducts all criminal investigations. Administrative investigations may be conducted by OII. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse received by the facility. Additionally, the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website may be found at: Interviews with the Deputy Director and the PREA Coordinator and random staff confirmed their knowledge and understanding of, as well as their compliance with the policy’s requirements.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Pre-Audit Questionnaire • Memorandum 115.321 • Observations of the Auditor during the on-site Tour • Interviews with Staff • Interview with PREA Coordinator • Interview with Deputy Director

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Youth Services Center Policy requires the immediate referral of all sexual abuse allegations to Metropolitan Police Department. Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Metropolitan Police Department conducts all criminal investigations. Administrative investigations are conducted by DYRS OII. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse received by the facility. Additionally, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website may be found at: https://dyrs.dc.gov/ . Interviews with the Deputy Director and the PREA Coordinator and random staff confirmed their knowledge and understanding of, as well as their compliance with the policy's requirements.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Pre-Audit Questionnaire • Memorandum 115.322 • Observations of the Auditor during the on-site Tour • Interviews with Staff • Interview with PREA Coordinator • Interview with Deputy Director

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS YSC Policy 4.1 Training and Staff Development/Training Criteria and Memorandum 115.331 dated January 2017 cover the agency’s requirements for staff training. While some staff training records and staff interviews indicate that staff receive PREA training during staff orientation and annually during refresher training, the auditor is requesting additional documentation that states all current staff have received all required PREA training. The training curriculum provided covered: the agency’s zero tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident’s rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The PREA Coordinator reports the facility has 253 staff that may have contact with residents. Of those 253, all have been trained or retrained on the PREA requirements enumerated in this standard, except for those staff on extended leave. Between training events the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment through shift briefings, memorandums, and regular meetings. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually and more frequently as needed. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSA Policy 4.1 Training and Staff Development/Training Criteria • DYRS Memorandum 115.331 dated January 2017 • DYRS PREA Training Module for Employees • DYRS YSC PREA Training Acknowledgement Forms • DYRS YSC Pre-Audit Questionnaire • Auditor review of training documentation • Auditor review of training curriculum • Interviews with staff • Interview with PREA Coordinator

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Memorandum 115.332, DYRS YSC Volunteer Manual, and a copy of the PREA Volunteer and Contractor Training from the PREA Resource Center (PRC) and Just Detention International(JDI); used by the agency to train volunteers, all support compliance with this standard. The Memorandum presented requires that all volunteers and contract personnel receive orientation prior to their assignment. This training includes the volunteers' and contractors' responsibilities under the agency's policies and procedures. The number of volunteers and contractors trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is being confirmed by the PREA Coordinator. Upon confirmation from the PREA Coordinator and review by the PREA Auditor the agency will be able to demonstrate critical steps toward compliance. All contractors and volunteers are required to participate in the training as stated in the Memorandum provided. All volunteers and contractors who may have contact with residents and who participate in the training are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency also maintains documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Memorandum 115.332 • DYRS YSC Volunteer Manual • Volunteer and Contractor Training Curriculum by the PRC and JDI • DYRS YSC Pre-Audit Questionnaire • Auditor review of training documentation • Interview with PREA Coordinator

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS PREA Policy and Memorandum 115.333 guide the agency on meeting compliance with this standard; both require that upon admission all residents are provided the zero-tolerance policy and PREA Orientation. Resident education is accessible to all residents, including residents who are limited English proficient and those residents who may be deaf, visually impaired or otherwise disabled. During the intake process, staff read and review the zero-tolerance policy and information on how to report sexual abuse and sexual harassment with each resident. After providing the residents with the required information related to the zero-tolerance policy, residents sign and date that they received and understand the information. Additional resident education has not been provided to each youth within ten days of the intake process. A total of 242 residents admitted to the facility in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. Documentation of the residents' signatures is maintained by the facility. Files for all residents housed at the facility were physically inspected and reviewed by the auditor to confirm the practice of acquiring and maintaining signatures. Further confirmation of resident education was received during resident and staff interviews. The PREA information is presented in a manner that is accessible to all residents. During the facility tour the auditor observed the presence of PREA posters and reporting instructions posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments. The language assistance is offered in a multitude of languages. This assistance is also offered to the parents, Guardian and families of residents when they require it. Language assistance is also provided to residents who may have hearing or visual impairments. Upon review during the corrective action period the agency was able to produce clear documentation verifying comprehensive, age-appropriate, resident education within 10 days of intake for all residents. This review included: a review of the files of each resident and training sign-in sheets.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS PREA Policy • DYRS Memorandum 115.333 • DYRS YSC Pre-Audit Questionnaire • Auditor review of resident education materials • Auditor review of each resident's file • Interviews with Staff • Interviews with Residents • Interviews with PREA Coordinator

