

# PREA Facility Audit Report: Final

**Name of Facility:** New Beginnings Youth Development Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/08/2022

**Date Final Report Submitted:** 03/31/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Karen d. Murray	<b>Date of Signature:</b> 03/31/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Karen
<b>Email:</b>	kdmconsults1@gmail.com
<b>Start Date of On-Site Audit:</b>	08/24/2022
<b>End Date of On-Site Audit:</b>	08/25/2022

FACILITY INFORMATION	
<b>Facility name:</b>	New Beginnings Youth Development Center
<b>Facility physical address:</b>	8400 River Road, Laurel, Maryland - 20724
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Nancy Fisher
<b>Email Address:</b>	nancy.fisher@dc.gov
<b>Telephone Number:</b>	2024378755

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Karl Bruce
<b>Email Address:</b>	karl.bruce@dc.gov
<b>Telephone Number:</b>	2022993205

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Ernest Waiters Jr.
<b>Email Address:</b>	ernest.waiters@dc.gov
<b>Telephone Number:</b>	M: 202-207-7277

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Khandra Tyler-Beynum
<b>Email Address:</b>	khandra.tyler-beynum@dc.gov
<b>Telephone Number:</b>	2025768139

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	28
<b>Average daily population for the past 12 months:</b>	31
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	15 - 21
<b>Facility security levels/resident custody levels:</b>	High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	169
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	15
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Hilary Cairns
<b>Email Address:</b>	hilary.cairns@dc.gov
<b>Telephone Number:</b>	202-299-5036

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

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2022-08-24
<b>2. End date of the onsite portion of the audit:</b>	2022-08-25

### Outreach

<b>10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

Testing of youth phones on the units demonstrated calls to the Rape Crisis Center, PDS or the PREA hotline were not answered by a live voice or voicemail. Rape Crisis Center number needs to be added to youth phone list to give them access and so they are not charged minutes and or make youth aware this number can be accessed through request to staff.

The facility was requested to complete the following action plans.

- The facility to conduct testing of outgoing phone calls to the confidential service providers posted near youth unit phones to ensure providers provide a reporting option to youth by way of a live voice or voicemail.
- Facility to provide a memorandum of completed testing, results of test and a sustainable action to plan to ensure confidential services are continually available to youth.

Recommendation: When educating youth, explain the purpose of the Rape Crisis Center

Post audit the facility provided an email communication, RE: Inmate Phone for YSC and New Beginnings addressed the PREA Audit, from the PREA Coordinator, stating, "The NB facility has been trying to get all phones repaired and replaced since the new budget year started.

However, while the contract administrator is working on that project, the youth will still have access to PREA (CFSA) and Project Hands.

The you can access these reporting bodies via:

PDS - Public Defenders Service: PDS is our in house attorney division. Youth can request to see/speak to a PDS representative. PDS will allow youth to call the reporting bodies in private to report an allegation

The direct care staff/supervisor will allow youth to use the unit office phone upon their request. The supervisor will allow the youth to dial CFSA number listed on the brochure. The youth may also request to speak to the PREA Coordinator 24/7 to report an allegation. Project Hands provides a deposit box for all allegations. These boxes are placed throughout the entire facility.”

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	31
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	37
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	37

<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0



<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>120</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>7</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>

# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Upon arrival the facility provided the Auditor a resident roster with the youth name, date of birth, age, start date, model level, room, unit, length of stay and other facility information, the Auditor then solely choose youth to interview.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.

## Targeted Inmate/Resident/Detainee Interviews

<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	<p>10</p>
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After a tour of the facility, interviews with staff and residents in the living units and review of resident files, this category of youth did not appear to be at the facility during the onsite review.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>



<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Security staff from each shift were interviewed.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>17</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

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

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
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## Documentation Sampling

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

<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Staff and youth files were conducted by utilizing the PREA Audit - Juvenile Facilities Documentation Review Resident/Employee Records template. The investigation was conducted by utilizing the PREA Audit Juvenile Facilities Documentation Review Investigation template.
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# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	1	0

## **Sexual Abuse and Sexual Harassment Investigation Outcomes**

### **Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	00	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	0	0

## **Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

### **Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility has not had a sexual abuse investigation in the past 12 months.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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**Inmate-on-inmate sexual abuse investigation files**

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

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Department of Youth Rehabilitation Services Leadership Organizational Chart, dated 5.14.2018</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representatives</li> <li>3. Supervisory staff</li> <li>4. PREA Compliance Manager</li> <li>5. PREA Coordinator</li> <li>6. Superintendent</li> </ol> <p>Through interviews with youth and staff and review of youth and staff files, it is evident that this facility interweaves requirements for this standard in their daily protocols. (This facility had one cognitively disabled targeted youth in their care at the time of the onsite review.) Both youth and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policy.</p> <p>Interview with the PREA Compliance Manager demonstrated she is well versed on PREA system implementation and has ample time to complete her PREA duties.</p> <p>Site Review Observation:</p> <p>During the tour of the facility, the Auditor witnessed PREA boxes, (checked by agency investigators, daily) Speak Up Now, Right to Report and Help Prevent Sexual Harassment flyers posted in each of the four dorms, Superintendent Suite, Main Hallway Corridor, Intake, Control, Medical, Culinary, Kitchen, Auditorium, and school. Postings included internal and external reporting information. In addition, Audit Notices printed in English and Spanish were printed on yellow paper were posted in each area described above. During the tour the Auditor approached and informally interviewed youth and staff.</p> <p>Youth are housed in single use dry cells with PREA curtains on room doors. Showers and toilets are in single use rooms, behind a full door, without a window. Youth are made aware changing of clothing is to be made in the shower area. Each dorm is equipped with three cameras resulting in no apparent blind spots.</p> <p>Recommendation: Place mirror in blind spot area in the school where partitions are placed in the library area. Facility to email Auditor pictures of mirror placement and or provide a memorandum of a sustainable action plan to ensure youth are not</p>

behind partition with less than two staff or two youth and one staff.

(a) New Beginnings Youth Development Center PAQ states the agency policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 1, section II. Policy, states, "DYRS staff and youth may not engage in sexual abuse or sexual harassment of youth in DYRS's custody or retaliation against staff or youth who have reported sexual abuse or harassment of youth in DYRS's custody. DYRS staff shall report and investigate allegations of sexual assault and sexual harassment in conformance with this policy and shall provide alleged victims and youth perpetrators with needed services and supports. DYRS shall employ supervision and search practices that minimize the possibility of harm to youth in our care and shall educate youth and staff about their rights and responsibilities under this policy."

(b) New Beginnings Youth Development Center PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 4-5, section VI. PREA Coordinator, A. 1-2, states, "DYRS shall designate a PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA standards in all of its facilities.

1. The DYRS Director shall designate a coordinator responsible for development, implementation and oversight of agency-wide measures to prevent, detect and respond to incidents and allegation of sexual misconduct.

2. The PREA Coordinator shall be an upper-level, agency staff member and have both of the following:

- i. Access to agency/facility leadership on a regular basis; and
- ii. Authority to work with other staff and supervisors to effect change."

The facility provided a Department of Youth Rehabilitation Services Leadership Organizational Chart. The organization chart demonstrates the PREA Coordinator reports directly to Deputy Director Ops & Ad Services.

(c) New Beginnings Youth Development Center PAQ states the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ states, "During the reporting period, YES. However, in the past 6 months the agency has experienced severe leadership changes which has impeded on their time. We are currently looking to replace the



current PCM's." The PREA Compliance Manager reports to the Program Manager.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 5, section VI. PREA Coordinator, A. 3, states, "The facility Superintendent at each DYRS secure youth facility shall designate a PREA compliance manager for that facility. The PREA compliance manager(s) shall have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards."

Through such reviews, the facility meets the standard requirements.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1445 1003" style="list-style-type: none"> <li data-bbox="280 383 999 418">1. New Beginnings Youth Development Center PAQ</li> <li data-bbox="280 425 1445 499">2. Government of the District of Columbia Abraxas Human Care Agreement, dated 7.9.2021</li> <li data-bbox="280 506 1418 580">3. Government of the District of Columbia Detroit Behavior Institute, LLC Human Care Agreement, dated 12.20.2019</li> <li data-bbox="280 586 1401 660">4. Government of the District of Columbia Woodborne Human Care Agreement, dated 10.1.2021</li> <li data-bbox="280 667 1350 741">5. Government of the District of Columbia Sequel of New Jersey dba Capital Academy Human Care Agreement, dated 8.10.2019</li> <li data-bbox="280 748 1386 822">6. Government of the District of Columbia Youth for Tomorrow New Life Center Human Care Agreement, dated 10.25.2021</li> <li data-bbox="280 828 1315 902">7. Government of the District of Columbia Summit Academy Human Care Agreement, dated 8.30.2019</li> <li data-bbox="280 909 1422 983">8. Government of the District of Columbia Maryland Treatment Centers, Inc., dba Mountain Manor Treatment Centers Human Care Agreement, dated 9.17.2019</li> </ol> <p data-bbox="280 1050 437 1086">Interviews:</p> <ol data-bbox="280 1093 568 1128" style="list-style-type: none"> <li data-bbox="280 1093 568 1128">1. PREA Coordinator</li> </ol> <p data-bbox="280 1135 1356 1209">During the pre-audit phase, the PREA Coordinator conveyed the agency has privatized contracts.</p> <p data-bbox="280 1249 1398 1368">(a) The New Beginnings Youth Development Center PAQ states the agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.</p> <p data-bbox="280 1408 1469 1856">The facility provided seven contracts for confinement services. Each of these contracts contain the following language, "DYRS providers must comply with the Prison Rape Elimination Act of 2003 ("PREA"), Pub. L. No. 108-79, 117 Stat. 972 (codified as 42 U.S. C. § 15601 et. seq. (2003) (C.1.1, Applicable Document 9) and with all applicable PREA, and DYRS standards related to PREA for preventing, detecting, responding to, and monitoring any form of sexual abuse within DYRS-affiliated facilities." Although the contracts document expiration dates, the PREA Coordinator states, "The contractors are four years. The vendor is given option years. If the performance is good the contract administrator approves another year. If that continues, the contract expires after the fourth option year. So the 2019 contracts end on 2023.</p> <p data-bbox="280 1897 1437 2056">(b) The New Beginnings Youth Development Center PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require</p>

the agency to monitor contractor's compliance with PREA Standards is one. The PAQ states, "Woodborne does not fall under PREA compliance."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 5, section VI. PREA Coordinator, A. 3, states, "The Department shall include the obligation to comply with the PREA standards in any new or renewal contracts with private agencies or other entities that operate facilities for youth in the Department's care. The Department shall also include a provision for contract monitoring to ensure compliance with the agency's sexual misconduct policy and the PREA standards."

Through such reviews, the facility meets the standard requirements.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. New Beginnings Youth Development Center Staffing Plan, dated 7.2022</li> <li>4. NBYDC AM Daily Shift Report, dated 4.1.2022</li> <li>5. NBYDC Daily Shift Report Midnight, dated 4.1.2022</li> <li>6. Department of Rehabilitation Services, Office of Risk Management Services PREA Memorandum, from PREA Coordinator, Re: PREA Compliance Standard 115.313 (a-1-5), dated 7.31.2022</li> <li>7. Office of Risk Management Services YSC – PREA Unannounced Round Documentation Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representatives</li> <li>3. PREA Compliance Manager</li> <li>4. Superintendent</li> <li>5. PREA Coordinator</li> <li>6. Deputy Director of Secure Programs</li> </ol> <p>Staff and youth interviewed could attest to supervisory staff conducting unannounced rounds, each day, often occurring multiple times per day. The PREA Compliance Manager and Superintendent attested to completing unannounced rounds in all areas of the facility.</p> <p>The Superintendent and PREA Coordinator could attest to the completion of a staffing plan and annual reviews in conjunction with the Deputy Director of Secure Programs.</p> <p>Site review observation:</p> <p>Unannounced rounds documentation demonstrated rounds are documented at least monthly during all shifts. Logbook entries of unannounced rounds were witnessed to have been completed on specific Round worksheets which are maintained in the Superintendent Suite.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 31. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 60.</p>

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 5, section VII. Preventing and Detecting Sexual Abuse and Harassment, A. Staffing Plan / Video Monitoring, 1. i. - x., states, "The Department shall implement a staffing plan that provides for adequate levels of direct supervision at its secure youth facilities to protect youth against sexual misconduct. In the process of creating and revising a staffing plan to provide for adequate levels of staffing and determining the need for video monitoring, DYRS shall ensure that the following factors are taken into consideration:

- i. Generally accepted detention and correctional practices;
  - ii. Any judicial findings of inadequacy;
  - iii. Any findings of inadequacy from Federal investigative agencies;
  - iv. Any findings of inadequacy from internal or external oversight bodies;
  - v. All components of the facility's physical plant;
  - vi. The composition of the resident population;
  - vii. The number and placement of supervisory staff;
  - viii. Programs occurring on a particular shift;
  - ix. Any applicable State or local laws, regulations, or standards;
  - x. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- and,
- xi. Any other relevant factors.

DYRS shall make its best efforts to comply with the staffing and video monitoring plan and, in circumstances where it is not complied with, shall document and justify all deviations."

The facility provided a New Beginnings Youth Development Center Staffing Plan. The staffing plan includes the following components:

1. Generally Accepted Juvenile Facility Practices
2. Judicial, Federal, Internal and External Finding of Inadequacy
3. Physical Plant
  - a. Gymnasium
  - b. Educational building
  - c. Three housing buildings
  - d. Multipurpose building/kitchen-dining area
  - e. Medical Suite
  - f. Warehouse
  - g. Maintenance shop
4. Composition of Youth
5. Shift to Youth Ratios
6. Staff Supervision of Youth
7. Supervisory Personnel - Supervisory Youth Development Representative (SYDR)/Treatment Manager/Shift Commander/Team Leader/Assistant Team Leader
8. Number and Placement of Staff
9. Institutional Programming

10. PREA Allegations
11. Video Monitoring Systems
12. Applicable Laws, Regulations, and Findings
13. Staffing Plan Review

The Staffing Plan was signed on 7.22.2022 by the Interim Superintendent, Deputy Superintendent, Treatment, and the PREA Coordinator on 7.27.2022.

(b) The New Beginnings Youth Development Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ states if documented, the six most common reasons for deviating from the staffing plan in the past 12 months. The PAQ states the facility has not deviated from the staffing plan.

(c) The New Beginnings Youth Development Center PAQ states the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility ratios are 1:5 during awake hours and 1:10 during sleeping hours.

The facility provided a NBYDC AM Daily Shift Report and NBYDC Daily Shift Report Midnight. Both reports demonstrate ratios of three staff to three residents, exceeding the provision requirements.

(d) The New Beginnings Youth Development Center PAQ states at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Due to demonstrating annual staffing plan reviews had not taken place, the facility provided a Department of Rehabilitation Services, Office of Risk Management Services PREA Memorandum, from PREA Coordinator, Re: PREA Compliance Standard 115.313 (a-1-5), to Facility Administrators, stating, "This memorandum provides confirmed information to Facility Administrators indicating the components of supervision and monitoring which complies with PREA Standard 115.313 (a 1-5) Supervision and Monitoring. The standard requires that the facility shall develop, implement, and document a staffing plan that provides for adequate levels of staffing.

To this end, the following codifies the supervision and monitoring components:

115.313 Supervision and monitoring.

(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

(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);

The staffing plan shall be reviewed and revised as needed, annually. The review panel consists of facility administration, PCM and PREA Coordinator. Once review is completed all parties will sign and date. The PCM will distribute staffing plan accordingly."

(e) The New Beginnings Youth Development Center PAQ states the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 5-6, section VII. Preventing and Detecting Sexual Abuse and Harassment, B. Monitoring and Unannounced Rounds, 1-5., state, "

1. Each secure youth facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.

2. Supervisors shall conduct and document unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. DYRS policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operational needs of the facility.

3. The PREA Compliance Manager (PCM) or higher shall determine how and when the unannounced rounds will be conducted.

4. The staff member conducting the unannounced round will complete the Unannounced Round Document (URD) and review all documentation from the rounds.

5. The PCM will submit the completed URD at end of month to the PREA Coordinator."

The facility provided Office of Risk Management Services YSC - PREA Unannounced Round Documentation Reports. Reports document the following:

- Month/Date
- Start Time/End Time
- Staff completing round
- Summary of PREA Unannounced Round

Each document three rounds are completed, once per week, per month. Round were provided for the months of January, February, March of 2022 and November and December of 2021.

Through such reviews, the facility meets the standard requirements.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Office of Risk Management Services Memorandum, RE: PREA Compliance Standard 115.315, dated 12.2016</li> <li>4. Post Audit: Facility Service Request for Medical Holding Room Window</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representatives</li> <li>3. PREA Compliance Manager</li> </ol> <p>Interviews with youth and staff demonstrated cross gender searches were only conducted in exigent circumstances. Youth interviewed reported their initial and any subsequent searches were respectfully conducted. Youth stated they were searched behind a partition and provided a towel for privacy during their search. Youth stated opposite gender announcements were made once a male or female staff entered the dorm. Youth stated when in their rooms staff will knock and give them time to respond before opening bedroom doors.</p> <p>Staff interviewed attested to pat down searches being the search primarily used at this facility. Staff stated youth were searched behind a partition and provided a towel during the search. Staff stated if a transgender preferred an opposite sex staff conduct their search, they would consider the transgender's request.</p> <p>Site Review Observation:</p> <ol style="list-style-type: none"> <li>1. Intake area</li> <li>2. Search area</li> </ol> <p>During the tour of the facility the Auditor observed Intake Department. Youth are brought in through the Sallyport where Audit Notices, Right to Report, Zero Tolerance and Project Hands flyers and PREA boxes are present. Two small holding rooms are present, neither with a toilet and each with cameras. A table in the area is used for completing Risk Assessments in a private setting. Questions are read to youth to ensure they understand the question and the reason for the questions read to them. Youth restrooms are behind a full door with a window which is covered by a towel during use. Searches take place in the shower area, where staff stand by the door and the youth stands in the shower area. Youth are given a towel, asked to undress their top and bottom half, one at a time, place towel over their private plates and given facility clothing thereafter.</p> <p>During the tour and interviews of youth and staff, held in an office on each unit, cross gender announcements were witnessed being made upon both staff genders</p>



entering dorms.

Recommendation: Medical holding room windows to be frosted to insure those using toileting facilities are not viewed by persons outside of the holding room. Facility to email Auditor pictures of frosted window or a memorandum stating youth will not be placed in the holding rooms.

Post audit the facility provided a service request to have the medical holding room window and the intake shower door frosted in lieu of staff draping towels and garbage bags over the windows.

(a) The New Beginnings Youth Development Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has not conducted zero cross-gender strip or cross-gender visual body cavity searches of Residents.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6, section C. Cross Gender Viewing and Searches/Searches of Transgender Residents, 1. i., states, "The facility shall not conduct cross-gender strip searches (meaning a search that requires a person to remove or arrange clothing so as to permit a visual inspection of their breasts, buttocks, or genitalia) or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners."

(b) New Beginnings Youth Development Center PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff has been zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) has been zero. Policy compliance can be found in provision (a) of this standard.

(c) New Beginnings Youth Development Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6, section C. Cross Gender Viewing and Searches/Searches of Transgender Residents, 1. ii., states, "The facility shall document and justify all cross-gender strip searches and body cavity searches of residents and all cross-gender pat-down searches of female residents."

(d) New Beginnings Youth Development Center PAQ states the facility has implemented policies and procedures that enable Residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/area where

residents are likely to be showering, performing bodily functions, or changing clothing.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6, section C. Cross Gender Viewing and Searches/Searches of Transgender Residents, 2. Viewing i-ii. state,

- i. "The facility shall enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.
- ii. Staff members of the opposite gender shall announce their presence when entering a resident housing unit."

The facility provided an Office of Risk Management Services Memorandum, RE: PREA Compliance Standard 115.315, Limits to Cross-Gender Viewing and Searches, To: YSC/NBYC Superintendents, From the PREA Coordinator, stating, "

"This memorandum provides guidance for facility Superintendents in order to comply with PREA Standard 115.315 Limits to Cross-Gender Viewing and Searches.

To this end, the protocol codifies agency practice:

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

POLICY: DYRS- 002 Identification and Searches of Staff, Visitors, Vehicles, and Youth at DYRS Secure Facilities - SECTION F

(b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

POLICY: DYRS- 002 Identification and Searches of Staff, Visitors, Vehicles, and Youth at DYRS Secure Facilities - SECTION F

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Practice: CROSS GENDER SEARCH (CGS) FORM

- Staff conducting search will complete the CGS form.
- SYDR will provide approval of search by signing the CGS form.
- Staff will log search in the logbook in which the search took place.
- SYDR will submit CGS form to the PREA Manager.
- PREA Manager will forward completed CGS form to the PREA Coordinator to put in locked PREA file in Coordinators office.
- PREA Coordinator shall upload completed CGS form to the secured PREA electronic folder on the agency Common Drive (Y-Drive)

[https://dcgovict.sharepoint.com/sites/dyrs/shared documents/prea/115.315 cross](https://dcgovict.sharepoint.com/sites/dyrs/shared%20documents/prea/115.315%20cross)

gender searches/memo 115.315.docx”

(e) The New Beginnings Youth Development Center PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex Resident for the sole purpose of determining the resident’s genital status. Such searches did not occur in the past 12 months.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6, section C. Cross Gender Viewing and Searches/Searches of Transgender Residents, 1. iv., states, “No staff member shall conduct a search of a transgender or intersex resident solely for determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

(f) The New Beginnings Youth Development Center PAQ states the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs is 100%.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 20, section XI, Training and Education, B. Employee Training, states, “Security staff employees shall be trained on how to conduct cross-gender pat-down searches, and 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.” (Refer to §115.331 for training curriculum.)

Through such reviews, the facility met the standards requirements.

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy II. A. 1., Language Access Program, dated 11.30.2021</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Targeted Youth</li> <li>2. Youth Development Representative - Intake</li> </ol> <p>During interviews with youth, one presented as cognitively disabled. This youth stated he couldn't remember reporting options for PREA. Once the Auditor explained each of the options, he then stated he was aware of options available to him. The youth stated opposite gender staff state 'Female on Unit' upon entry to the dorm. Youth stated his search was conducted respectfully, was given a towel to cover his private plate and that he felt sexually safe in the program.</p> <p>The Intake Youth Development Representative stated all PREA education brochures are read to youth and youth are asked if they have any questions, before they sign education acknowledgments.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency has established procedures to provide disabled Residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6-7, section D. 1. Residents with Disabilities or Who Have Limited English Proficiency, 1. I-ii., Disabled Residents, state,</p> <ol style="list-style-type: none"> <li>i. "DYRS shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to benefit from all aspects of DYRS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include - when necessary to ensure effective communication with residents who are deaf or hard of hearing - providing access to interpreters who can interpret effectively, accurately, and impartially.</li> <li>ii. In addition, DYRS shall ensure that written materials are provided in formats and through methods that ensure effective communication with residents with disabilities."</li> </ol>

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy II. A. 1., Language Access Program, page 5, section D. Interpretation, states, “Staff must establish and maintain full and effective communication with clients of all English proficiency levels. To this end, staff shall offer interpretation services either over the phone or in person, whichever is more effective, in the primary languages of all clients identified as LEP/NEP. In so doing, staff shall:

- (1) Avoid assumptions about a client’s primary language and make every effort to ascertain it (for example, some Central Americans use an indigenous dialect as their primary language rather than Spanish);
- (2) Provide interpretation whenever requested by a client, regardless of the client’s perceived level of English proficiency;
- (3) Neither discourage LEP/NEP clients from seeking DYRS services nor refuse agency services to such clients;
- (4) Deliver DYRS services in a timely manner, i.e., without delays that are significantly greater than those that English proficient clients experience;
- (5) Exclusively use professional and qualified interpreters to interpret for LEP/NEP persons, and not family, friends, neighbors, volunteers, bystanders, or children;
- (6) Provide interpretation for LEP/NEP clients attending DYRS public meetings if the agency receives notice of their presence at least five (5) business days in advance of the public meeting; and
- (7) Make interpretation services available to LEP/NEP clients who participate directly in DYRS administrative hearings, whether or not an advocate or attorney accompanies the client.”

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy II. A. 1., Language Access Program, page 6, section G. Language Access Training, states, “All DYRS staff in public contact positions must be proficient in the requirements and legal obligations for serving LEP/NEP clients. To this end, staff must attend web-based or in person training provided by the D.C. Office of Human Rights. Training shall occur as part of the onboarding process for new staff and as part of continued professional development for existing staff. The Biennial Language Access Plan shall outline the details of DYRS training on language access.”

(b) The New Beginnings Youth Development Center PAQ states the agency has established procedures to provide residents with limited English 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.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6-7, section D. 2. Residents Who Have Limited English Proficiency, i., states, “DYRS shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who have limited English proficiency, including by providing interpreters who can interpret effectively, accurately, and impartially.”

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy II. A. 1., Language Access Program, page 10, section N. Obtaining an Interpreter 1-2, states, "Whenever a DYRS member contacts or is contacted by an LEP/NEP client by telephone or in-person, the member shall:

1. Ascertain the LEP/NEP client's English proficiency and primary language as described in parts VI.L and VI.M above, respectively; and

2. Ascertain the availability of a bilingual member on the list of staff interpreters who speaks the non-English language in question.

a. If such a bilingual member is immediately available, the DYRS member serving as the point of contact shall transfer communication to the bilingual member.

b. b. If such a bilingual member is not immediately available, the DYRS member serving as the point of contact shall request an interpreter from Language Line by calling the Language Line number (1-800-367-9559) and providing DYRS' Client ID, and Access Code. Staff receive this information from the Language Access Coordinator."

(c) The New Beginnings Youth Development Center PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 6-7, section 3. Use of Resident Interpreters, i., states, "DYRS shall not rely 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 a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations."

Through such reviews, the facility meets the standard requirements.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1474 748" style="list-style-type: none"> <li data-bbox="280 383 692 418">1. Youth Services Center PAQ</li> <li data-bbox="280 425 1445 539">2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li data-bbox="280 546 1362 622">3. Post Audit: District of Columbia Department of Human Resources Criminal Background Disclosure Form, dated 11.2019</li> <li data-bbox="280 629 1474 748">4. Post Audit: Department of Youth Rehabilitation Services, Office of Human Resources Memorandum, from Supervisory Human Resources, Re: PREA Compliance Standard §115.317, Hiring and Promotion Decisions, dated 9.12.2022</li> </ol> <p data-bbox="280 788 437 824">Interviews:</p> <ol data-bbox="280 831 911 907" style="list-style-type: none"> <li data-bbox="280 831 911 866">1. Human Resource Administrative Assistant</li> <li data-bbox="280 873 683 909">2. Human Resource Director</li> </ol> <p data-bbox="280 916 1453 1200">Interviews with the Human Resource staff demonstrated the initial criminal history check was completed before hire, upon promotion and every two years thereafter. Clearances are maintained through the agency District of Columbia Department of Human Resources Database. Human Resource staff were able to explain that a hiring investigator completed institutional background checks for applicable employees. The agency does have a policy to impose affirmative duty, giving employees seven days to report to the Human Resource Department.</p> <p data-bbox="280 1240 635 1276">Site Review Observation:</p> <p data-bbox="280 1283 1474 1525">During review of seven personnel files, this Auditor noted that institutional references were completed for all applicable staff through an agency investigator. File review also demonstrated each had been asked adjudication questions during the completion of employment application and at promotion. Criminal history checks were done upon hire, at promotion – regardless of the number of promotions and within two years of initial hire, if the employee had not been promoted.</p> <p data-bbox="280 1565 1426 1680">During the pre-audit phase the hiring application was not available to review required administrative questions were on the application as is stated by agency policy and through Human Resource interviews.</p> <p data-bbox="280 1720 1433 1834">Employee file review demonstrated four employee criminal history background checks were not available. Human Resource staff requested criminal history background checks through the Department of Youth and Rehabilitation Services.</p> <p data-bbox="280 1874 1023 1910">The agency was provided the following action plans:</p> <ul data-bbox="280 1917 1474 2076" style="list-style-type: none"> <li data-bbox="280 1917 1474 2031">• Agency to provide the application and document used when asking applicants and or promoted employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written.</li> <li data-bbox="280 2038 1458 2076">• The agency to provide the PREA Coordinator and the Auditor a sustainable action</li> </ul>

plan stating their system to perform 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.

Post audit the agency provided a District of Columbia Department of Human Resources Criminal Background Disclosure Form. This form contains the following required administrative adjudication questions answered by all applicants and promoted facility personnel.

“By law, each employee, appointee, and unsupervised volunteer subject to a criminal background check is required to make an affirmation of his or her entire adult criminal history with respect to the following offenses:

1. Murder, attempted murder, manslaughter, mayhem, arson, assault, assault with a dangerous weapon, malicious disfigurement, threats to do bodily harm, including domestic violence, abduction, kidnapping, burglary, theft, robbery, illegal use or possession of a firearm, making threats to do bodily harm, or assault with the intent to commit any felony;
2. Fraud, computer/cybercrime, identity theft, forgery, embezzlement, or larceny;
3. Unlawful distribution or possession of or with intent to distribute an illegal drug;
4. Sex offenses, including but not limited to: indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; molesting; voyeurism; committing sexual acts in public; incest; rape; sexual assault; sexual battery or sexual abuse, but excluding sodomy between consenting adults; and
5. A crime against children, including corrupting minors (sexual relations with children), child abuse or neglect, child endangerment, cruelty to children, kidnapping, or abduction”

“For each of the following questions, indicate either yes or no:

- Have you ever been convicted of any of the offenses listed above (items 1-5)?
- Have you ever pleaded no contest to any of the offenses listed above (items 1-5), or their equivalent, either in the District of Columbia, or in any state or territory?
- Are you currently on probation before judgment or on a stet docket involving a criminal charge for any of the offenses listed above (items 1-5)?
- Have you ever been found not guilty by reason of insanity for any sexual offenses or intra-family offenses?”

Applicants or promoted personnel attest to the following through printing and signing their name and dating the disclosure.

“I affirm the answers provided in this document are true and accurate. I understand that making a false statement on this document is a criminal offense and that, if convicted, I could be fined up to \$1,000 and imprisoned for 180 days.”

Post audit, the agency provided a Department of Youth Rehabilitation Services, Office of Human Resources Memorandum, from the Supervisory Human Resources to the agency PREA Coordinator, Re: PREA Compliance Standard §115.317 Hiring and Promotion Decisions, stating, “As a condition of employment for DC government, all appointees, employees and volunteers are fingerprinted and



undergo a background check. Depending on the employees Designation, an enhanced background evaluation is conducted to ensure the district employs suitable employees. In accordance with all agencies that fall under the authority of the DC Mayor and pursuant to the District Personnel Manual (DPM) Chapter 4, DYRS has entered (annually) into a Memorandum of Understanding (MOU) with DC Department of Human Resources (DCHR) to perform initial criminal background records check and periodic updated record checks regularly. The initial criminal background and recertification (updated check) are compliant with PREA standard to conduct a criminal background check at least every five years for current employees. DC Department of Human Resources (DCHR) has assigned a Program Administrator to oversee and monitor the Districts Employment Suitability Program. Every District agency works closely with this Office to ensure local, state and Federal compliance guidelines are followed. In the event an agency employee is not in compliance with the required background update(s), DCHR notifies the agency and the agency is required to immediately come into compliance. As stated in the District Personnel Manual (DPM), appointees, employees, or volunteers subject to criminal background checks shall submit to a criminal background check by means including, but not limited to, fingerprint and a National Criminal Information Center check. Criminal background checks are conducted in accordance with the Metropolitan Police Department (MPD) and Federal Bureau of Investigations (FBI) policies and procedures and in an FBI-approved environment.

As part of the background investigation, each individual subject to a criminal background check signs an acknowledgement and consent documents for the criminal background checks which authorizes DCHR, Metropolitan Police Department (MPD) or any other entity conducting the background check to look into their background.

Among other offenses and criminal actions, employees and candidates must disclose any court actions for sexual offenses: "Sex offenses, including, but not limited to, indecent exposure, promoting, procuring, compelling, soliciting, or engaging in prostitution, corrupting minors (sexual relations with children), molesting, voyeurism, committing sexual acts in public, incest, rape, sexual assault, sexual battery, or sexual abuse, but excluding sodomy between consenting adults."

The Program Administrator assesses any derogatory information within the criminal history and determines whether the individual, if serving in the position, would pose a present danger to children or youth, the public or other District employees; or would pose a threat to the integrity of District government operations.

In addition, the DC government requires volunteers or employees in a covered position to notify their supervisor and the personnel authority (DCHR) whenever they are arrested or charged with any criminal offense. Such notification shall occur within no more than seven (7) days of the arrest or service of a criminal complaint, or its equivalent, on the volunteer or employee. Failure to comply with this subsection shall constitute cause for disciplinary action under Chapter 16 of these regulations.