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS PREA Policy and Memorandum 115.334 provide the Agency’s guidance for compliance with this standard. While criminal investigations are conducted by the D.C. Metropolitan Police Department, DYRS YSC staff have received relevant training related to conducting sexual abuse investigations in a confinement setting. Documentation of training was presented to the auditor upon request and is maintained by the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Memorandum • DYRS YSC Pre-Audit Questionnaire • Auditor Review of Documentation • Interviews with Investigative Staff • Interview with PREA Compliance Manager • Interview with PREA Coordinator • Interview with Superintendent

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS YSC Policy and Memorandum requires training and education of Medical and Mental Health staff which addresses compliance with this this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility transports youth requiring forensic examinations to Laurel Regional and Children’s Hospital in in the District where forensic exams may be conducted. As required by the standard, in addition to orientation and training relevant to their positions, all medical and mental health staff are required to receive PREA training. 100% (30) of medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS PREA Policy • DYRS YSC Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator • Review of Training Certifications for medical and mental health staff

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the corrective action period the agency adopted and implemented a process to screen for risk of victimization and abusiveness. An objective screening tool is used to screen each resident. A screening takes place with each resident at the point of intake to obtain information about each resident’s personal history and behavior to screen and assess residents for the potential risks of sexual victimization and abusiveness. A review of all files revealed that all residents in the facility had received the screening tool within the required time frames. Staff and resident interviews and a review of every resident record confirm that the screenings as well as periodic reassessments for risk of sexual abuse victimization and sexual abusiveness toward other residents is being conducted. The facility maintains documentation of the completed assessments and screenings. Evidence relied upon to make auditor determination:</p> <p>Evidence relied upon to make the determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS Policy 007 • DYRS Memo 115.341 • DYRS YSC Pre-Audit Questionnaire • Auditor review of documentation • Interviews with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Superintendent • Interview with Agency Head/designee • Review of screenings tool for all Residents • Auditor Interviews with Staff • Auditor Interviews with Residents

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The New PREA Policy DYRS 006, Memorandum 115.342 and DYRS Policy 007 Lesbian Gay Bisexual Transgender Questioning and Intersex (LGBTQI) Youth govern the agency's protocols for compliance with this standard. A review of all documentation and protocols demonstrate that the Agency has established a solid process to use 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 policy requires that all residents are reassessed within 30 days of intake and more frequently if required, as spelled out in the policy. Additionally, placement and programming assignments for each transgender or intersex residents are required to be reassessed at least twice each year to review any threats to safety experienced by the resident. The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. In keeping with standard 115.342 (c) the facility ensures that 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>Evidence relied upon to make the determination:</p> <ul style="list-style-type: none"> • DYRS Policy # 007 • DYRS Memo 115.342 • DYRS YSC Pre-Audit Questionnaire • Auditor review of documentation • Interviews with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Superintendent • Interview with Agency Head/designee