In conclusion, DYRS is committed to ensuring our employees meets the standards set by DC Government requiring employees to undergo a new background check regularly and within every 5 years. During the unprecedented COVID-19 pandemic, DCHR was deemed by the DC Mayor as an agency that did not perform critical emergency services and therefore as a non-essential agency [DCHR] was closed to the public and other DC government agencies for in-person services during the public health emergency. Some of these services impacted due to the constraints of COVID19 virus forced DCHR to discontinue in-person services including recertification of current employees' background checks because a component of the recertification requires that the service be conducted in-person. Luckily, these services resumed this year (2022) and the current DYRS population is in the process of being recertified. According to the arrangement between DYRS and DCHR all DYRS employees background checks will be recertified by October 31, 2022."

The agency was further requested, by the Auditor, to complete the following, in response to the memorandum received. "I strongly recommend all departments of the agency be made aware that although COVID may have seemed to prevent in person events from taking place, Federal Rule was not relaxed, in any manner. Please be diligent in ensuring the Human Resource and Training departments keep current records in order to know the status of employee background checks and in-service training requirements stay up-to-date with all PREA Standards, moving forward."

(a) The New Beginnings Youth Development Center PAQ states the Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices 1. I-ii., states, "DYRS shall not hire or promote anyone who may have contact with residents, or retain the services of any contractor who may have contact with residents, who-

- i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
- ii. Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent."

(b) The New Beginnings Youth Development Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining

to hire and or promote anyone, or to enlist services of any contractor, who may have contact with youth.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 2., states, "DYRS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to retain the services of any contractor, who may have contact with residents."

(c) The New Beginnings Youth Development Center PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 169.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 3. I-iii., states, "Before hiring new employees, who may have contact with residents DYRS shall:

- i. Perform a criminal background records check;
- ii. Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- iii. Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse.

(d) The New Beginnings Youth Development Center PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is 15.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 4., states, "DYRS shall also perform a criminal background records check, and consult applicable child abuse registries, before retaining the services of any contractor who may have contact with residents."

(e) The New Beginnings Youth Development Center PAQ states the agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for

current employees.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 5., states, "DYRS shall either conduct criminal background records checks at least every 5 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."

(f) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 6. I-ii., states, "DYRS shall ask all applicants and employees who may have direct contact with residents about previous misconduct described in this section, in:  
i. Written applications and/or interviews for hiring or promotion; and  
ii. Interviews or written self-evaluations conducted as part of reviews of current employees."

(g) The New Beginnings Youth Development Center PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 8., states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

(h) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section H. Hiring and Promotion Practices, 9., states, "Unless prohibited by law, DYRS shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work."

Through such reviews, the facility meets the standard requirements.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. PREA Coordinator</li> </ol> <p>Interviews with all the PREA Coordinator and PREA Compliance Manager demonstrated cameras and staff supervision is used throughout the facility.</p> <p>Site Review Observation:</p> <p>Multiple cameras were witnessed throughout the facility. Cameras were reviewed in the Control Room, and all were found to be operable.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 11, section I. Upgrades to Facilities and Technologies, 1., states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, DYRS shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.”</p> <p>(b) The New Beginnings Youth Development Center PAQ states the agency or 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.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section I. Upgrades to Facilities and Technologies, 2., states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, DYRS shall consider how such technology may enhance its ability to protect residents from sexual abuse.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. A National Protocol for Sexual Assault Medical Forensic Examinations Adults/ Adolescents, dated 4.2013</li> <li>4. Memorandum of Understanding, District of Columbia Rape Crisis Center, dated FY2018</li> <li>5. General Order Metropolitan Police District of Columbia Child Abuse and Neglect, dated 11.18.2010</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Chief of Health Services</li> </ol> <p>The interview with the Chief of Health Services demonstrated youth would be transported to Children’s National Hospital for forensic medical examinations.</p> <p>Site Review Observation:</p> <p>There was one sexual abuse allegation reported in the last 12 months which was unfounded, and a forensic exam was not completed.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Criminal Investigations are conducted by DC Metropolitan Police Department. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, section B. Investigation and Response to Report of Sexual Misconduct, 1., states, “The Program Manager of 011 shall coordinate the response of 011, including any necessary child abuse reporting in accordance with D.C. law and DYRS policy, and any communication with CFSA and MPD for all allegations of sexual abuse and sexual harassment.”</p> <p>(b) The New Beginnings Youth Development Center PAQ states the protocol being developmentally is appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative</p>

protocols developed after 2011.

The facility provided a second edition of the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.

(c) The New Beginnings Youth Development Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There has been one medical exam, SAFE/SANE exam performed in the last 12 months.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 18, section D. Evidence Protocol and Forensic Medical Exams 1-3., state,

1. "To the extent DYRS is responsible for investigating allegations of sexual abuse, it shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
2. DYRS shall offer all residents who experience sexual abuse access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. DYRS shall document its efforts to provide SAFEs or SANEs in the resident's electronic health record for this purpose.
3. To the extent DYRS is not responsible for investigating allegations of sexual abuse, it shall review if the investigating agency is following the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similar comprehensive and authoritative protocols developed after 2011."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, section IX. Medical and Mental Health Services, A. Emergency, 3., states, "Treatment services shall be provided to the victim-without financial cost to the victim-and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(d) The New Beginnings Youth Development Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services. The facility does employ qualified staff member to accompany victims.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 18, section C. Support Services for Victims of Sexual Abuse, 2. i., states, "The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing

addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.”

The facility provided a Memorandum of Understanding between the District of Columbia Department of Youth Rehabilitation Services and the District of Columbia Rape Crisis Center (DCRCC). The memorandum demonstrates the purpose of the memorandum is to establish the terms and conditions upon which DCRCC will provide a confidential hotline for DYRS youth, pursuant to 28 C.F. R. §115.353(a) (2017). In addition, the DCRCC will follow all District of Columbia laws as it relates to managed reporting in the District of Columbia. Through all appearances, this memorandum does not expire until written cancellation is received by either party.

(e) The New Beginnings Youth Development Center PAQ states if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17-18, section C. Support Services for Victims of Sexual Abuse, 1. i., states, “DYRS shall attempt to make available to the victim an advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, DYRS shall make available a qualified staff member from a community-based organization, or a qualified agency staff member to provide these services.”

(f, g) The New Beginnings Youth Development Center PAQ states if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

General Order Metropolitan Police District of Columbia Child Abuse and Neglect, page 1, section II. Policy, states, “The policy of the Metropolitan Police Department (MPD) is to work with our partner agencies, including the Child and Family Services Agency (CFSA), to ensure that allegations of child abuse and neglect are investigated thoroughly, professionally, and with tact and consideration, and to protect and safeguard the rights of children.”

Through such reviews, the facility meets the standard requirements.



<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representatives</li> </ol> <p>Youth and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, PREA boxes, reporting to a family member, reporting to dorm or medical staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault, primarily in person.</p> <p>Site Review Observation:</p> <p>There was one allegation of sexual abuse referred for investigation in the past 12 months. This investigation was completed with an outcome of unfounded.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations referred for criminal investigation was one. The criminal investigation remains open.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14, section 13. 011 shall conduct administrative investigations into allegations of sexual misconduct in DRYs facilities, a., states, "DYRS staff, contractors, and volunteers are required to participate in Oli investigations and will be given the appropriate Garrity warning - that truthful, compelled statements cannot be used in a criminal proceeding - prior to any investigatory questions."</p> <p>(b-c) The New Beginnings Youth Development Center PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. 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 facility has published their investigation policy on their website at <a href="#">DYRS-006PreventionofandResponsetoSexualMisconduct.pdf (dc.gov)</a></p>

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14, section 13. 011 shall conduct administrative investigations into allegations of sexual misconduct in DRYS facilities, b., states, "When conducting administrative investigations, 011 shall:

1. include an effort to determine whether staff actions or failures to act contributed to any abuse; and
2. document its investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts, and findings.
3. impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations."

(d) This standard is not applicable as the facility completes Administrative Investigations and the Metropolitan Police Department is responsible for conducting Criminal Investigations.

Through such reviews, the facility meets the standard requirements.

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 622" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. PREA Training Guide, not dated</li> <li>4. PREA 101, dated 2020</li> </ol> <p data-bbox="280 665 437 698">Interviews:</p> <ol data-bbox="280 707 831 779" style="list-style-type: none"> <li>1. Youth Development Representatives</li> <li>2. PREA Coordinator</li> </ol> <p data-bbox="280 788 1466 987">Interviews with facility staff demonstrated each were aware of and received initial and annual PREA training. When prompted, staff could speak to various information regarding separating youth, preserving youth's persons, posting a staff in the alleged area until the police could arrive to collect evidence and notifying their supervisor on duty.</p> <p data-bbox="280 1028 1461 1189">The interview with the PREA Coordinator demonstrated she completed initial and annual training with agency staff in each department. The PREA Coordinator stated in person training was ceased during the outbreak of COVID and the agency has now gotten back on track for in person and or online PREA training, annually.</p> <p data-bbox="280 1229 528 1263">Site Observation:</p> <p data-bbox="280 1272 1466 1386">Review of seven personnel files demonstrated staff had received initial and annual PREA training except in the fiscal year 2020-2021, due to COVID and the ceasing of in person training.</p> <p data-bbox="280 1426 1477 1588">(a) The New Beginnings Youth Development Center PAQ states the agency trains all employees who may have contact with Residents in all required provisions of this standard. PAQ states, "Staff will be required to watch Cross-Gender and Transgender Pat Searches <a href="https://vimeo.com/183649668">https://vimeo.com/183649668</a></p> <p data-bbox="280 1628 1473 1865">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 20, section XI, Training and Education, A. 1-3., states, "DYRS is committed to communicating to the residents at its facilities, to its employees, and to contractors and volunteers, the following information through the training, education and orientation programs described in this section:</p> <ol data-bbox="280 1874 1382 2036" style="list-style-type: none"> <li>1. DYRS's zero tolerance policy;</li> <li>2. DYRS's policies to prevent, detect, and respond to sexual abuse and sexual harassment; and</li> <li>3. Other rights and obligations under this policy."</li> </ol>

Section B. Employee Training, 1. i-x, states, "DYRS shall train all employees who may have contact with residents on:

4. Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation for reporting such harassment;
5. How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment;
6. Residents' right to be free from sexual abuse and sexual harassment;
7. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
8. The dynamics of sexual abuse and sexual harassment in confinement;
9. The common reactions of sexual abuse and sexual harassment victims;
10. How to detect and respond to signs of threatened and actual sexual abuse;
11. How to avoid inappropriate relationships with residents;
12. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
13. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

The facility provided a PREA Training Guide. The guide demonstrates the purpose of this training:

"The purpose of this training is to provide an overview of the Prison Rape Elimination Act and the standards as they relate to DYRS. This training includes five Modules:"

14. An overview of PREA
15. Resident rights to be free from sexual abuse, sexual harassment, & staff and resident rights to be free from retaliation of reporting.
16. Prevention and detection of sexual abuse and sexual harassment Part 1
17. Prevention and detection of sexual abuse and sexual harassment Part 2
18. Effective and professional communication with residents

At the end of this training, you should be able to;

1. Explain what the Prison Rape Elimination (PREA) is and to whom it applies
2. Explain why PREA was enacted
3. Determine how PREA impacts your role as a correction professional
4. Understand the PREA Audit process
5. Review and understand local PREA policies and zero-tolerance policies for sexual abuse and sexual harassment
6. Examine the relationship between PREA and organizational culture change to achieve a safe environment

The facility provided a PREA 101 PowerPoint Presentation. The learning objectives are as follows:

1. Introduce PREA as a law and the process of its implementation at DYRS
2. Discuss the purpose of PREA
3. Review and discuss DYRS policies related to sexual safety and zero tolerance for sexual abuse and sexual harassment
4. Explore necessary organizational culture changes needed to maintain a sexual safe environment

5. What is PREA
6. What does PREA do?
7. How Does PREA Impact you?
8. Sexual Abuse in Juvenile Facilities?
9. Local Laws
10. DC Age of Consent
11. DYRS PREA Related Policies
12. Zero Tolerance Culture
13. Following DYRS Code of Conduct
14. Review agency policy and PREA requirements related to residents' right to be free from sexual abuse and sexual harassment
15. Understand agency policy and PREA requirements related to staff and residents' right to be free from retaliation for reporting
16. Discuss the role of retaliation in contributing to a code of silence
17. Staff/Contractor/Volunteer on Resident Sexual Abuse
18. Resident Rights
19. Retaliation
20. Prevention and Detection of Sexual Abuse and Sexual Harassment
21. Dynamics of Sexual Abuse in Confinement
22. Reporting - Staff and Agency Reporting Duties
23. Prevention
24. First Responder
25. Agency Coordinated Response
26. Medical and Mental Health Practitioners
27. Investigators
28. Effective and Professional Communication with Residents
29. LGBTQI - Discussing Gender and Sexual Orientation

(b) The New Beginnings Youth Development Center PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 20, section XI, Training and Education, B. Employee Training, 3., states, "Training shall be tailored to the gender of the residents at the staff's facility. The staff shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa."

(c) The New Beginnings Youth Development Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is through annual refreshers.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 20-21, section XI, Training and Education, B. Employee Training,

5., states, "All current employees shall receive this training, and DYRS shall provide each employee with refresher training no more than every 2 years and no less than annually, to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In the years in which an employee does not receive refresher training, DYRS shall provide refresher information on current sexual abuse and sexual harassment policies."

(d) The New Beginnings Youth Development Center PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification.

Through such reviews, the facility meets the standard requirements.

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 667" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. PREA Volunteer and Contractor Training, not dated</li> <li>4. Department of Youth Rehabilitations Services Volunteer and Contractor Training Acknowledgment, not dated</li> </ol> <p data-bbox="280 705 437 739">Interviews:</p> <ol data-bbox="280 748 528 781" style="list-style-type: none"> <li>1. GED Instructor</li> </ol> <p data-bbox="280 790 1481 1115">The interview with the GED Instructor demonstrated she had completed PREA training with facility personnel and completed training every year thereafter through program staff. The GED Instructor stated facility staff are notified through email communication when a new education contractor begins providing services to youth and new staff are scheduled to be included in PREA training. The GED Instructor stated she was aware of reporting options and would report to her supervisor, facility supervisors and would write a report detaining the allegation, once the situation was safe to do so.</p> <p data-bbox="280 1153 1458 1355">(a) The New Beginnings Youth Development Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and harassment prevention, detection, and response. eight religious volunteers, who have contact with residents, have completed the required training.</p> <p data-bbox="280 1393 1469 1637">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, Section F. Volunteer and Contractor Training, 1., states, “DYRS shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under DYRS's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.”</p> <p data-bbox="280 1675 1477 1919">(b) The New Beginnings Youth Development Center PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="280 1957 1469 2078">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and F. Volunteer and Contractor Training, 2. i., states, “The level and type of training provided to volunteers and contractors shall be based on the services they</p>

provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of DYRS's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

i. Contractors and Volunteers shall always be escorted and supervised by direct care staff when with residents. Volunteers and Contractors shall also receive the six-page PREA Volunteer, Vendor and Contractor Training.”

The facility provided a PREA Volunteer and Contractor Training PowerPoint. Training objectives include:

1. Introduction to Volunteer and Contractor PREA Training
2. Zero Tolerance
3. Definitions
4. Detecting Sexual Abuse and Sexual Harassment
5. Maintaining Professional Relationships with Residents

(c) The New Beginnings Youth Development Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and F. Volunteer and Contractor Training, 2. li-iii., states,

- i. “Attendees will sign acknowledgement of receiving, reviewing and understanding the training; and
- ii. DYRS shall maintain signed acknowledgement documentation confirming that volunteers and contractors understand the training they have received.”

The facility provided a Department of Youth Rehabilitation Services Volunteer and Contractor Training Acknowledgment. The acknowledgment attests to the following:

“I certify that I viewed the Prison Rape Elimination Act (PREA) training material, in its entirety, explaining my responsibilities under the Department of Youth Rehabilitation Services’ sexual abuse and sexual harassment prevention, reporting and response policy # DYRS II.a.3: Prevention of and Response to Sexual Misconduct.

I certify that I understand the Department of Youth Rehabilitation Services has a zero tolerance towards all forms of sexual abuse and sexual harassment and I am responsible for reporting any knowledge, suspicion, or information I receive about any incident of sexual abuse or sexual harassment.

I certify that I know how and to whom to report sexual abuse, sexual assault, and sexual harassment. I understand that the youth have the right to be free from sexual abuse, sexual assault, and sexual harassment and to be free from retaliation for reporting such incidents.

If I should have any questions about this training in the future, I understand it is my responsibility to seek clarification from the Department of Youth Rehabilitation



Services' designated PREA Coordinator.

I understand and agree to abide by the sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures explained in the training material.”

Through such reviews, the facility meets the standard requirements.

<b>115.333</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1453 920" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Department of Youth Rehabilitation Services (Youth) Sexual Assault, Sexual Abuse, and Sexual Harassment Education Acknowledgment, English and Spanish versions, not dated</li> <li>4. No Means No Brochure, not dated</li> <li>5. DRYS PREA Outreach Brochure, not dated</li> <li>6. Post Audit: Resident Education Sign-In roster, not dated</li> <li>7. Post Audit: PREA Topics and Answers, not dated</li> <li>8. Post Audit: Department of Rehabilitation Services (Youth) Sexual Assault, Sexual Abuse, and Sexual Harassment Education Acknowledgements, dated 9.1.2022</li> </ol> <p data-bbox="280 958 437 994">Interviews:</p> <ol data-bbox="280 1001 699 1120" style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Intake staff</li> <li>3. PREA Compliance Manager</li> </ol> <p data-bbox="280 1126 1453 1285">Information and formal interviews with youth demonstrated their knowledge on PREA through reading their PREA booklet given to them at the time of intake, reporting to staff, utilizing the hotline numbers through unit phones, writing a note and placing it in the PREA box, and talking with facility staff.</p> <p data-bbox="280 1323 528 1359">Site Observation:</p> <p data-bbox="280 1366 1401 1485">Of the 10 youth files reviewed, 40% demonstrated evidence of PREA education within 72 hours of intake and again within 30 days of intake. The facility was requested to complete the following action plans:</p> <ul data-bbox="280 1491 1474 1861" style="list-style-type: none"> <li>• The facility to complete intake and comprehensive PREA education for all youth in the program who have not received such education.</li> <li>• The facility to have each youth complete an education acknowledgment for intake and comprehensive education.</li> <li>• Facility Superintendent to write a memorandum providing a sustainable action plan to ensure the intake and comprehensive education is completed for all youth brought into the program for longer than 72 hours.</li> <li>• The facility to email the completed education acknowledgments and the memorandum to the Auditor.</li> </ul> <p data-bbox="280 1899 1465 2018">Post audit the facility provided a Department of Youth Rehabilitation Services, PREA Resident Daily Checklist. The purpose of the checklist is to ensure the following processes are completed for each intake.</p> <ul data-bbox="280 2024 900 2060" style="list-style-type: none"> <li>• Intake Staff: (AM)/(PM)(MID) – Intake Date</li> </ul>

- Resident Name / Tour Received
- Youth's Intake Status (ON/NA)
- Completed Intake Screening (Completed/Refused)
- Brochure Reviewed/Uploaded (Completed/Refused)
- Video Reviewed/Uploaded (Completed/Refused)
- Risk Level (Ref. Housing Form) H=High/M=Medium/L=Low - Perp (P)/Victim (V)/\*Notify
- Medical & Mental Health Notified - Yes/No (List date)

This form is to be reviewed and signed off daily by signature of the PREA Compliance Manager to include review date

Post audit the facility provided a comprehensive PREA Education Topics and Answers curriculum, addressing the following:

1. Admission to Facility:

- a. When you first got here, did anyone tell you about PREA?
- b. What did they tell you?
- c. Were you in intake when this took place?
- d. Where you offered a brochure?
- e. Did you take it?
- f. Did staff ask you whether you identify with being gay/bisexual, transgender, whether you had any disabilities and if you think you might be in danger?

2. What is Sexual Abuse/Harassment/Misconduct: youth/youth - staff/youth

- a. Define sexual abuse
- b. Define sexual harassment
- c. Define sexual misconduct

3. How to Report

- a. What are the various ways youth can report?
- b. What is third party reporting?
- c. Do you know the level of confidentiality when reporting?
- d. Do you know if you are allowed to make a report without having to give your name?

4. How to use the unit phone for reporting?

- a. What happens when you press #1
- b. What happens when you press #2
- c. What happens when you press #3
- d. Do these calls count against your weekly amount of calls?
- e. Are these calls free?
- f. Where can you find instructions on how to use the unit phone?
- g. Who explains to you how to use the unit phone?

5. DYRS Victim Advocate?

- a. Who is he/she?
- b. What is the role of the DYRS in house victim advocate?
- c. How can a youth contact the victim advocate?
- d. Do you know if there are outside services of this facility for dealing with sexual

abuse?

e. Has the facility given you mailing addresses/phone numbers for these services?

f. When are you able to talk to these services?

g. Do you know if your conversation with these services are private?

6. Juvenile Orientation Video

a. Who watched the PREA Juvenile Orientation Video?

b. Where were you when you watched the video?

c. What staff facilitated the video?

d. What was the one thing in the video that stuck out the most?

e. Is the video boring?

f. How can we make it more interesting?

7. Cross Gender Interaction

a. What do we mean when we say "cross-gender staff"?

b. Do male/female staff of opposite gender of you; announce their presence when entering your housing area?

c. Have male/female staff of opposite gender of you; ever perform a pat down search of your body?

d. Are you or other residents ever naked in full view of staff opposite gender of you? (not including medical staff)

8. How to report an allegation in writing to an outside agency?

a. What agency would you report an allegation in writing to?

b. Do you know the address to the outside agency?

c. Where would you find this information?

d. Do you have to pay for a stamp?

e. Can you seal the envelop before giving it to a staff?

9. Can you name these people? Who is:

a. Your Superintendent of your facility?

b. Your Deputy Superintendent of Treatment or Programs

c. Your Deputy Superintendent of Operations

d. Your PREA Compliance Manager at your facility?

e. The agency Victim Advocate?

f. Your Shift Commander-YSC / SYDR - NB on all shifts?

g. Your mental health counselor?

h. Your JJIC?

i. The PREA Coordinator

10. What immediately happens when a sexual misconduct allegation is made on a staff?

a. Is staff immediately terminated?

b. Is staff put on non-contact?

c. Is staff temporarily reassigned?

d. Have you ever been involved in a Restorative Justice meeting after having any type of issues with a staff?

11. What is the DC Rape Crisis Center Used For?

- a. How do I contact the DC Rape Crisis Center?
- b. Where is the phone number located?
- c. Why would I need to contact them?
- d. What information will they provide for me?
- e. If I call the DC Rape Crisis Center, will it use my phone minutes?
- f. Is the call confidential?

Post audit the facility provided four Department of Rehabilitation Services (Youth) Sexual Assault, Sexual Abuse, and Sexual Harassment Education Acknowledgements. Acknowledgments demonstrated the four youth who were not educated at intake, during the onsite review, have subsequently been educated on the agency PREA brochure and the PREA video.

Recommendation: When educating youth, explain the purpose of the Rape Crisis Center.

Post audit, in response to the recommendation, the facility provided a Resident Education Sign-In roster. The document highlights the following:

PREA Standard 115.333 Resident Education. The agency shall maintain documentation of resident participation in education sessions.

Topic #11: What is the DC Rape Crisis Center Used For?

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Questions reviewed:

What is the DC Rape Crisis Center Used For?

- g. How do I contact the DC Rape Crisis Center?
- h. Where is the phone number located?
- i. Why would I need to contact them?
- j. What information will they provide for me?
- k. If I call the DC Rape Crisis Center, will it use my phone minutes?
- l. Is the call confidential?

(a) The New Beginnings Youth Development Center PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 40 residents admitted in the past 12 months were given information at intake.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section E. Residential Orientation and Education, 1., states, "During the intake process, residents shall receive information explaining DYRS's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."

The facility provided a No Means No Brochure. This brochure demonstrates the following information is available to youth.

- Zero Tolerance

- What is Sexual Abuse?
- What is Voyeurism?
- Examples of Staff Voyeurism
- Tips for Avoiding Sexual Abuse and Sexual Harassment
- If any information is confusing, or you have questions about something that may be happening to you, ask a staff person you trust or call 202. 671.SAFE.
- You can also contact the District of Columbia Rape Crisis Center by calling 202. 333.RAPE or 202.333.7273.

The facility provided a DRYs PREA Outreach Brochure. This brochure demonstrates the following information is available to youth.

- Right to Report
- How to Report
- Victim Support Services
- Notice for Failure to Report
- Report to:
  - o Child and Family Services Agency (CFSA) - 202. 671.SAFE
  - o Office of Internal Integrity (OII) - DYRS.OII@dc.gov
  - o Public Defender Service (PDS)
  - o New Beginnings - 202.299.3132
  - o YSC - 202.576.8368

(b) The New Beginnings Youth Development Center PAQ states the number of those residents admitted in the past 12 months who 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 was 40.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section E. Residential Orientation and Education, 2-4., states,

1. "Within 3 days of intake at Youth Services Center ("YSC") and New Beginnings Youth Development Center ("NBYDC"), DYRS shall provide education to residents through video and educational brochure regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents
2. Within 7 days of intake at YSC, DYRS shall provide comprehensive PREA education to residents via unit groups.
3. Within 10 days of intake at NBYDC, DYRS shall provide comprehensive PREA education to residents via unit groups."

(c) The New Beginnings Youth Development Center PAQ states of those who were not educated during 30 days of intake, all residents have been educated subsequently. All juveniles have been trained. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation

for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. The PAQ states, "When transferred they are considered a new admit. Therefore, they receive intake orientation and video."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section E. Residential Orientation and Education, 5., states, "Current residents shall be educated and receive education upon transfer to a different facility to the extent that the policies and procedures of the new facility differ from those of the previous facility."

(d) The New Beginnings Youth Development Center PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The PAQ states, "PREA policy. If they are deaf ASL language access line will be activated. We do not have braille format. Staff will read education materials to youth."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, section E. Residential Orientation and Education, 6., states, "DYRS shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills."

(e) The New Beginnings Youth Development Center PAQ states the facility maintains documentation of resident participation in PREA education sessions.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, section E. Residential Orientation and Education, 7. I-iii., states, "DYRS shall maintain documentation of resident participation in unit group education sessions.

- i. Residents shall sign attendance sheet
- ii. Resident participation will be logged into FamCare under "activity."
- iii. Attendance sheets will be scanned to PREA Coordinator."

The facility provided a Department of Youth Rehabilitation Services (Youth) Sexual Assault, Sexual Abuse, and Sexual Harassment Education Acknowledgment. The acknowledgment states, "I \_\_\_\_\_ have received information regarding DYRS zero tolerance for sexual abuse, sexual assault, and sexual harassment; how to report sexual abuse, sexual assault, and sexual harassment. I understand my right to be free from sexual abuse, sexual assault, and sexual harassment and to be free from retaliation for reporting such incidents. I understand the DYRS response to sexual abuse, sexual assault, and sexual harassment and ways to be safe. "

The acknowledgement is signed and dated by the youth attesting to receipt of the

brochure and viewing the video.

(f) The New Beginnings Youth Development Center PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, section E. Residential Orientation and Education, 8-9., states, "In addition to providing such education. DYRS shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

9. DYRS shall maintain resident video and brochure educational documentation.

i. Resident shall sign video and brochure acknowledgement form.

ii. Acknowledgment form shall be scanned in FamCare under "scanned documents."

Through such reviews the facility meets the standard requirements.



<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Three Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations</li> </ol> <p>Interviews and on-site file review:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>Interviews with facility investigators and personnel file review demonstrated that the investigator interviewed had completed annual investigator training and annual training provided to all staff, thereafter.</p> <p>(a-b) The New Beginnings Youth Development Center PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section C. Specialized Training: Investigators, 1-2, state,</p> <ol style="list-style-type: none"> <li>1. "In addition to the general training provided to all employees pursuant to Section XI. B, DYRS shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</li> <li>2. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."</li> </ol> <p>Each investigator completed specialized investigator training through the National Institute of Corrections website.</p> <p>(c) The New Beginnings Youth Development Center PAQ states the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is three.</p> <p>The facility provided three Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. This certificate demonstrates specialized investigator training was completed through the National Institute of Corrections Academy Division.</p> <p>Through such reviews the facility meets the standard requirements.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Standard 115.335: Specialized training: Medical and mental health care</p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Post Audit: 115.334 Updated 8.4.2022 Medical/Mental Health Training Spreadsheet</li> <li>4. Office of Professional Development, Department of Youth Rehabilitation Services Course Curriculum and Sign in Rosters</li> <li>5. Office of Professional Development, Department of Youth Rehabilitation Services Course Curriculum and Sign in Rosters</li> <li>6. 40 Certificates of Completion, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting</li> <li>7. 40 DYRS Prison Rape Elimination Act (PREA) PREA Annual Refresher Training and Education Acknowledgments</li> <li>8. Post Audit: Government of the District of Columbia Department of Youth Rehabilitation Services Memorandum, Re: PREA Compliance Standard 115.335, Specialized Training: Medical and Mental Health, from the Medical Director, dated 9.28.2022</li> <li>9. Post Audit: PREA Annual Refresher Training and Education Acknowledgements, PREA Medical Health Care for Sexual Assault Victims in Confinement Setting, Medical and Mental Health Staff</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Chief of Health Services (Medical and Mental Health)</li> </ol> <p>The interview with the Chief of Health Services demonstrated a large majority of medical and mental health staff had completed specialized training; however, she was working on an action plan to ensure each were completing training as mandated by §115.331.</p> <p>Site Observation:</p> <p>File review of the mental health staff training records demonstrated many had completed specialized medical and mental health training as well as initial and annual training.</p> <p>For medical and mental health personnel who have not completed required PREA annual and or specialized training, the agency was requested to complete the following action plans:</p> <ul style="list-style-type: none"> <li>• Medical and mental health staff to complete specialized PREA training for medical and mental health staff.</li> <li>• The facility to provide completed training for all medical and mental health staff to</li> </ul>

the Auditor.

- Chief of Health Services to write a memorandum providing a sustainable action plan to ensure all medical and mental health staff complete the one time specialized training for medical and mental health staff within a comparable time, after hire.
- The facility to provide completed annual and refresher training in accordance with § 115.331 for medical and mental health staff for the past two years.
- The facility to email the completed training and memorandum to the Auditor.

Post audit the agency provided:

1. 115.335 Updated 8.4.2022 Medical/Mental Health Training Spreadsheet. This spreadsheet tracks the following information:

- Staff Name
- Current Position - Position Title
- Department
- PREA 101 Training/Date
- Specialized Training 9.26-27, 2016 Moss Group
- Completed or absent

34 of the of 34 employees had completed specialized training, and 30 of 34 employees had completed training as mandated by §115.331.

2. Office of Professional Development, Department of Youth Rehabilitation Services Course Curriculum and Sign in Rosters. Rosters include the following information:

- Course Description: PREA for Medial and Behavioral Health Professionals
- Instructors: The Moss Group Inc.
- Start Date: 9.26.2016 and 9.27.2016 9:00 am to 5:00 pm each day
- Location: YSC Community Room
- Participant Name, Title, Signature for Day one, Initial for Day Two

A total of 34 medical and mental health completed the specialized training.

3. The facility provided 40 Certificates of Completion, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and 40 DYRS Prison Rape Elimination Act (PREA) PREA Annual Refresher Training and Education Acknowledgments demonstrating that all medical and mental health staff have completed the required medical mental health specialized and annual training.

4. PREA Annual Refresher Training and Education Acknowledgements, PREA Medical Health Care for Sexual Assault Victims in Confinement Setting for Medical and Mental Health Staff.

Post audit, the agency provided a Government of the District of Columbia Department of Youth Rehabilitation Services Memorandum, Re: PREA Compliance Standard 115.335, Specialized Training: Medical and Mental Health, to the Deputy Director of Health Services, Training Officer, PREA Coordinator and PREA Compliance Managers. This memorandum provides guidance to ensure medical and mental health staff comply with the required specialized and annual PREA training. In addition, assurance is documented to ensure tracking of compliance is seamless, stating the Medical Director will be emailed a weekly medical and mental health compliance training report.

(a) The New Beginnings Youth Development Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The facility has 15 (100%) contractors who work at the facility have received training required by agency policy.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section D. Specialized Training: Medical and Mental Health Professionals, 1. I-i., states, "DYRS shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facility have been trained in:

- i. How to detect and assess signs of sexual abuse and sexual harassment;
- ii. How to preserve physical evidence of sexual abuse;
- iii. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- iv. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

(b) The New Beginnings Youth Development Center PAQ states their medical staff do not conduct forensic medical exams.

(c) The New Beginnings Youth Development Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, section D. Specialized Training: Medical and Mental Health Professionals, 2., states, "DYRS shall document, through employee signature or electronic verification, that employees have received and understand the training. Medical and mental health practitioners shall maintain documentation that they have received the specialized training described in this section."