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Memorandum 115.351 dated July 2017 and agency policies DYRS-006, DYRS-008, and DYRS-013 address compliance with this standard. All establish agency procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or other violations of responsibilities that may have contributed to such incidents. Residents are able to report allegations verbally, in writing, and through third parties. Residents may report allegations anonymously. A resident may report directly to a trusted staff; or another third party, as well as, initiate a grievance; residents will be provided access to writing materials to document any such report. Residents repeatedly reported to this auditor that they may ask to speak to the supervisor or report to a staff they trust. Additionally, residents have access to the resident phone system where they are able to call a hotline to the Office of Internal Integrity (OII) as well as DC Child and Family Services Agency (CFSA). Residents are also provided the phone numbers and address to CFSA for reporting purposes. In addition to the phone number to OII, residents are provided the address. This information is posted throughout the facility and near every resident phone. Residents may also contact Public Defenders via the phone system and by requesting to speak with them since they are located in the facility. Residents were familiar with the numerous avenues they may use to report abuse and were able to verbalize numerous ways to this auditor. Policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. All verbal reports must be documented promptly by staff and immediately reported. As it relates to civil immigration purposes, the agency does not detain residents solely for this purpose. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to any administrator. Residents receive reporting information at intake, this information is also found in the resident handbook. Reporting information is clearly posted throughout the facility and adjacent to the telephones to assist residents in making reports using the telephone. Interviews with staff and residents support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment as well as ways staff may privately report allegations of abuse. In addition to interviews, observations made during the tour confirmed the proper posting of information for residents.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Memorandum 115.351 • DYRS Policies 006 , 008, and 013 • DYRS YSC Pre-Audit Questionnaire • Auditor Review of forms and reporting documentation • Interviews with Residents • Interviews with Staff • Interview with PREA Coordinator

115.352	Exhaustion of administrative remedies
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 1731">Both the DYRS PREA Policy and Resident Grievance Policy outline the administrative process for dealing with resident grievances regarding sexual abuse. Residents are provided information as to how to file a grievance during the intake process. The PREA Coordinator reports and the Grievance Policy states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse. The agency does not require any resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Further, the agency allows for a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. In the past 12 months there has been one grievance filed that alleged sexual abuse and the final decision was made within the required 90 days. In the past 12 months there were no grievances filed alleging sexual abuse that involved extensions because a final decision was not reached within 90 days. The agency requires that residents are notified in writing when the agency files for an extension, including notice of the date by which a decision will be made. Additionally, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The agency requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents a resident's decision to decline. Further, policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. There have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of a resident's decision to decline. As it relates to the filing of emergency grievances alleging substantial risk of imminent sexual abuse, policy outlines the established procedures. This policy requires an initial response within 8 hours after filing an emergency grievance alleging substantial risk of sexual abuse and requires the agency to issue a final decision be issued within five days. Lastly, policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p data-bbox="252 1787 935 1821">Evidence relied upon to make auditor determination:</p> <ul data-bbox="252 1827 737 2029" style="list-style-type: none"> • DYRS Policies 006 and 013 • DYRS YSC Pre-Audit Questionnaire • Interviews with Staff • Interviews with Residents • Interview PREA Coordinator

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS and YSA policies require the facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organization. The policy also requires the facility to enable reasonable communication between residents and these organizations in as confidential manner as possible. The facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. The facility informs residents prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law. The agency maintains memorandum of understanding or other agreements with community service providers (DCRCC) that are able to provide residents with emotional support services related to sexual abuse. The facility maintains copies of the memorandum of understanding and attempts to enter into such agreements. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility also provides residents with reasonable access to parent or legal guardians. Resident interviews confirmed that they were aware of the telephone numbers and addresses and how to make contact with outside support services. Answers from residents regarding service provision from confidential support services varied and included: therapy, assistance, help, therapy, and investigations. While the answers varied, it appeared residents understood that they would be provided assistance that was confidential and supportive in nature. Staff and resident interviews confirmed that residents have reasonable access and that access is provided in as confidential a manner as possible. Interviews with residents and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. Residents reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • YSA Policy 12.1, 15.12, and 18.2 • DYRS Memorandum 115.353 • DYRS YSA Pre-Audit Questionnaire • Observations of the auditor made during the Facility Tour • Memorandum of Understanding with the D.C. Rape Crisis Center • Interviews with Residents • Interviews with Staff • Interviews with PREA Coordinator

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The DYRS has established 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. Additionally, the agency website https://dyrs.dc.gov/page/prea provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a resident’s right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians and attorneys. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations of sexual abuse and sexual harassment. Staff and residents were able to provide various examples of third parties, including “parents, guardians, trusted adults, and attorneys”.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy • DYRS Pre-Audit Questionnaire • Interviews with Staff • Interviews with Residents • Interview with PREA Coordinator