Through such reviews the facility meets the standard requirements.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1449 790" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Electronic PREA Sexual Victimization or Perpetration Screener</li> <li>4. Post Audit: Immediate Action Plan to Address Intake Screening</li> <li>5. Post Audit: Department of Youth Rehabilitation Services Office of the Superintendent Memorandum, from the Facility Superintendent, Re: PREA Compliance Standard 115.341: Obtaining Information from Residents, dated 9.9.2022</li> </ol> <p data-bbox="280 831 437 866">Interviews:</p> <ol data-bbox="280 873 935 987" style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representative (Intake)</li> <li>3. PREA Compliance Manager</li> </ol> <p data-bbox="280 994 1453 1240">The interview with the Youth Development Representatives demonstrated that risk assessments are completed with each youth within 72 hours of admission. The interview with the PREA Compliance Manager demonstrated Intake Staff are to complete a form ensuring risk assessments and PREA training is completed before youth are assigned to dorms; however, upon file review discovery demonstrated 50% of youth had assessments completed.</p> <p data-bbox="280 1281 528 1317">Site Observation:</p> <p data-bbox="280 1323 1442 1438">During review of 10 youth files, this Auditor noted 50% youth had received screening within 72 hours of admission, primarily on the day of admission, except those youths who were brought in late in the evening.</p> <p data-bbox="280 1478 1230 1514">The facility was requested to completed the following action plans:</p> <ul data-bbox="280 1520 1477 1767" style="list-style-type: none"> <li>• The facility to complete risk assessments that have not been completed for residents currently in the program who have not had a completed risk assessment.</li> <li>• The facility to complete assessments on each new intake, in the next 30 days, and provide a roster of admissions and risk assessments completed.</li> <li>• The facility to write a memorandum providing a sustainable action plan to ensure initial risk assessments are completed within the 72-hour requirement.</li> </ul> <p data-bbox="280 1807 1453 1877">During the onsite review, the PREA Coordinator provided an Immediate Action Plan to Address Intake Screening, stating:</p> <ol data-bbox="280 1883 1118 2085" style="list-style-type: none"> <li>1. "Assist leadership in updating intake SOP to include       <ol data-bbox="280 1924 1118 2085" style="list-style-type: none"> <li>a. How to administer sexual victimization</li> <li>b. SV check-off sheet instructions</li> <li>c. Timeline of the administration of the sexual victimization           <ol data-bbox="280 2047 831 2085" style="list-style-type: none"> <li>i. 72 hours to complete administration</li> </ol> </li> </ol> </li> </ol>

- ii. 30 days to re-administer screener
- 2. Provide the SV guidebook to remain in intake as a reference tool
- 3. Update SV check-off document and re-introduce form
- 4. Clarify/train JJIC responsibility on administrating SV screening after an SA allegation has been made
  - a. Develop steps for JJIC

Long-Term Action Plan to Address Intake Screening:

- 1. Talk to IT for changes to be made to FamCare to address notification:
  - a. 30-day screener administration tickler
  - b. Address “updating issue” when staff enter the SV screen”

Post audit the facility provided a Department of Youth Rehabilitation Services Office of the Superintendent Memorandum, from the Facility Superintendent, Re: PREA Compliance Standard 115.341: Obtaining Information from Residents, addressed to All New Beginnings Youth Development Staff. The memorandum provides guidance and a sustainable action plan toward ensuring the initial PREA Risk Assessments are completed within 72-hours of a youth’s admission into the facility.

(a) The New Beginnings Youth Development Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 40.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 7-8, section E. 1. i. – viii., Screening of Residents, state, “Screening for Risk of Victimization and Abusiveness

- i. All residents shall be assessed during intake upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- ii. Intake screening shall ordinarily take place within 72-hours of arrival at the facility.
- iii. Such assessments shall be conducted using the PREA Sexual Victimization or Perpetration Screener instrument.
- iv. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
  - a. Whether the resident has a mental, physical, intellectual or developmental disability;
  - b. The age of the resident;
  - c. The physical build of the resident;
  - d. Whether the resident has previously been incarcerated;
  - e. Whether the resident's criminal history is exclusively nonviolent;

- f. Whether the resident has prior convictions for sex offenses against an adult or child;
- g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, and whether the resident may therefore be vulnerable to sexual abuse;
- h. Whether the resident has previously experienced sexual victimization or abusiveness;
- i. The resident's perception of his or her own vulnerability to sexual abuse or sexual harassment;
- j. Whether the resident is detained solely for civil immigration purposes; and
- k. Any other specific information about the resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
- v. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to DYRS in assessing residents for risk of being sexually abusive.
- vi. Within a 30-day time-period, but no more than 30 days from the resident's arrival, the facility shall reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- vii. A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- viii. Residents may not be disciplined for refusing to answer, or for not disclosing complete information related to (a), (g), (h) and (i) above.

(b-c) The New Beginnings Youth Development Center PAQ states the Risk assessment is conducted using an objective screening instrument.

The facility provided an electronic PREA Sexual Victimization or Perpetration Screener. The screener includes the following information:

- Name/Sex at birth/race/date of birth/gender/screener name
- Date of screen/facility
- Criminal history/crimes

#### Youth Vulnerability

- Is the youth under the age of 14?
- Did you consider yourself lesbian/gay/bisexual/transgender or intersex (LGBTI)?
- Have you been in a locked juvenile facility?
- Do you have concerns about your safety or concerns you will be attached, bullied, or abused by your peers?
- Have you ever been raped, sexually abused, or molested?

#### Youth Propensity

- Have you ever been arrested for a sexual offense?
- Have you ever been arrested for a violent offense?
- Have you ever engaged in any behavior that you or others would consider sexually aggressive?

“The screener shall determine responses to questions 9-13 through conversation with the youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth’s files.”

- Vulnerabilities in a confinement setting (Completed by clinician – not asked of the youth – answer each:
  - o Limited English Proficiency
  - o Small, slight build
  - o Looks younger than age
  - o Pronounced Disfigurement
  - o Deaf/hard of hearing
  - o Other physical disability
- Is there evidence in the file or otherwise that this youth is or has been reported as having a mental health disorder; intellectual impairment (low IQ, learning disability, developmental or emotional disability)?
- Does the file information indicate youth has ever been charged with a sex offense?
- Does file information indicate youth may be sexually aggressive or likely to physically victim others?
- Any other information that indicate a heightened need for supervision, additional safety precautions, or separation from other residents?

(d) Policy and practice compliance can be found in provision (c) of this standard.

(e) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 7-8, section E. 1. ix., states, “DYRS shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.”

Through such reviews the facility meets the standard requirements.



<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Post Audit: Department of Youth Rehabilitation Services, Office of the Superintendent, Memorandum, Re: PREA Compliance Standard 115.342: Housing and Placement of Residents, from the Facility Superintendent, dated 9.9.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Development Representative / Intake Staff</li> </ol> <p>Formal and informal interviews with staff demonstrated youth risk level is shared with staff through how they are placed in the dorms, and seating assignments in education, group and the dining hall.</p> <p>Random and targeted youth spoke to feeling safe with where they were placed in the program.</p> <p>Observation:</p> <p>Resident file review demonstrated residents were missing the initial screening for transferred youth within 72-hours of admission therefore not using risk assessment information to determine housing, bed, work, education and program assignments with the goal of keeping separate those residents as is described in provisions (a) of this standard.</p> <p>The facility was requested to complete the following action plans:</p> <ul style="list-style-type: none"> <li>• The facility to write a memorandum providing a sustainable action plan to explain and incorporate the use of the risk screening assessment when placing residents in bed, housing, work and education assignments.</li> <li>• The facility to email the Auditor the memorandum.</li> </ul> <p>Post Audit: Department of Youth Rehabilitation Services, Office of the Superintendent, Memorandum, Re: PREA Compliance Standard 115.342: Housing and Placement of Residents, from the Facility Superintendent, addressed to All New Beginnings Youth Development Center Staff. This memorandum provides guidance and a sustainable action plan toward ensuring that the initial screening for all youth entering the facility are completed within 72-hours of admission in order to guarantee that the PREA Resident Risk Assessments re referenced in determining housing and placement of each youth in the program.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the facility uses information from the risk screening required by §115.3341 to inform housing, bed,</p>

work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 8, section 2., Use of Information Obtained from Screening, i., states, "DYRS shall use information from the PREA Sexual Victimization or Perpetration Screener to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive."

(b) The New Beginnings Youth Development Center PAQ states 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. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 10, section 3., Protective Custody, i-ii., state,

i. "Residents at high risk for sexual victimization shall not be placed in involuntary segregated housing unless DYRS has assessed all available alternatives and has determined that there is no available alternative means of separation from-likely abusers."

ii. If the facility cannot conduct such an assessment immediately, the facility may hold the resident in involuntary segregated housing for less than 24 hours while completing the assessment. Residents placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the fullest extent possible."

(c) The New Beginnings Youth Development Center PAQ states the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9, section E. 1. viii., Screening of Residents, states, "DYRS shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status unless pursuant to a legal settlement or judgment."

(d) The New Beginnings Youth Development Center PAQ states the agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 8, section 2., Use of Information Obtained from Screening, iii., states, "The Interdisciplinary Team, which consists of representatives from Behavioral Health, Deputy Superintendent of Operations and Deputy Superintendent of Treatment, in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems."

(e) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 8, section 2., Use of Information Obtained from Screening, iv., states, "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident."

(f) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 8, section 2., Use of Information Obtained from Screening, v., states, "A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration."

(g) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 8, section 2., Use of Information Obtained from Screening, vi., states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents."

(h) The New Beginnings Youth Development Center PAQ states from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the residents' safety, and • The reason or reasons why alternative means of separation cannot be arranged is not applicable as zero youth have been held in isolation.

(i) The New Beginnings Youth Development Center PAQ states if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 10, section 3., Protective Custody, iii., states, "The facility shall

assign such residents to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.”

Through such reviews the facility meets the standard requirements.

<b>115.351</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1449 539" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p data-bbox="280 580 437 616">Interviews:</p> <ol data-bbox="280 622 831 741" style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Development Representatives</li> </ol> <p data-bbox="280 748 1453 949">Staff and youth were comfortable reporting verbally to any staff. Youth were aware they could tell a trusted adult in the community, place a note or grievance in the PREA boxes that were checked each day by an agency investigator, dialing #1, #2 or #3 on dorm phones to contact Child and Family Services Agency, Defenders Public Service or the District of Columbia Rape Crisis Center.</p> <p data-bbox="280 990 539 1025">Site Observations:</p> <p data-bbox="280 1032 1474 1151">Colorful Right to Report, Zero Tolerance and Speak Up Now posters were witnessed being posted throughout the facility. Each dorm and the intake area had PREA boxes for reporting.</p> <p data-bbox="280 1191 1465 1348">(a) The New Beginnings Youth Development Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect.</p> <p data-bbox="280 1388 1474 1543">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section VIII. Reports and Investigations of Sexual Abuse and Sexual Harassment, A. 1. a-f., states, "Youth may report concerns by:</p> <ol data-bbox="280 1550 1458 1962" style="list-style-type: none"> <li>a. Completing a grievance form and putting it in the grievance box, or giving it to a DYRS staff member or a District of Columbia Public Defender Service Juvenile Services Program (PDS) staff member;</li> <li>b. Writing a grievance on any piece of paper and putting it in the grievance box, or giving it to a DYRS staff member or a PDS staff member;</li> <li>c. Talking with a PDS staff and indicating that they have a complaint or grievance;</li> <li>d. Talking with any DYRS staff member, volunteer or contractor and indicating that they have a complaint or grievance;</li> <li>e. Calling the Project Hands hotline (011); or</li> <li>f. Calling the PREA hotline (resident will be routed to the CFSA hotline)."</li> </ol> <p data-bbox="280 2002 1474 2074">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual</p>

Misconduct, page 9, section F. Protection from Retaliation, 1., states, "DYRS's 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."

(b) The New Beginnings Youth Development Center PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Policy compliance can be found in provision (a) of this standard. The PAQ states, "We do not detain solely for civil immigration."

(c) The New Beginnings Youth Development Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section VIII. Reports and Investigations of Sexual Abuse and Sexual Harassment, A. 3. "Staff shall accept and document any reports of sexual misconduct that they receive verbally, in writing, anonymously, or from third parties."

(d) The New Beginnings Youth Development Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.2. Prevention of and Response to Sexual Misconduct, page 12, section VIII. Reports and Investigations of Sexual Abuse and Sexual Harassment, A. 6. states, "When a youth requests a writing implement in order to write a grievance concerning sexual misconduct, staff shall provide the youth with a writing implement at the earliest time that is safe to do so. When a youth asks to make a call to the Project Hands (Oli) or PREA hotline, staff shall permit the youth to make the telephone call at the earliest point when it is safe to do so. Youth shall not be required to disclose why they wish to call. Youth shall not be required to disclose that they are calling the Project Hands (Oli) hotline during times when they are otherwise permitted to use the telephone."

(e) The New Beginnings Youth Development Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 15, C. Staff Reporting Rules, section C. 3., states, "Third-party reporting or filing a grievance method for staff. Staff may use CFSA or a third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DYRS honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DYRS facility head or email [dyrs.prea@dc.gov](mailto:dyrs.prea@dc.gov)."

Through such reviews, the facility meets the standard requirements.

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. PREA Compliance Manager</li> </ol> <p>Youth interviewed were aware of the grievance procedures and understood they could complete a grievance, if necessary and place it in the PREA boxes located in each dorm.</p> <p>The PREA Compliance Manager stated youth would be provided a grievance form and writing utensil upon request.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 10, section VIII. G. Emergency Grievance, 2. i., states, "DYRS shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse."</p> <p>(b) The New Beginnings Youth Development Center PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ states, "PREA policy does not specifically state "anytime regardless of when incident is alleged". However, we take ALL reports regardless."</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section VIII. A. Reports and Investigations of Sexual Abuse and Sexual Harassment, section A. Procedures for Reporting Sexual Abuse and Sexual Harassment 6., states, "The Agency shall not require youth to use any formal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual misconduct."</p> <p>(c) The New Beginnings Youth Development Center PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's</p>



policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section VIII. A. Reports and Investigations of Sexual Abuse and Sexual Harassment, section A. Procedures for Reporting Sexual Abuse and Sexual Harassment 1. A-f., states, "Youth may report concerns by:

- a. Completing a grievance form and putting it in the grievance box, or giving it to a DYRS staff member or a District of Columbia Public Defender Service Juvenile Services Program (PDS) staff member;
- b. Writing a grievance on any piece of paper and putting it in the grievance box, or giving it to a DYRS staff member or a PDS staff member;
- c. Talking with a PDS staff and indicating that they have a complaint or grievance;
- d. Talking with any DYRS staff member, volunteer or contractor and indicating that they have a complaint or grievance;
- e. Calling the Project Hands hotline (011); or
- f. Calling the PREA hotline (resident will be routed to the CFSA hotline)."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, section VIII. A. Reports and Investigations of Sexual Abuse and Sexual Harassment, section A. Procedures for Reporting Sexual Abuse and Sexual Harassment 6., states, "The Agency shall not require youth to use any formal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual misconduct."

(d) The New Beginnings Youth Development Center PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

- there have been two grievances filed alleging sexual abuse;
- number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. PAQ states, "Case # 22-YSC-687 is still open."

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9-10, section VIII. G. Protection of Residents Facing Substantial Risk section 2., Emergency Grievances, ii., states, "After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, DYRS shall:

- a. Immediately forward the grievance (or any portion of it that alleges the substantial risk of imminent sexual abuse) to Superintendent or designee at which immediate corrective action may be taken;
- b. Provide an initial response within 48 hours; and
- c. Issue a final decision within 5 calendar days."

(e) The New Beginnings Youth Development Center PAQ states agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency 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. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 15, section VIII. E. Rules for Third Parties to Report Abuse and to Assist Residents with Grievances, 3., states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

If a third-party 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. If the resident declines to have the request processed on his or her behalf, DYRS shall document the resident's decision."

(f) The New Beginnings Youth Development Center PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was one. The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours was one. The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 10, section VIII. G. Emergency Grievance, 1. i., states, "Upon Learning of Substantial Risk When DYRS learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect

the resident.”

(g) The New Beginnings Youth Development Center PAQ states the facility has a written policy that limits its 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 zero grievances alleging sexual abuse to occasions where the agency demonstrated that the Resident filed the grievance in bad faith. The PAQ states, “We do not have a policy that sanctions residents for false allegations.”

Through such reviews, the facility meets the standard requirements.

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Legal Rights of Juveniles; Attorney Access, Policy YSA 12.1, dated 6.29.2001</li> <li>4. Department of Human Services Youth Services Administration, Communication: Mail, Telephone and Visiting, Policy YSA 18.2, dated 6.29.2001</li> <li>5. Memorandum of Understanding District of Columbia Rape Crisis Center, dated 11.20.2017</li> <li>6. No Means No Brochure, not dated</li> <li>7. DYRS PREA Outreach Brochure, not dated</li> <li>8. Post Audit: Email Communication, RE: Inmate Phone for YSC and New Beginnings, dated 3.23.2023</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Development Representatives</li> <li>4. PREA Compliance Manager</li> <li>5. PREA Coordinator</li> </ol> <p>Staff and youth interviewed were aware of outside reporting agencies and spoke to the information being posted throughout the facility dorms, classrooms and hallways. Youth interviewed stated they were provided handbooks upon intake with the rape crisis center information.</p> <p>Site Observation:</p> <p>Testing of youth phones on the units demonstrated calls to the Rape Crisis Center, PDS or the PREA hotline were not answered by a live voice or voicemail. Rape Crisis Center number needs to be added to youth phone list to give them access and so they are not charged minutes and or make youth aware this number can be accessed through request to staff.</p> <p>The facility was requested to complete the following action plans.</p> <ul style="list-style-type: none"> <li>• The facility to conduct testing of outgoing phone calls to the confidential service providers posted near youth unit phones to ensure providers provide a reporting option to youth by way of a live voice or voicemail.</li> <li>• Facility to provide a memorandum of completed testing, results of test and a sustainable action to plan to ensure confidential services are continually available to youth.</li> </ul> <p>Recommendation: When educating youth, explain the purpose of the Rape Crisis</p>

Center

Post audit the facility provided an email communication, RE: Inmate Phone for YSC and New Beginnings addressed the PREA Audit, from the PREA Coordinator, stating, "The NB facility has been trying to get all phones repaired and replaced since the new budget year started.

However, while the contract administrator is working on that project, the youth will still have access to PREA (CFSA) and Project Hands.

The you can access these reporting bodies via:

1. PDS - Public Defenders Service: PDS is our in-house attorney division. Youth can request to see/speak to a PDS representative. PDS will allow youth to call the reporting bodies in private to report an allegation.
2. The direct care staff/supervisor will allow youth to use the unit office phone upon their request. The supervisor will allow the youth to dial CFSA number listed on the brochure.
3. The youth may also request to speak to the PREA Coordinator 24/7 to report an allegation.
4. Project Hands provides a deposit box for all allegations. These boxes are placed throughout the entire facility."

(a) The New Beginnings Youth Development Center PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.

The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.

- The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.
- The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17-18, C. Support Services for Victims of Sexual Abuse, section 1. Victim Advocate, i, states, "DYRS shall attempt to make available to the victim an advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, DYRS shall make available a qualified staff member from a community-based organization, or a qualified agency staff member to provide these services."

Government of the District of Columbia Department of Youth Rehabilitation Services

Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17-18, C. Support Services for Victims of Sexual Abuse, section 2. Emotional Support Services, i, states, "The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible."

The facility provided a No Means No Brochure. This brochure demonstrates the following information is available to youth.

- Zero Tolerance
- What is Sexual Abuse?
- What is Voyeurism?
- Examples of Staff Voyeurism
- Tips for Avoiding Sexual Abuse and Sexual Harassment
- If any information is confusing, or you have questions about something that may be happening to you, ask a staff person you trust or call 202. 671.SAFE.
- You can also contact the District of Columbia Rape Crisis Center by calling 202. 333.RAPE or 202.333.7273.

The facility provided a DYRS PREA Outreach Brochure. This brochure demonstrates the following information is available to youth.

- Right to Report
- How to Report
- Victim Support Services
- Notice for Failure to Report
- Report to:
  - o Child and Family Services Agency (CFSA) - 202. 671.SAFE
  - o Office of Internal Integrity (OII) - DYRS.OII@dc.gov
  - o Public Defender Service (PDS)
  - o New Beginnings - 202.299.3132
  - o YSC - 202.576.8368

(b) The New Beginnings Youth Development Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications 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.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 18, C. Support Services for Victims of Sexual Abuse, section 2. Emotional Support Services, ii, states, "The facility shall inform residents, prior to

giving them access to outside advocates, of the extent to which such communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.”

(c) The New Beginnings Youth Development Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 18, C. Support Services for Victims of Sexual Abuse, section 2. Emotional Support Services, iii, states, “DYRS shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.”

The facility provided a Memorandum of Understanding between the District of Columbia Department of Youth Rehabilitation Services and the District of Columbia Rape Crisis Center (DCRCC). The memorandum demonstrates the purpose of the memorandum is to establish the terms and conditions upon which DCRCC will provide a confidential hotline for DYRS youth, pursuant to 28 C.F. R. §115.353(a) (2017). In addition, the DCRCC will follow all District of Columbia laws as it relates to managed reporting in the District of Columbia. Through all appearances, this memorandum does not expire until written cancellation is received by either party.

During the onsite review at the Youth Services Center, during a test of the youth dorm phones, the Auditor pressed #3 and was able to connect with the District of Columbia Rape Crisis Center. The Auditor was greeted with a live operator who spoke to affirming the agency was aware of the Memorandum of Understanding (MOU), if the agency would report for youth and provide mental health services. The operator assured the Auditor the agency was aware of the MOU, would report for youth if requested and would provide advocate services if the hospital did not assign the youth an advocate at the time of services.

(d) The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Legal Rights of Juveniles; Attorney Access, Policy YSA 12.1, page 1, Policy, states, “It is the policy of the Youth Services Administration (YSA) that all residents will be protected from discrimination based on race, national origin, color, religion, age, marital status, personal appearance, sex, physical disability, sexual orientation, family responsibilities, matriculation, or political beliefs, and has equal access to programs, activities and services. They have the right to legal representation and they are assured that seeking judicial relief will not be met with reprisal or penalty. Youth are assured of uncensored, confidential contact by telephone, in writing or in person with their legal representative or other advocates.”

Department of Human Services Youth Services Administration, Communication: Mail, Telephone and Visiting, Policy YSA 18.2, page one, section IV. Procedures, B., states, "Outgoing Calls - A youth may make local and collect calls to his natural parents, legal guardians, foster parents, or custodians during regular hours specified by the Superintendent or Administrator. A youth shall be allowed one to collect long distance call to his/her family each week."

Through such reviews, the facility meets the standard requirements.



<b>115.354</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. PREA Outreach Speak Up 18x22 poster, not dated</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Development Representatives</li> <li>4. PREA Compliance Manager</li> </ol> <p>Youth and staff interviewed demonstrated their reporting knowledge of third-party reporting stating that youth family members, friends and or Defender Public Service could report sexual harassment or sexual abuse allegations for them, if needed.</p> <p>Site Observation:</p> <p>During tour of visitation area, standardized outside reporting PREA Outreach posters with third party information were available in the visitation and entrance area of the facility.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The PAQ states, "Inquiries and complaints may be submitted to DYRS (New Beginnings) facility head via email/ phone or email complaint to <a href="mailto:dysr.prea@dc.gov">dysr.prea@dc.gov</a>."</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, E. Rules for Third Parties to Report Abuse and to Assist Residents with Grievances, section 1., states, "DYRS shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident."</p> <p>The facility provided a PREA Outreach Speak Up poster. This poster provides youth with the following reporting options:</p> <ul style="list-style-type: none"> <li>• Call CFSA at (202) 671- SAFE or (202) 671-7233</li> <li>• Report to any staff, volunteer, contractor, or medical or mental health staff.</li> <li>• Submit a grievance to a staff or put it in a Project Hands box.</li> <li>• Report to the PREA coordinator or PREA compliance manager of your facility.</li> <li>• Tell a family member, friend, legal counsel, or anyone else outside the facility.</li> </ul>

They can report on your behalf by emailing [DYRS.OII@dc.gov](mailto:DYRS.OII@dc.gov) or by calling (202) 299-3275.

- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Through such reviews, the facility meets the standard requirements.

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Government of the District of Columbia, Department of Youth Rehabilitation Services, Policy and Procedure Manual, Policy IV.a.1., Unusual Incident Reporting, dated 3.13.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Development Representatives</li> <li>3. PREA Compliance Manager</li> </ol> <p>Interviews with the staff and youth demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Staff interviewed stated they would complete an incident report after the discovery of any allegation.</p> <p>Site Observations:</p> <p>Once incident report was completed for the one unfounded sexual abuse allegation.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against Residents or staff who reported such an 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.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, VIII. Reports and Investigations of Sexual Abuse and Sexual Harassment, section A. 4., states “Any staff member, contractor, volunteer or visitor to a DYRS secure facility with any knowledge of, suspicion of, or information regarding any of the following at any facility that holds youth in custody shall immediately report the allegation to 011:</p> <ol style="list-style-type: none"> <li>a. sexual misconduct involving a youth in DYRS custody;</li> <li>b. retaliation against residents or staff who reported sexual misconduct; or</li> <li>c. any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation.”</li> </ol>

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 15, C. Staff Reporting Rules, section 1., states, "Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against resident or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, in the manner specified by DYRS -IV.a.1 policy • Unusual Incident Reporting."

(b) The New Beginnings Youth Development Center PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 20, B. Employee Training, section x., states, "How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

(c) The New Beginnings Youth Development Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 15, C. Staff Reporting Rules, section 2., states, "Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except as specified by DYRS - 009 policy, Protection of Confidential Information."

(d) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 12, VIII. Reports and Investigations of sexual Abuse and Sexual Harassment, section 5., states "All staff in safety sensitive positions, managers, and supervisor are mandated reporters and shall report any allegations of child abuse or neglect in accordance with D.C. law and DYRS policy."

(e) Government of the District of Columbia, Department of Youth Rehabilitation Services, Policy and Procedure Manual, Policy IV.a.1., Unusual Incident Reporting, page 4, section H, states, "When Class I and Class II incidents occur, the most senior security staff at the site of the incident shall initiate the Secure Facility Call-Down List (Attachment D). the Deputy Director of Secure Programs will ensure that the incident is reported by telephone to the DYRS Section Deputy Director."

Government of the District of Columbia, Department of Youth Rehabilitation Services, Policy and Procedure Manual, Policy IV.a.1., Unusual Incident Reporting, page 4, section I. 2., states, "At non-secure facilities, residential treatment facilities, community based residential or non-residential programs, staff on duty shall

complete a Staff Incident Notification Form for Compliance (OLCC) by the end of the shift. Staff from the Office of Licensing, Contracting and Compliance (OLCC) shall upload all incident Notification Forms into DYRS;s case management database .For all Class I or Class II incidents, in addition to completing a Staff Incident Notification Form, staff on duty shall report the incidents by telephone to the appropriate social worker, probation officers, Child and Family Services, Safety Hotline, OLCC and any other agency that is affiliated with the resident and/or staff members within one (1) hours of the incident.”

(f) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, B. Investigation and Response to Reports of Sexual Misconduct, section 3., states, “When 011 conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”

Through such reviews, the facility meets the standard requirements.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Agency Investigator</li> </ol> <p>Interviews with the PREA Compliance Manager and Agency Investigator demonstrated the facility staff act promptly and responds properly at the discovery of any incident involving sexual harassment and sexual abuse.</p> <p>(a) The New Beginnings Youth Development Center PAQ states when the 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. In the past 12 months, the facility reports one resident was subject to substantial risk of imminent sexual abuse. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action was one hour.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9-10, G. Protection of Residents Facing Substantial Risk, section 1. Upon learning of substantial risk, section i., states, "When DYRS learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident."</p> <p>Through such reviews the facility meets the standard requirements.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Office of Risk Management Services, PREA, Memorandum, from PREA Coordinator, RE: PREA Compliance Standard 115.63 Reporting to Other Confinement Facilities, dated 8.21.2017</li> <li>4. Reporting to Other Confined Facilities Form, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> <li>2. Deputy Director of Secure Programs</li> </ol> <p>Interviews with the facility Superintendent and Deputy Director of Secure Programs demonstrated that they were aware upon receiving an allegation that a youth was sexually abused while confined at another facility, they had the responsibility to notify the head of the facility where the allegation occurred. Both staff stated they would begin an internal investigation and keep in contact with the facility in question until the investigation was completed.</p> <p>Site Observation:</p> <p>The facility had no reported allegations of sexual abuse while a youth was confined at another facility.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency’s policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19-20, D. Reporting to Other Confinement Agencies, section 1-3., state,</p> <ol style="list-style-type: none"> <li>1. “Upon DYRS receiving an allegation that a resident was sexually abused while confined at another facility, the facility head shall notify the head of the facility or agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</li> <li>2. Such notification shall be provided as soon as possible, but no later than 72 hours</li> </ol>

after receiving the allegation.

3. Facility head shall document that it has provided such notification.”

The facility provided an Office of Risk Management Services, PREA, Memorandum, from PREA Coordinator, RE: PREA Compliance Standard 115.63 Reporting to Other Confinement Facilities, to the Program Manager, stating:

- a. “Upon DYRS receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.
- b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- c. The agency shall document that it has provided such notification.
- d. Facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”

The facility provided a Reporting to Other Confined Facilities Form. This form guides staff to follow the requirements as is stated in the above mentioned memorandum and document the following:

- Name of Youth/DOB/Sex
- Location of Youth
- Date of Incident
- Description of Alleged Abuse or Neglect
- Name of Alleged Perpetrator

(b) The New Beginnings Youth Development Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.

(c) The New Beginnings Youth Development Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.

(d) The New Beginnings Youth Development Center PAQ states facility policy requires that allegations received from other agencies or facilities investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities.

Through such reviews, the facility meets the standard requirements.



<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Youth Development Representatives</li> <li>2. PREA Compliance Manager</li> </ol> <p>Informal and formal interviews with staff demonstrated each were aware of their first responder responsibilities. Staff stated reporting information is posted throughout the facility and many had PREA cards they carried with their facility identification. Staff stated they would separate victims from perpetrators into areas where they were safe, not allow them to wash, drink or change clothing, call facility supervisors, medical, mental health and law enforcement, when necessary.</p> <p>Site Observation:</p> <p>Documentation of the one allegation of sexual abuse demonstrated the source of the allegation was a youth reporting to staff, who reported to facility leadership and the allegation was referred to the agency investigator within four days of the allegation.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, two allegations occurred where a resident was sexually abused.</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was two. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, G. Immediate Steps After Receiving Report of Incident, 1. i.-v., states, "When a security staff first-responder learns that a resident has been</p>

sexually abused, they shall take immediate action to protect the resident. This includes:

- i. Separate the resident from the alleged perpetrator;
- ii. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
- iii. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim-and ensure that the alleged abuser-not take any actions that could destroy physical evidence; including, but not limited to, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
- iv. Document in writing information received regarding the incident; and
- v. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall immediately notify the appropriate medical and mental health practitioners.”

(b) The New Beginnings Youth Development Center PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, G. Immediate Steps After Receiving Report of Incident, 2., states, “When the first staff responder is not a security staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

Through such reviews, the facility meets the standard requirements.

<b>115.365</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1449 584" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. DYRS Coordinated Response Memorandum, dated January 2020</li> </ol> <p data-bbox="280 622 437 658">Interviews:</p> <ol data-bbox="280 665 831 779" style="list-style-type: none"> <li>1. Youth Development Representatives</li> <li>2. PREA Compliance Manager</li> <li>3. PREA Coordinator</li> </ol> <p data-bbox="280 786 1409 907">Interviews with facility staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.</p> <p data-bbox="280 945 528 981">Site Observation:</p> <p data-bbox="280 987 1425 1061">Review of the agency policy for incidents demonstrates clear direction to staff to ensure first responder duties are fulfilled.</p> <p data-bbox="280 1099 1461 1261">(a) The New Beginnings Youth Development Center PAQ states the facility 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.</p> <p data-bbox="280 1299 1473 1420">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 15, F. Coordinated Response, section 1-2., state, “</p> <ol data-bbox="280 1453 1477 1655" style="list-style-type: none"> <li>1. The facility shall develop a written 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.</li> <li>2. The coordinated response shall be located in the Control Room, SYDR Office, Shift Commander Office and Medical Center.”</li> </ol> <p data-bbox="280 1693 1465 1812">The facility provided a DYRS Coordinated Response Memorandum. This memorandum is addressed to Facility/Medical/Behavioral Health/OII Administrators/ PREA Manager, from the PREA Coordinator, stating protocols to be followed by:</p> <ul data-bbox="280 1818 691 2063" style="list-style-type: none"> <li>• Secure Division</li> <li>• Medical Division</li> <li>• Behavioral Health Division</li> <li>• Office of Internal Integrity</li> <li>• PREA Member Roles</li> <li>• PREA Compliance Manager</li> </ul>

	Through such reviews, the facility meets the standard requirements.
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Collective Bargaining Agreement Between the District of Columbia Department of Youth Rehabilitation Services and the Fraternal Order of Police/Department of Youth Rehabilitation Services Labor Committee, dated 10.1.2018 - 9.30.2021</li> </ol> <p>(a) The New Beginnings Youth Development Center PAQ states the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>The facility provided a Collective Bargaining Agreement Between the District of Columbia Department of Youth Rehabilitation Services and the Fraternal Order of Police/Department of Youth Rehabilitation Services Labor Committee, page 27, Article 24 - Corrective and Adverse Action, Section I, A., states, "Corrective and Adverse Actions as defined in Personnel regulations, may be imposed on employees only for cause, in accordance with the provisions of the comprehensive Merit Personnel Act (CMPA), D. C. Official Code §§ 1-601.01 et seq., as amended and the DPM."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 539" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p data-bbox="280 580 437 613">Interviews:</p> <ol data-bbox="280 622 539 656" style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p data-bbox="280 665 1473 1070">An interview with the Superintendent demonstrated that he has a see something, say something approach and ensures several reporting options are available for staff and youth. The Superintendent would make initial contact with the victim, ensure they feel safe and create a safe environment, if needed. The Superintendent would document all questions and answers to the victim to include any information regarding body language or any other information deemed necessary. The Superintendent was not aware of the agency standardized retaliation monitoring document as he was fairly new in his position; however, the Auditor made him aware of the form being used at the agency partnering facility, Youth Services Center.</p> <p data-bbox="280 1111 1422 1312">(a) The New Beginnings Youth Development Center PAQ states the agency has 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. The agency designates the Acting Superintendent with monitoring for possible retaliation.</p> <p data-bbox="280 1352 1477 1592">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, F. Protection from Retaliation, section 1., states, "DYRS's 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."</p> <p data-bbox="280 1632 1458 1957">(b) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, F. Protection from Retaliation, section 2., states, "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."</p> <p data-bbox="280 1998 1449 2072">(c) The New Beginnings Youth Development Center PAQ states the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse</p>

and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, F. Protection from Retaliation, section 3., states, "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."