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS agency policies DYRS 006 and 008, along with the PREA Memorandum 115.361 dated March 2018 require staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against resident or staff who reported such incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation policy also requires all staff to comply with applicable mandatory child abuse reporting laws. Apart from reporting to the designated supervisors or officials as well as other designated service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report in any way other than to the extent necessary to make treatment, investigation, and other security and management decisions. Through interviews with the auditors, medical and mental health staff confirmed that they understood and always followed the protocol that requires them to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Memorandum 115.361 • DYRS Policies 006 and 008 • DYRS YSC Pre-Audit Questionnaire • Auditor Review of forms and reporting documentation • Interviews with Residents • Interviews with Staff • Interview with PREA Coordinator

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS requires that when an agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). This requirement is bound by policy DYRS 006. In the past twelve months there have been no times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse. During interviews with staff, responses indicated that they would take all threats of and allegations of sexual abuse seriously. The responses of staff were in keeping with the policy outlining agency protection duties.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS YSC Pre-Audit Questionnaire • Interviews with staff • Interview with PREA Coordinator • Interview with Superintendent

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 08 and Memorandum 115.363 require that upon receiving an allegation from a resident that he/she was sexually abused while confined at another confinement facility (i.e., detention center, Juvenile Correctional Center), the Superintendent or designee that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be made as soon as possible but no later than 72 hours after receiving the allegation. YSC shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the standards. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by YSC from other facilities. The interview with the facility Superintendent demonstrated her clear understanding of this policy and the PREA standard and her duty to immediately report allegations received of abuse of residents while confined at other facilities as well as the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at YSC. While no evidence indicates the agency will not comply with the standard, it is recommended that policy is written to support notifications be made by the facility head or designee.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS Memorandum 115.363 • DYRS YSC Pre-Audit Questionnaire • Interview with Superintendent • Interview with PREA Coordinator

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Agency policy 006, PREA Memorandum 115.364 dated August 2017, and the agency coordinated response document dated August 2018 require staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protect any crime scene until the appropriate steps can be taken to collect evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence request the alleged victim not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. Interviews with staff confirm they understand the importance of their roles in ensuring that the alleged abuser does not take any action to destroy physical evidence. If the abuse occurred within a time period, that still allows for the collection of physical evidence staff would take steps to ensure that neither the victim, not the alleged abuser take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, they were able to speak to the aforementioned steps and their responses demonstrated a clear understanding of their roles as first responders. Medical and mental health staff were able to speak to their roles as responders to an incident once notified by staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required. Medical also stated that any incident requiring a forensic medical examination would be referred out to Children's Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. In the past 12 months there were no allegations that a resident was sexually abused. Additionally, agency policy requires that if the first person responding to the incident is not a security staff member that the individual shall notify security staff and be required to request the alleged victim not take any action that might destroy physical evidence.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS PREA Memorandum 115.364 • DYRS YSC Coordinated Response Document • DYRS YSC Pre-Audit Questionnaire • Interviews with Staff • Interview with PREA Coordinator

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan is explained in the Memorandum dated August 2018 and details the actions to be taken by staff first responders, medical, mental health, investigators and administrators. The plan also details the order of the response by action and who is responsible for each action. The documented plan was reviewed and begins to demonstrate the agency's efforts to comply with this standard. The requirement in the document for the Shift Supervisor to monitor for retaliation has been removed and is the responsibility of the Superintendent; which is in keeping with Agency Policy. The agency has reviewed and updated the Coordinated Response document to ensure agency resources and efforts align and provide for a truly coordinated effort to prevent, detect and respond properly to sexual abuse and sexual harassment. Interviews with the Superintendent and other staff including staff first responders, medical and mental health revealed that they are aware of both the policy and the plan.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Policy 006 • DYRS YSC Coordinated Response Plan • DYRS YSC Pre-Audit Questionnaire • Interview with Superintendent • Interviews with Staff • Interview with PREA Coordinator <p>Updated Coordinated Response Plan Dated August 2018</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>At the on-site visit during the corrective action period, interviews with key agency personnel indicate that the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf are 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.</p> <p>During the corrective action period, the agency presented information that support compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Pre-Audit Questionnaire • DYRS Policy - Prevention and Response to Sexual Abuse and Sexual Misconduct • Interview with Agency Head • Interview with Superintendent • Interview with PREA Coordinator

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The DYRS Policy 006 and the coordinated response plan outline the agency's approach to compliance with this standard. DYRS policy is 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. DYRS 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. For at least 90 days following a report of sexual abuse the facility superintendent shall monitor the conduct and treatment of residents or staff who reported 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.</p> <p>An interview with the Superintendent confirmed knowledge of the PREA standards related to monitoring for retaliation and her commitment to provide a safe environment by ensuring the standards are upheld.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Policy 006 • DYRS New Beginnings Memorandum • DYRS YSC Pre-Audit Questionnaire • Interview with Superintendent • Interviews with Staff • Interview with PREA Coordinator

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy 006 provides that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>Interviews indicate that in keeping with the agency policy, residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, daily visits from medical and mental health, and daily large-muscle exercise. No residents were placed in isolation who alleged to have suffered sexual abuse during the past 12 months. The agency has implemented the use of an objective screening tool; consistent with the requirements of the standard during the corrective action period.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS YSC Pre-Audit Questionnaire • Interview with Superintendent • Interview with PREA Coordinator

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policies 006, 011, and the Memorandum 115.371 dated August 2017 addresses the process by which the agency manages criminal and administrative investigations. While DYRS facilities only conduct administrative investigations, the agency has established protocols to ensure all elements of the standards are met. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Sustained allegations of conduct that appear to be criminal are referred for prosecution. There were no substantiated allegations of conduct that appeared to be criminal referred for prosecution in the past 12 months. The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. During the corrective action period, the agency has taken steps to ensure the lines of communication are open between the agency's investigators and administrators, in an effort to ensure a prompt and appropriate response to allegations and a thorough and prompt investigatory process. Additionally, the PREA Coordinator re-trained investigators on the proper definitions and terminology to be used for findings when investigations are completed. The PREA Coordinator has implemented a system of notification that includes the Superintendent, PREA Coordinator and PREA Compliance Manager when an allegation has been made, this notification takes place immediately, so that safety precautions can be made to protect victims of abuse as well as making all aware of the on-going investigation, to include timely updates to the facility leadership and PREA Coordinator. Finally, the PREA Coordinator is kept in the loop as to the initiation and conclusion of all PREA investigations.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policies 006 and 011 • DYRS Memorandum 115.371 • DYRS YSC Pre-Audit Questionnaire • Interviews with Investigative staff • Interview with PREA Coordinator

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS agency Memorandum 115.372 dated August 2017 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. A review of investigations and findings of those investigations supports the agency's efforts to comply with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Memorandum 115.372 • DYRS YSC Pre-Audit Questionnaire • Interviews with Investigative staff • Interview with PREA Coordinator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy 006 and PREA Memorandum dated August 2017 requires that any resident who makes an allegation that he or she suffered sexual in the facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no criminal investigations and two administrative investigations of alleged resident sexual abuse. The administrative investigations were unfounded and unsubstantiated respectively. Upon return of the auditor during the corrective action period, documentation was provided for review that demonstrated the agency has established a process to demonstrate compliance with this standard; the agency documents actual notifications or attempts of notifications to residents. The interview with the Superintendent and PREA Coordinator confirmed that if a criminal investigation is conducted by an outside agency, the agency requests the relevant information from the outside agency in order to inform the resident as to the outcome of the investigation. There were no investigations completed by an outside agency in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS YSC Pre-Audit Questionnaire • Email 115.373 • Reporting Tracker • Notification Memo • Notification Document • Interviews with Investigative staff • Interview with Superintendent • Interview with PREA Coordinator

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policies 006, 010, and the Memorandum 115.376 outline the agency’s disciplinary response related to violations of PREA policies by staff. Interviews supported staff’s awareness of the disciplinary response to a substantiated PREA allegation. Neither the PREA policy, nor the Employee Conduct policy specifies the agency response to substantiated PREA allegations of sexual abuse and sexual harassment. The updated policy submitted during the corrective action period speaks specifically to the presumptive response to a substantiated allegation related to staff sexual abuse. Additionally, the policy is more specific and clarifies the agency’s zero tolerance policy. In the past 12 months no staff from the facility have violated the agency’s sexual abuse or sexual harassment policies. Additionally, in the past 12 months no staff has been disciplined short of termination or terminated for violating the agency sexual abuse or sexual harassment policies. The policy speaks clearly to 115.376 and affirms the agency’s response to substantiated allegations of sexual abuse and sexual harassment, as well as documenting that the 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. All terminations for violations of DYRS’ PREA and/or Harassment Policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Metropolitan Police Department, unless the activity was clearly not criminal, and to any relevant licensing bodies. The updated policy satisfies the requirements of the standard and guides the agency on implementation and compliance. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating agency sexual abuse or sexual harassment policies.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policies 006 and 010 • DYRS Policy Prevention and Response to Sexual Misconduct • DYRS Memorandum 115.376 • DYRS YSC Pre-Audit Questionnaire • Interview with PREA Coordinator

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Prior to going into corrective action, the Agency presented only the Memorandum initialed by the PREA Coordinator as evidence of compliance with this standard. The previous policy did not address the agency's response to any contractor or volunteer who engages in sexual abuse with a resident. The updated policy speaks specifically to all elements of this standard. DYRS Policy - Prevention and Response to Sexual Misconduct states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to the District of Columbia Metropolitan Police Department unless the activity was clearly not criminal, and to relevant licensing bodies. The policy further requires that DYRS take appropriate remedial measures and will 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. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS Policy Prevention and Response to Sexual Misconduct • DYRS Memorandum 115.377 • DYRS YSC Pre-Audit Questionnaire • Interview with PREA Coordinator

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy addresses the disciplinary process for residents used by the agency. The policy was adopted in 1992 and while the more current PREA policy 006, speaks to more relevant PREA practices, and some elements of the standard, some elements have not been met. The Residents' rights policy speaks to the element that requires 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. In the past 12 months there have been no administrative findings of resident on resident sexual abuse that have occurred at the facility. In the past 12 months there have been no criminal findings of guilt of resident-on-resident sexual abuse occurring at the facility. In the event a disciplinary sanction results in the isolation of a resident, the DYRS PREA policy ensures the facility not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. In the event a disciplinary sanction results in the isolation of a resident, policy requires that residents in isolation shall receive daily visits from a medical or mental health care clinician. Interviews with the PREA Compliance Manager, PREA Coordinator and Superintendent confirm that residents shall also have access to other programs and work opportunities to the extent possible. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Interviews from staff confirm that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility offers the same services to offending residents and that the facility may require participation in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. DYRS disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. For the purpose of disciplinary action, the agency prohibits disciplinary action for 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 enough evidence to substantiate the allegation. The agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. While elements of the standard were met, it is this auditor's recommendation that the facility consider updating the disciplinary policy from 1992 and ensuring the elements are clearly delineated in either the PREA policy, the Disciplinary policy, or both.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS - YSA Policy III.8B-001 Residents' Rights • Interview with Superintendent • Interview with Compliance Manager • DYRS YSC Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator



115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the corrective action period, the agency implemented a screening process and uses an objective screening tool. Upon affirmative responses to a specific set of questions on the Mental Health Screening Form designed to alert to the possibility of sexual victimization or abusiveness, the resident is referred to the Mental Health Clinician and or medical, as appropriate and in keeping with the requirements of this standard. Information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. 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.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Pre-Audit Questionnaire • Observations made by the auditor during on-site tour • Auditor review of documentation • Interviews with staff • Interviews with residents • Interview with PREA Coordinator

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The DYRS Policies 006 and V.a.6, along with Memorandum 115.382 requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of the services are determined by medical and mental health practitioners. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services shall be provided to every without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with the PREA Coordinator as well as medical and mental health staff confirm their understanding and compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Memo 115.382 • DYRS Policies 006 and V.a.6 • DYRS YSC Pre-Audit Questionnaire • Observations made by the auditor during on-site tour • Auditor review of documentation • Interviews with staff • Interview with PREA Coordinator

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS PREA Policy 006 addresses ongoing medical and mental health care for sexual abuse victims and abusers. Policy ensures the provision of ongoing medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. YSC houses female residents and ensures pregnancy testing as appropriate. Additionally, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services . DYRS maintains a memorandum of understanding with the DC Rape Crisis Center to provide outside support and victim advocacy to resident victims of sexual assault. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. The Policy and responses received during interviews with medical and mental health staff and the PREA Coordinator confirm an understanding of the requirements and current practices that comply with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • Memorandum of Understanding with the DC Rape Crisis Center • DYRS YSC Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy DYRS 006 outlines the steps for compliance with this standard and provides information regarding the incident review team and its role. The policy details the make-up of the sexual abuse incident review team which is in keeping with the standard. Policy also outlines the elements to be considered in the assessment of incidents. Further, policy dictates the facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were no criminal investigations and two administrative investigations of alleged resident sexual abuse. The administrative investigations were unfounded and unsubstantiated respectively. In the past 12 months there were no administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents. Policy 006 directs that the sexual assault incident review team includes upper-level management and allows for input from supervisors, investigators and medical or mental health practitioners. Policy further directs the team to prepare a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. The facility will document and implement the recommendations for improvement or document its reasons for not doing so. Upon returning to the agency during the corrective action period, the auditor reviewed documentation supporting compliance with this standard. Interviews with staff who make up the facility incident review team, as well as the Superintendent revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS Pre-Audit Questionnaire • Review of PREA investigations • Interviews with members of the Incident Review Team • Interview with PREA Coordinator • Interview with Superintendent

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 006 outlines the process by which the agency will demonstrate compliance with this standard. The agency provided the auditor with the data collection instrument and the set of definitions used. The agency provided proof of report.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS YSC Pre-Audit Questionnaire • DYRS Data collection SOP • DYRS Annual PREA Report • DYRS Communications document • DYRS Data Collection document • DYRS Data Graph • Interview with PREA Coordinator • Interview with Superintendent

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the corrective action period, the agency provided the auditor with documentation to demonstrate compliance with this standard. The PREA Coordinator spoke to the changes implemented since the interim report and reviewed the documentation with the auditor to support the changes made.</p> <p>Finally, the agency produced an annual report for review and documentation that reflected the publication and submission of the report.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS YSC Pre-Audit Questionnaire • Interview with PREA Coordinator • DYRS Data Collection SOP • DYRS Data Graph • DYRS Annual Report • DYRS Quick-base Data Tool • DYRS SSV Definitions

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 006 outlines the process by which the agency will demonstrate compliance with the elements of the standard. During the corrective action period the agency provided documentation that demonstrates compliance with this standard, the agency has begun to collect and retain data as required by the standard. A written document outlining this process has been developed and implemented during the corrective action period.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • DYRS YSC Pre-Audit Questionnaire • Interview with PREA Coordinator • DYRS Annual Report • DYRS SOP Data Collection • DYRS Communications Report

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did not ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.</p> <p>During the onsite portion of the audit, the auditor was permitted to observe all areas of the facility. The auditor was provided copies of requested documents including electronic documents and videos if the agency had them.</p> <p>The auditor was permitted to conduct private interviews with residents</p> <p>Notices of the audit were posted six weeks ahead of the on-site portion and emails of photographs of the posted notices were sent to the auditor. Residents were provided the opportunity and means to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Interview with PREA Coordinator • Interview with Superintendent

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Policy 006 requires the publication of the final audit report on the website. The agency has never had a final audit report issued.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • DYRS Policy 006 • Interview with PREA Coordinator • Interview with Superintendent

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.)	yes

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".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

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

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	yes

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

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

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

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

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

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

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

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

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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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?	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?	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?	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?	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.)	no

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	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?	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?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	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.)	yes

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

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

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

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

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

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

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no

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	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	na