(d) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, F. Protection from Retaliation, section 4., states, "The facility superintendent shall continue such monitoring beyond 90 days if the initial monitoring indicates an ongoing need. Monitoring shall include:

- ii. Periodic in-person conversations with resident and/or staff;
- iii. Review of disciplinary incidents involving resident;
- iv. Review of housing or program changes; and
- v. Review of negative performance reviews or reassignments of staff."

Through such reviews, the facility meets the standard requirements.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Specialized staff</li> <li>4. PREA Compliance Manager</li> </ol> <p>Interviews with youth and staff demonstrated youth are housed in individual cells and none interviewed had knowledge of a youth being held in protective custody for PREA purposes.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse 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. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, F. Protection from Retaliation, section 5., states, "Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the same requirements that are discussed below in Section VII. G (3), Protective Custody."</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 10, 3. Protective Custody, section vi, states, "Every 30 days, the facility shall afford each such resident a review to determine whether there is a continuing need for separation from the general population."</p> <p>Through such reviews, the facility meets the standard requirements.</p>



<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Post Audit: Office of Internal Integrity Memorandum, from Supervisory Investigator, dated 9.16.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Investigator</li> </ol> <p>Interviews with the agency investigator demonstrated he clearly understood and articulated processes required during an investigation, to include the notification requirements to victims, which were made by Child and Family Agency Services.</p> <p>Site Observation:</p> <ul style="list-style-type: none"> <li>• Investigation 19-YSC-625 has a disposition, dated 6.19.2019, stating the following: As a result of its investigation and findings, OII is closing Case Number 19-YSC-625 with a finding of substantiated against Teacher Jackson for violating. The May 23, 2019, Policy Number II.a.3, Prevention of and Response to Sexual Misconduct: V, ZERO TOLERANCE POLICY. The suspect, victim and witnesses all collaborated and stated the incident did indeed take place, solidifying the disposition to be true and correct.</li> <li>• Another investigation for 19-YSC-625 has a disposition, dated August 22, 2019, with a finding of unfounded with the same investigation attached demonstrating the suspect, victim and witnesses all collaborated the incident indeed took place.</li> </ul> <p>The agency was requested to complete the following action plans:</p> <ul style="list-style-type: none"> <li>• Provide the PREA Coordinator and the Auditor with an explanation of internal practices of changing investigative findings from substantiated to unfounded, after the fact, without a summary of different findings, where a suspect, victim and witnesses attest to the incident taking place.</li> </ul> <p>Post audit the agency provided:</p> <ol style="list-style-type: none"> <li>1. 115.335 Updated 8.4.2022 Medical/Mental Health Training Spreadsheet. This spreadsheet tracks the following information: <ul style="list-style-type: none"> <li>• Staff Name</li> <li>• Current Position – Position Title</li> <li>• Department</li> <li>• PREA 101 Training/Date</li> <li>• Specialized Training 9.26-27, 2016 Moss Group</li> <li>• Completed or absent</li> </ul> </li> </ol> <p>34 of the of 34 employees had completed specialized training, and 30 of 34 employees had completed training as mandated by §115.331.</p>

2. Office of Professional Development, Department of Youth Rehabilitation Services Course Curriculum and Sign in Rosters. Rosters include the following information:

- Course Description: PREA for Medial and Behavioral Health Professionals
- Instructors: The Moss Group Inc.
- Start Date: 9.26.2016 and 9.27.2016 9:00 am to 5:00 pm each day
- Location: YSC Community Room
- Participant Name, Title, Signature for Day one, Initial for Day Two

A total of 34 medical and mental health completed the specialized training.

Post audit, the agency provided an Office of Internal Integrity Memorandum, from Supervisory Investigator, Subject: Process (OII) for Investigative Findings and Disposition, stating, "Office of Internal Integrity Process (OII) for Investigative Findings and Disposition: All final reports are attributed to and, ultimately, signed by the OII Manager. Therefore, it is the OII manager's responsibility to ensure the findings and disposition are accurate. Prior to the OII Manager making their determination, the investigator gathers and reviews all relevant evidence (i.e., written statements, incident reports, medical records, interviews, etc.). The investigator will then draft the Investigation Report with their preliminary findings for the OII Manager. The OII Manager will edit, review, and analyze the facts gathered to determine the findings and disposition. The manager and investigator are in communication throughout the entire investigatory process."

(a) The New Beginnings Youth Development Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, B. Investigation and Response to Reports of Sexual Misconduct, section, B. 1-3., state,

1. "The Program Manager of 011 shall coordinate the response of 011, including any necessary child abuse reporting in accordance with D.C. law and DYRS policy, and any communication with CFSA and MPD for all allegations of sexual abuse and sexual harassment.

2. It is OII's policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, MPD, unless the allegation does not involve potentially criminal behavior. DYRS shall publish this policy on its website at [www.dyrs.dc.gov](http://www.dyrs.dc.gov) and make the policy available through other means. DYRS shall document all such referrals.

3. When 011 conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."

(b) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 21, C. Specialized Training: Investigators, section 1-2, state,

1. In addition to the general training provided to all employees pursuant to Section XI. B, DYRS shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

2. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

(c) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, B. Investigation and Response to Reports of Sexual Misconduct, section, B. 5., states, “DYRS staff shall preserve crime scenes in accordance with the training they have received from the Metropolitan Police Department (MPD).”

Policy and practice compliance can be found in provision (b) of this standard.

(d) The New Beginnings Youth Development Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, B. Investigation and Response to Reports of Sexual Misconduct, section, B. 9., states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

(e) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13, B. Investigation and Response to Reports of Sexual Misconduct, section, B. 1. a., states, “DYRS staff, contractors, and volunteers are required to participate in OII investigations and will be given the appropriate Garrity warning - that truthful, compelled statements cannot be used in a criminal proceeding - prior to any investigatory questions.”

(f) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13 B. Investigation and Response to Reports of Sexual Misconduct, section, B. 6, states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. DYRS shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.”

(g) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13 B. Investigation and Response to Reports of Sexual

Misconduct, section, B. 7. Administrative Investigations i., states, "Shall include an effort to determine whether staff actions or failures to act contributed to the abuse."

(h) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13 B. Investigation and Response to Reports of Sexual Misconduct, section, B. 7. Administrative Investigations ii., states, "Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

(i) The New Beginnings Youth Development Center PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero. Policy compliance can be found in provision (a) of this standard.

(j) The New Beginnings Youth Development Center PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13 B. Investigation and Response to Reports of Sexual Misconduct, section, 8., states, "DYRS shall retain all written Project Hands reports required by this section for 5 years to include the incarceration or employment by the agency."

(j) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 13 B. Investigation and Response to Reports of Sexual Misconduct, section, 9., states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

(k) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14 B. Investigation and Response to Reports of Sexual Misconduct, section, 10., states, "When other agencies investigate sexual abuse, 011 shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

Through such reviews, the facility meets the standard requirements.

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>The interview with the facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14 B. Investigation and Response to Reports of Sexual Misconduct, section, 13. B. 3., states, “impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 748" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Government of the District of Columbia, Department of Youth Rehabilitation Services, Memorandum, Subject, Project Hands Case (Investigation Report)</li> <li>4. Government of the District of Columbia, Department of Youth Rehabilitation Services, Office of Internal Integrity, OII Follow Up Notification to Resident, date 4.5.2010</li> </ol> <p data-bbox="280 790 437 824">Interviews:</p> <ol data-bbox="280 833 603 866" style="list-style-type: none"> <li>1. Agency Investigator</li> </ol> <p data-bbox="280 875 1453 949">Interviews with the agency investigator demonstrated notification requirements to victims was given verbally by the Child and Family Services Agency.</p> <p data-bbox="280 992 528 1025">Site Observation:</p> <p data-bbox="280 1034 1342 1108">Review of the one investigation for sexual abuse was unfounded, therefore notification was not required.</p> <p data-bbox="280 1151 1461 1426">(a) The New Beginnings Youth Development Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was one.</p> <p data-bbox="280 1469 1473 1794">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14, 13. 011 shall conduct administrative investigations into allegations of sexual misconduct in DYRS facilities, section d., states, "Upon completion of its investigation, 011 will prepare and document a notification for youth in DYRS custody, indicating whether the investigated allegations were substantiated, unsubstantiated, or unfounded. Such notification will be provided to the facility superintendent or designee for distribution to the youth."</p> <p data-bbox="280 1836 1473 1991">The facility provided a Government of the District of Columbia, Department of Youth Rehabilitation Services, Memorandum, Subject, Project Hands Case (Investigation Report). This report demonstrates the following is documented when an investigation is completed.</p> <ul data-bbox="280 2000 890 2074" style="list-style-type: none"> <li>• Result of investigations findings outcome</li> <li>• Introduction</li> </ul>

- Allegations
- Persons Interviewed
- Documents Reviewed
- Logbook
- Referral to Child and Family Services
- Medical Records
- Video Footage
- Investigative Summary
- Relevant Policies
- Findings
- Disposition

The facility provided a Government of the District of Columbia, Department of Youth Rehabilitation Services, Office of Internal Integrity, OII Follow Up Notification to Resident. This notification demonstrates the following is documented.

- Case / Complaint Number
- Date OII Received Complaint
- Date Investigation Initiated
- Residents Name / DOB
- Unit Number / Name / Room
- Allegation type
- Disposition
- Alleged Offender(s)
- Facility
- Investigation completion date
- Investigation Report forwarded to Superintendent
- Investigation Report forwarded to Chief of Committed Services
- Signature of Resident
- Signature of Supervisory Investigator

(b) The New Beginnings Youth Development Center PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been one investigations of alleged resident sexual abuse.

(c) The New Beginnings Youth Development Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently does inform the Resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the Resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has been one substantiated or unsubstantiated complaint (i.e., not

unfounded) of sexual abuse committed by a staff member against a youth in an agency facility in the past 12 months.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14, 13. 011 shall conduct administrative investigations into allegations of sexual misconduct in DYRS facilities, section e. 4., states, "For substantiated or unsubstantiated allegations of sexual abuse by staff, 011 will provide notification when ii learns that:

1. the staff member is no longer posted on the youth's unit
2. the staff member is no longer employed at the facility, or
3. the staff member has been indicted or convicted for a charge related to sexual abuse within the facility."

(d) The New Beginnings Youth Development Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility provided a Government of the District of Columbia, Department of Youth Rehabilitation Services, Office of Internal Integrity, OII Follow Up Notification to Resident. This form documents the following:

- Case / Compliant Number
- Date OII Received Compliant
- Date investigation Initiated
- Resident's Name/DOB
- Unit Number / Name / Room
- Allegation type
- Neglect
- Disposition
- Alleged Offender(s)
- Facility
- Investigation completed on the \_\_\_ of \_\_\_, date
- Investigative Report forwarded to Superintendent of NB
- Investigative Report forwarded to Superintendent of YSC
- Investigative Report forwarded to Chief of Committed Services
- Signature and date of resident
- Signature and date of Supervisory Investigator

(e) The New Beginnings Youth Development Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been seven notifications to a resident, pursuant to this standard. Of those notifications made in the past 12 months, the number that were documented was five.

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Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 14, 13. 011 shall conduct administrative investigations into allegations of sexual misconduct in DYRS facilities, section d., states, "Upon completion of its investigation, 011 will prepare and document a notification or youth in DYRS custody, indicating whether the investigated allegations were substantiated, unsubstantiated, or unfounded. Such notification will be provided to the facility superintendent or designee for distribution to the youth."

Through such reviews, the facility meets the standard requirements.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. Government of the District of Columbia Department of Youth Rehabilitation Services Office of Internal Integrity (OII) Notification of Allegation/Compliant, dated 7.7.2015</li> <li>4. Government of the District of Columbia Department of Youth Rehabilitation Services Office of Internal Integrity (OII) Staff Notification Referral, dated 11.16.2009</li> <li>5. Government of the District of Columbia Department of Youth Rehabilitation Services Youth Notification</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>Interview with the Superintendent stated depending on the type of allegation the employee would be retrained if allegation involved retaliation, notify staff they would be monitored, remind them they are mandated reporters until the investigation was completed. If warranted, staff would be removed from the area where the allegation was alleged to have occurred or placed in administrative leave until the outcome of the investigation was completed.</p> <p>Site Observation:</p> <p>In the last 12 months, the facility did not have any staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>(a) The New Beginnings Youth Development Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, X. Sanctions for Individual Found to Have Participated in Sexual Abuse or Harassment, section, A. Disciplinary Sanctions for Staff, 1., states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating District of Columbia and DYRS sexual abuse or sexual harassment policies."</p> <p>(b) The New Beginnings Youth Development Center PAQ states in the last 12 months, there has been one staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is one.</p>

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, X. Sanctions for Individual Found to Have Participated in Sexual Abuse or Harassment, section, A. Disciplinary Sanctions for Staff, 2., states, "All terminations for violations of DYRS sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the appropriate law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."

The facility provided a Government of the District of Columbia Department of Youth Rehabilitation Services Office of Internal Integrity (OII) Notification of Allegation/Compliant. This notification demonstrates the following is documented.

- From: Office of Internal Integrity
- To: Superintendent
- Case Number
- Date of document
- Date of Allegation
- Nature of Allegation / Violation
- Date Project Hands Received Complaint
- Parties involved
- Submitted by/date
- Approved by/date

The facility provided a Government of the District of Columbia Department of Youth Rehabilitation Services Office of Internal Integrity (OII) Staff Notification Referral. This referral demonstrates the following is documented.

- From: Office of Internal Integrity (OII)
- To: Employee
- Case Number
- Date of document
- Compliant
- Date of Allegation / Incident
- Nature of Allegation / Violation
- Facility/Location
- Date OII Received Complaint
- Schedule Interview

The facility provided a Government of the District of Columbia Department of Youth Rehabilitation Services Youth Notification. This notification demonstrates the following is documented.

- Youth's Name
- Date of Admission
- Date of Report
- Meeting Summary
- Additional Information
- Submitted by Victims Advocate

(c) The New Beginnings Youth Development Center PAQ states disciplinary sanctions

for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there has been one staff requiring discipline for sexual abuse or sexual harassment. Policy compliance can be found in provisions (a)(b) of this standard.

(d) The New Beginnings Youth Development Center PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, one staff has been terminated for sexual abuse or harassment. Policy compliance can be found in provisions (b) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>The interview with the Superintendent demonstrated any volunteer or contractor who engaged in sexual abuse would follow the same protocol as is in procedure for staff, be removed from the facility and reported to law enforcement, if applicable</p> <p>Site Observation:</p> <p>During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p>(a) The New Beginnings Youth Development Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, B. Corrective Action for Contractors and Volunteers, section 1, states, "Any contractor or volunteer who engages in sexual abuse with any DYRS resident shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>(b) The New Beginnings Youth Development Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, B. Corrective Action for Contractors and Volunteers, section 2, states, "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation</p>

	<p>of DYRS sexual abuse or sexual harassment policies by a contractor or volunteer.”</p>
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Through such reviews, the facility meets the standard requirements.

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>Interviews with the Superintendent demonstrated youth who falsely reported PREA allegations would be mandated to utilize rule 412 identified as a major incident in the facility by a hearing officer. A disciplinary hearing would take place and depending on the outcome the hearing officer would discipline the youth in accordance with the code of conduct.</p> <p>(a) The New Beginnings Youth Development Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been five administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been zero criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, C. Disciplinary Sanctions for Resident Standards, section 1, states, "Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."</p> <p>(b) The New Beginnings Youth Development Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. The PAQ states, "PREA policy does not speak directly to "disciplinary sanction" but services listed are offered in practice." The facility does not utilize isolation for their youth.</p> <p>(c) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response</p>

to Sexual Misconduct, page 19, C. Disciplinary Sanctions for Resident Standards, section 3, states, "The disciplinary process shall consider whether a resident's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

(d) The New Beginnings Youth Development Center PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. However, the facility does not require participation as a condition of access to programming or other benefits.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, C. Disciplinary Sanctions for Resident Standards, section 4, states, "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions, as a condition of access to programming or other benefits."

(e) The New Beginnings Youth Development Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, C. Disciplinary Sanctions for Resident Standards, section 5, states, "DYRS may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact."

(f) The New Beginnings Youth Development Center PAQ states 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, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19, C. Disciplinary Sanctions for Resident Standards, section 6, states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation."

(g) The New Beginnings Youth Development Center PAQ states the agency prohibits all sexual activity between residents. If 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.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual



Misconduct, page 1, Policy, states, "DYRS staff and youth may not engage in sexual abuse or sexual harassment of youth in DYRS's custody or retaliation against staff or youth who have reported sexual abuse or harassment of youth in DYRS's custody. DYRS staff shall report and investigate allegations of sexual assault and sexual harassment in conformance with this policy and shall provide alleged victims and youth perpetrators with needed services and supports. DYRS shall employ supervision and search practices that minimize the possibility of harm to youth in our care and shall educate youth and staff about their rights and responsibilities under this policy."

Through such reviews, the facility meets the standard requirements.

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Youth Development Representative / Intake staff</li> <li>2. Chief of Health Services</li> </ol> <p>Interviews with Intake personnel and the Chief of Health Services demonstrated disclosure reports are reported to the Intake staff who would report the disclosure to the Mental Health staff. Medical staff see youth within four hours of intake and again ask questions regarding past perpetration and or victimization. Mental Health see youth within the first 24 hours of intake and again ask questions regarding past perpetration and or victimization. Medical staff are on staff 24 hours per day seven days a week. Mental Health are available throughout the programmatic day and provide a 24 hour a day contact.</p> <p>(a) The New Beginnings Youth Development Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.3341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months three residents who disclosed prior victimization during the intake screening were offered a follow-up meeting with a medical or mental health provider. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9, 3. Medical and Mental Health Screenings, section i., “If the screening required in Section VII. E above indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”</p> <p>(b) The New Beginnings Youth Development Center PAQ states all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months five residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual</p>

Misconduct, page 9, 3. Medical and Mental Health Screenings, section ii., “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.”

(c) The New Beginnings Youth Development Center PAQ states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9, 3. Medical and Mental Health Screenings, section iii., “Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.”

(d) The New Beginnings Youth Development Center PAQ states 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. Policy compliance can be found in provision (d) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1449 539" style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p data-bbox="280 580 437 616">Interviews:</p> <ol data-bbox="280 622 655 658" style="list-style-type: none"> <li>1. Chief of Health Services</li> </ol> <p data-bbox="280 665 1449 781">Interviews with the Chief of Health Services demonstrated that youth are aware of access to emergency medical and mental health services and such services have been offered and accepted in past years.</p> <p data-bbox="280 822 1481 1229">(a) The New Beginnings Youth Development Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) 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</p> <p data-bbox="280 1270 1481 1552">Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, IX Medical and Mental Health Services, section A. 1., states, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p data-bbox="280 1592 1449 1874">(b) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, G. Immediate Steps After Receiving Report of Incident, section v., states, “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall immediately notify the appropriate medical and mental health practitioners.”</p> <p data-bbox="280 1915 1481 2072">(c) The New Beginnings Youth Development Center PAQ states resident victims of sexual abuse while incarcerated are 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</p>

appropriate.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, IX Medical and Mental Health Services, section A. 2., states, "Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

(d) The New Beginnings Youth Development Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, IX Medical and Mental Health Services, section A. 3., states, "Treatment services shall be provided to the victim-without financial cost to the victim-and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Through such reviews, the facility meets the standard requirements.

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Chief of Health Services</li> </ol> <p>Interviews with the Chief of Health Services demonstrated that ongoing treatment designated by hospital personnel would be followed as instructed. Mental Health services would be continued by the advocate designated by the hospital and or facility mental health staff.</p> <p>(a) The New Beginnings Youth Development Center PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 19,7B. Ongoing Medial and Mental Health Care, section 1, states, “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.”</p> <p>(b) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medial and Mental Health Care, section 2, states, “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”</p> <p>(c) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medial and Mental Health Care, section 3, states, “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>(d) The New Beginnings Youth Development Center PAQ states female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services</p>

Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medical and Mental Health Care, section 4, states, "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary."

(e) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medical and Mental Health Care, section 5, states, "If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available."

(f) The New Beginnings Youth Development Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medical and Mental Health Care, section 6, states, "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate."

(g) The New Beginnings Youth Development Center PAQ states treatment services are 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.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, B. Ongoing Medical and Mental Health Care, section 7, states, "Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(h) The New Beginnings Youth Development Center PAQ states if the facility is a prison, it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 9, 3. Medical and Mental Health Screenings, section ii., "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments."

Through such reviews, the facility meets the standard requirements.

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 707" style="list-style-type: none"> <li data-bbox="280 383 999 416">1. New Beginnings Youth Development Center PAQ</li> <li data-bbox="280 425 1449 539">2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li data-bbox="280 548 1150 582">3. Post Audit: Sexual Abuse Incident Review, dated 9.26.2022</li> <li data-bbox="280 591 1390 707">4. Post Audit: Department of Youth Rehabilitation Services Office of Risk Management Services, from the Facility Superintendent, Re: PREA Compliance Standard 115.386 Sexual Abuse Incident Reviews, dated 9.2022</li> </ol> <p data-bbox="280 748 437 781">Interviews:</p> <ol data-bbox="280 790 860 904" style="list-style-type: none"> <li data-bbox="280 790 860 824">1. Office of Internal Integrity Investigator</li> <li data-bbox="280 833 539 866">2. Superintendent</li> <li data-bbox="280 875 568 904">3. PREA Coordinator</li> </ol> <p data-bbox="280 913 1453 1155">The interview with the agency investigator demonstrated he was aware of the requirements to document and safeguard investigations. The investigator stated has a system in place to speak with complaintive, witnesses and suspect within 24 hours of the reported allegation. Investigations referred for criminal investigations are handled by the Child and Family Services Agency who makes required notifications to law enforcement.</p> <p data-bbox="280 1196 1437 1270">Interviews with the incident review team demonstrated reviews are completed by the facility within 30 days of the completion of investigations.</p> <p data-bbox="280 1310 517 1344">Site Observation</p> <p data-bbox="280 1352 1477 1426">An Incident review was not completed for the one investigation completed in May of 2022.</p> <p data-bbox="280 1435 855 1469">Action Plan Due by September 30, 2022:</p> <ul data-bbox="280 1478 1477 1760" style="list-style-type: none"> <li data-bbox="280 1478 1477 1552">• The facility to complete the incident review for the investigation completed in May 2022.</li> <li data-bbox="280 1561 1461 1680">• The facility to write a memorandum providing a sustainable action plan to ensure how all incident reviews will be completed within 30 days of the close of each investigation.</li> <li data-bbox="280 1688 1445 1760">• The facility to email the completed incident review and the memorandum to the Auditor.</li> </ul> <p data-bbox="280 1800 1445 2042">Post audit the facility provided an incident review for an incident that occurred earlier in the year. The incident review was conducted with the PREA Compliance Manager, PREA Coordinator, Superintendent and Assistant Superintendent. The review did not require and recommendations as the perpetrator was known to be under the influence, therefore the behaviors were noted to be solely motivated by substance abuse.</p>



Post audit the facility provided a Department of Youth Rehabilitation Services Office of Risk Management Services, from the Facility Superintendent, Re: PREA Compliance Standard 115.386 Sexual Abuse Incident Reviews, addressed to the facility PREA Compliance Manager and agency PREA Coordinator. This memorandum provides guidance to the Facility Administrators and the PREA Compliance Manager in order to comply with PREA Standard 115.386 to ensure sexual abuse incident reviews are completed within 30 days of the conclusion of sexual abuse investigations.

(a) New Beginnings Youth Development Center PAQ states the facility conducts 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 has been zero administrative investigations of alleged sexual abuse completed at the facility,

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, section H. 1., Sexual Abuse Incident Reviews, states, "DYRS shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded."

(b) New Beginnings Youth Development Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or 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 was zero.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, section H. 2., Sexual Abuse Incident Reviews, states, "The review shall ordinarily occur within 30 days of the conclusion of the investigation."

(c) New Beginnings Youth Development Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, section H. 3., Sexual Abuse Incident Reviews, states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners."

(d) New Beginnings Youth Development Center PAQ states the facility prepares 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 Operations Lead / PREA Compliance Manager.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 16, section H. 4., Sexual Abuse Incident Reviews, states, "The review team shall:

- i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- ii. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- iv. Assess the adequacy of staffing levels in that area during different shifts;
- v. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- vi. Prepare a report of its findings, including determinations made pursuant to this section, and any recommendations for improvement and submit the report to the facility head, the PREA Compliance manager, and agency PREA Coordinator."

(e) New Beginnings Youth Development Center PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 17, section H. 5., Sexual Abuse Incident Reviews, states, "DYRS shall implement the review team's recommendations for improvement or document its reasons for not doing so."

Through such reviews, the facility meets the standard requirements.

<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. PREA Annual Report CY20</li> <li>4. Division of Youth Rehabilitation Services, Office of Risk Management Services Memorandum, from Agency PREA Coordinator, Re: PREA Compliance Standard 115.387, dated 8.11.2017</li> </ol> <p>(a)/(c)-1,2 New Beginnings Youth Development Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, section Data Collection and Review, A. 1-3, state,</p> <ol style="list-style-type: none"> <li>1. "011 shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</li> <li>2. 011 and ORE shall aggregate the incident-based sexual abuse data at least annually.</li> <li>3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice."</li> </ol> <p>(b) New Beginnings Youth Development Center PAQ states the annual report includes a comparison of the current year's data and corrective action from prior years.</p> <p>The agency provided a PREA Annual Report for year 2020. The report includes the following elements:</p> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Agency Overview</li> <li>• Mission</li> <li>• Vision</li> <li>• Data - basic demographics for years 2018 through 2020</li> <li>• Definitions</li> <li>• Total allegations for years 2018 through 2020</li> <li>• Aggregate Data by Category for years 2018-2020 <ul style="list-style-type: none"> <li>o Staff on Youth Sexual Harassment</li> <li>o Staff on Youth Sexual Misconduct</li> <li>o Youth on Youth Sexual Harassment</li> </ul> </li> </ul>

- o Youth on Youth Abusive Sexual Contact
- o Youth on Youth Nonconsensual Sexual Acts
- o Total Reports
  - Outcomes of investigations by facility for years 2017 through 2020
  - Total Reported Allegations – Five (5) Year Trend
  - Total Reported Allegations – five (5) Year Trend by Category
  - Contracted Facilities Demographics for Years 2018 through 2020
  - Contracted Facilities Allegations for Years 2017 through 2020
  - Accomplishments
  - Physical Plant Improvements
  - PREA Outreach Team

(d) New Beginnings Youth Development Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 4., states, “011 and ORE shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.”

(e) New Beginnings Youth Development Center PAQ states the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 5., states, “DYRS shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.”

(f) New Beginnings Youth Development Center PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 6., states, “Upon request, DYRS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

The facility provided a Division of Youth Rehabilitation Services, Office of Risk Management Services Memorandum, from Agency PREA Coordinator, Re: PREA Compliance Standard 115.387, to Office of Research and Evaluation//Compliance Specialists, stating, “This memorandum provides guidance to the Office of Research and Evaluation (ORE) and Compliance Specialist in order to comply with PREA Standard 115.387 Data Collection. To this end, the following codifies the expectation

of collecting allegations of sexual abuse.

115.387 Data collection.

(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

(b) The agency shall aggregate the incident-based sexual abuse data at least annually.

(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

Through such reviews, the facility meets the standard requirements.

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Youth Services Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> <li>3. PREA Annual Report CY21</li> <li>4. Division of Youth Rehabilitation Services, Office of Risk Management Services Memorandum, from Agency PREA Coordinator, Re: PREA Compliance Standard 115.387, dated 8.11.2017</li> <li>5. Post Audit: DYRS PREA Annual Report, dated</li> </ol> <p>(a)/(c)-1,2</p> <p>The Youth Services Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 22, section Data Collection and Review, A. 1-3, state,</p> <ol style="list-style-type: none"> <li>4. "011 shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</li> <li>5. 011 and ORE shall aggregate the incident-based sexual abuse data at least annually.</li> <li>6. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice."</li> </ol> <p>(b) The Youth Services Center PAQ states the annual report includes a comparison of the current year's data and corrective action from prior years.</p> <p>The agency provided a PREA Annual Report for year 2021. The report includes the following elements:</p> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Agency Overview</li> <li>• Mission</li> <li>• Vision</li> <li>• Data - basic demographics for years 2019 through 2021</li> <li>• Definitions</li> <li>• Total allegations for years 2019 through 2021</li> <li>• Aggregate Data by Category for years 2019-2021 <ul style="list-style-type: none"> <li>o Staff on Youth Sexual Harassment</li> <li>o Staff on Youth Sexual Misconduct</li> </ul> </li> </ul>

- o Youth on Youth Sexual Harassment
- o Youth on Youth Abusive Sexual Contact
- o Youth on Youth Nonconsensual Sexual Acts
- o Total Reports
  - Total Reported Allegations – Five (5) Year Trend
  - Total Reported Allegations – five (5) Year Trend by Category
  - Contracted Facilities Demographics for Years 2019 through 2021
  - Contracted Facilities Allegations for Years 2019 through 2021
  - Accomplishments
  - Physical Plant Improvements
  - PREA Outreach Team

The report is signed by the Interim Director on 3.13.2023

(d) The Youth Services Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 4., states, “011 and ORE shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.”

(e) The Youth Services Center PAQ states the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 5., states, “DYRS shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.”

(f) The Youth Services Center PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section Data Collection and Review, A. 6., states, “Upon request, DYRS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

The facility provided a Division of Youth Rehabilitation Services, Office of Risk Management Services Memorandum, from Agency PREA Coordinator, Re: PREA Compliance Standard 115.387, to Office of Research and Evaluation//Compliance Specialists, stating, “This memorandum provides guidance to the Office of Research and Evaluation (ORE) and Compliance Specialist in order to comply with PREA

Standard 115.387 Data Collection. To this end, the following codifies the expectation of collecting allegations of sexual abuse.

115.387 Data collection.

(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

(b) The agency shall aggregate the incident-based sexual abuse data at least annually.

(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

Through such reviews, the facility meets the standard requirements.



<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. New Beginnings Youth Development Center PAQ</li> <li>2. Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, dated 5.23.2019</li> </ol> <p>(a) New Beginnings Youth Development Center PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section C., 1. Data Storage, Publication, and Destruction, states, “DYRS shall ensure that data collected pursuant to Section XII. A are securely retained.”</p> <p>(b) New Beginnings Youth Development Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section C., 2. Data Storage, Publication, and Destruction, states, “DYRS shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.”</p> <p>(c) New Beginnings Youth Development Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section C., 3. Data Storage, Publication, and Destruction, states, “Before making aggregated sexual abuse data publicly available, DYRS shall remove all personal identifiers.”</p> <p>(d) Government of the District of Columbia Department of Youth Rehabilitation Services Policy and Procedures Manual, Policy 11. a.3. Prevention of and Response to Sexual Misconduct, page 23, section C., 4. Data Storage, Publication, and Destruction, states, “DYRS shall maintain sexual abuse data collected pursuant to Section XII. A., for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”</p>

	Through such reviews, the facility meets the standard requirements.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for New Beginning Youth Development Center and the first year of the fourth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>a. The Auditor was permitted to conduct private interviews with residents.</p> <p>b. Youths were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Through such reviews, the facility meets the standards requirements.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(b) The agency has posted the current 2019 PREA audit report, on their website. Through such reviews, the facility meets the standards requirements.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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"	yes

	or areas where staff or residents may be isolated)?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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



<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

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

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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



<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

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

<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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



<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	no
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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?	no
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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



<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.</p>	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>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.)</p>	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>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.)</p>	yes

<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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



<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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



<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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
<b>115.387 (f)</b>	<b>Data collection</b>	
	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

<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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?	no
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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?	no
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes