

# PREA Facility Audit Report: Final

**Name of Facility:** Arkansas Juvenile Assessment and Treatment Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 01/19/2025

**Date Final Report Submitted:** 04/22/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



**Auditor Full Name as Signed:** Shirley Turner

**Date of Signature:** 04/22/2025

## AUDITOR INFORMATION

**Auditor name:** Turner, Shirley

**Email:** shirleyturner3199@comcast.net

**Start Date of On-Site Audit:** 12/03/2024

**End Date of On-Site Audit:** 12/05/2024

## FACILITY INFORMATION

**Facility name:** Arkansas Juvenile Assessment and Treatment Center

**Facility physical address:** 1501 Woody Drive, Alexander, Arkansas - 72002

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Christy Moore
<b>Email Address:</b>	Christy.Moore@rop.com
<b>Telephone Number:</b>	501-454-7616

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Charles Parkins
<b>Email Address:</b>	Charles.Parkins@rop.com
<b>Telephone Number:</b>	5013711593

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Christy Moore
<b>Email Address:</b>	Christy.Moore@rop.com
<b>Telephone Number:</b>	501-682-9800

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Rebecca Fallen
<b>Email Address:</b>	Rebecca.Fallen@rop.com
<b>Telephone Number:</b>	501-683-7254

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	170
<b>Current population of facility:</b>	160
<b>Average daily population for the past 12 months:</b>	130
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both womens/girls and mens/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	10-20 years of age
<b>Facility security levels/resident custody levels:</b>	secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	214
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	16
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	44

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Rite of Passage, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2560 Business Parkway, Suite A, Minden, Nevada - 89423
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7752679411

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	S. James Broman

<b>Email Address:</b>	sbroman@rop.com
<b>Telephone Number:</b>	775-267-9411

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Angela Lowe	<b>Email Address:</b>	angela.lowe@rop.com

<b>Facility AUDIT FINDINGS</b>	
<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

1. Start date of the onsite portion of the audit:	2024-12-03
2. End date of the onsite portion of the audit:	2024-12-05

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	170
15. Average daily population for the past 12 months:	130
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	172
<b>19. 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>20. 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>	9
<b>21. 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>22. 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>23. 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>	1
<b>24. 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>	3

<b>25. 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>26. 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>	1
<b>27. 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>	10
<b>28. 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>	0
<b>29. 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>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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>	214
<b>31. 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>	44

<b>32. 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>	16
<b>33. 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>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The consideration of the above characteristics; review of population sheets; conferred with staff; reviewed resident files; observations during comprehensive site review.



<b>37. 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>38. 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.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	7
<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>40. 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>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>40. 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>	Observations; conferred with staff; informal conversations with staff and residents.
<b>41. 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>	2
<b>42. 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>	0
<b>42. 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>42. 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>	Observations; conferred with staff; informal conversations with staff and residents.
<b>43. 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>	0

<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>43. 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>	Observations; conferred with staff; informal conversations with staff and residents.
<b>44. 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>	1
<b>45. 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>	2
<b>46. 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>	0
<b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>46. 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>	Review of resident files; conferred with staff; informal conversations with staff.
<b>47. 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>	0
<b>47. 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>47. 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>	Conferred with staff; reviewed report; and preliminary interview with targeted interviewee.
<b>48. 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>	2

<b>49. 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>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 539 1469 701"> <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. </div> <div data-bbox="818 748 1469 828"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>49. 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>	The facility does not have segregated or isolation housing.
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	14

<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Considerations for random staff interviews also included race, ethnicity, gender, and languages spoken.
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>54. 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>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	9
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No  <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)

**60. 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
- ☒ Intake staff



	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. 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>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. 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 checked="" type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The Executive Director, Arkansas and Tennessee, was interviewed as the agency head designee.

## 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.

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

☒ Yes

☐ No

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

**65. 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

**66. 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

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

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

<b>69. 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>70. 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>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
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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.

**72. 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>	1	1	1	1
<b>Total</b>	1	1	1	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	6	0	6	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	7	0	7	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.

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

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

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

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

### 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.

**76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	1	2
<b>Staff-on-inmate sexual harassment</b>	0	0	0	1
<b>Total</b>	0	3	1	3

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

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

1

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	7
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	6
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

1

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

No text provided.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. 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.**

☐ Yes

☒ No

## Non-certified Support Staff

**96. 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

**96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## AUDITING ARRANGEMENTS AND COMPENSATION

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

☐ The audited facility or its parent agency

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

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

☐ Other

**Identify the name of the third-party auditing entity**

Correctional Management and Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Policy 600.600, PREA</p> <p>Safe Environmental Standards</p> <p>Zero Tolerance Acknowledgement Form</p> <p>Position Descriptions</p> <p>Facility Organization Chart</p> <p>Agency Organization Chart</p> <p><b>Interviews:</b></p> <p>PREA Compliance Manager</p>

Regional PREA Coordinator

**Provision (a):**

**An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.**

The facility's PREA policy and Safe Environmental Standards combine to provide zero tolerance regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in the PREA policy and Safe Environmental Standards (SES). The facility has a collection of procedures that are aligned with each identified PREA standard. The SES replicate the PREA standards and are identified by the corresponding PREA standard number, under the all encompassing heading of *Safe Environment Standards*. The PREA policy and SES serve as the guidance to staff regarding the facility practices for adhering to the PREA Standards. The SES outline the strategies for addressing and complying with the components of the PREA standards.

Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The PREA policy and the supporting SES include but are not limited to responding to sexual abuse and sexual harassment through prevention, responding, reporting, investigations, assessments, and disciplinary sanctions for residents and staff. The interviews confirmed knowledge of the zero-tolerance approach regarding sexual abuse and sexual harassment.

**Provision (b):**

**An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.**

The facility's parent agency, Rite of Passage, has district PREA Coordinators and there is also a district PREA Coordinator onsite at the facility. The pre-onsite audit phase meeting and follow-up communication was facilitated by one of the district PREA Coordinators and the district PREA Coordinator located onsite was interviewed during the onsite audit phase. According to the interview, there is time and the authority to fulfill the PREA related duties. The PREA Coordinator positions are upper-level management and report to the agency's Chief Administrative Officer. The formal interview, telephonic meetings, and informal conversations with the PREA Coordinators confirmed their familiarity with the implementation of the PREA Standards and the audit process. The agency's PREA Coordinators work cooperatively with and support the facility's PREA Compliance Manager.

**Provision (c):**

	<p><b>Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</b></p> <p>A PREA Compliance Manager has been designated for the facility and the duties are incorporated in the person's job description. It was stated during the interview that there is the time to fulfill the PREA duties and it was observed that there is the authority required to fulfill those duties. Interviews conducted with all staff revealed their awareness of the role of the PREA Compliance Manager. Observations and the interviews confirmed the PREA Compliance Manager has the support of the facility staff and agency management staff. Policy provides for the designation of a PREA Compliance Manager at the facility level. The PREA Compliance Manager reports directly to the facility Superintendent.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, interviews, and observations, it was determined there is compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Document:</b></p> <p>Safety Environment Standards (SES)</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p><b>Provisions (a) and (b):</b></p> <p><b>(a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</b></p> <p>The Arkansas Department of Human Services, Division of Youth Services, is responsible for services to youth involved in the Arkansas juvenile justice system</p>

	<p>and contracts for the confinement of its residents. Contracts exist that inform providers of the requirements to comply with the PREA Standards and there is acknowledgement of the occurrence of PREA audits. The practice was also confirmed by completed audit reports and interviews. The facility does not contract with other agencies to confine any youth assigned to this facility. The SES provides that this standard is not applicable to the facility.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined compliance with this standard.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Staffing Plan</p> <p>Annual Staffing Assessment</p> <p>Master Schedule</p> <p>Population Rosters</p> <p>Daily Unannounced Rounds Forms</p> <p>Intermediate and Upper-level Staff Unannounced Rounds (Logbook Entries)</p> <p>Upper-level Unannounced Rounds-Administrator on Duty Training Record</p> <p>PRE-Audit Questionnaire (PAQ)</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p><b>Provision (a):</b></p> <p><b>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</b></p>

**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);**

**(6) The composition of the resident population;**

**(7) The number and placement of supervisory staff;**

**(8) Institution programs occurring on a particular shift;**

**(9) Any applicable State or local laws, regulations, or standards;**

**(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and**

**(11) Any other relevant factors.**

According to the PAQ, the agency requires the facility 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 video monitoring to protect the residents against abuse. The corresponding SES to the PREA standards, PREA policy, and staffing plan provide details for maintaining the staffing ratios and the staffing plan outlines the staffing requirements. The facility's staffing plan, internal controls and management ensures that the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours are maintained as provided for in the staffing plan and assessment. Direct supervision is provided to residents during the daily activities and program services.

Since the last PREA audit, the average daily number of residents was 105 and the staffing plan was predicated on 113. The agency's SES regarding this PREA standard require that all the agency's secure facilities provide a staff-to-resident ratio of 1:8 during the awake hours and 1:16 during the sleeping hours. The aforementioned ratios are also the expectation of the contract agency. The SES provide that the calculation of adequate staffing levels and determining the need for video monitoring, consideration is given to the 11 elements of the standard. The staffing plan was developed in accordance with the PREA standard and the staffing plan and review were merged into one document for 2024. The camera system is located in the control room and is constantly monitored.

The provisions of the standard are taken into consideration regarding adequate

staffing levels as confirmed through the interviews. The Superintendent indicated the review of the staff schedule is a daily occurrence and the work schedules are based on the facility's staffing plan of 1:8 during the waking hours and 1:16 during the sleeping hours. The work schedule for direct care staff is based on the staffing ratio required by the facility's contract. The interview revealed considerations that ensure adequate shift coverage including but not limited to standard security practices; composition of the resident population; and programs and activities occurring on a particular shift.

Summarily the staffing plan provides for the following components:

(1) Generally accepted juvenile detention and correctional/secure residential practices: Referenced in the staffing plan.

(2) Any judicial findings of inadequacy: No judicial findings of inadequacy.

(3) Any findings of inadequacy from Federal investigative agencies: No findings of inadequacy from federal investigative bodies.

(4) Any findings of inadequacy from internal or external oversight bodies: No findings of inadequacy from internal or external oversight bodies such as quality assurance audits.

(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated): A process identified blind spots and areas under camera surveillance are identified.

(6) The composition of the resident population: Composition of population reviewed.

(7) The number and placement of supervisory staff: Staff assignments, including supervisor positions are identified.

(8) Institution programs occurring on a particular shift: Programs and services reviewed.

(9) Any applicable State or local laws, regulations, or standards: Ratios reviewed according to the State contract.

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse: No indications of substantiated cases affecting the staffing plan.

(11) Any other relevant factors: No other relevant factors identified.

**Provision (b):**

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

The SES provides for unannounced rounds to be conducted and documented. Supervisors conduct rounds daily on each shift and the results are documented on



the Daily Unannounced Rounds form. The unannounced rounds conducted by higher-level staff is documented in the logbooks. Training was provided in October 2024 for the higher-level staff that serve as administrative duty officers regarding conducting unannounced visits in accordance with the PREA standards. The facility reports no deviations from the staffing ratios in the past 12 months according to the interviews and documents reviewed. The Daily Unannounced Rounds form contains a section for staff to notate/comment regarding, "Justification of Deviation from Staff to Student Ratios."

A coordinated effort was indicated in maintaining the staffing ratios which are stated in the agency contract through informal conversations. The operations of the facility provide for assigning staff to cover situations as needed, such as the number of intakes on a particular day and the lack of staff. The Superintendent described access to a labor pool for such occurrences. The facility is prepared to document any deviations from the staffing requirements through the use of the Daily Unannounced Rounds form by the supervisors and the logbooks by the administrative duty officers. The Superintendent revealed daily monitoring the effectiveness of the work schedules which are based on the staffing plan. The staffing plan ensures the PREA staffing ratios are met and additional staff may be provided for days and times when increased staffing is required.

**Provision (c):**

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

Staffing ratios for the facility are provided by the direct care staff as provided in the SES. The agency contract and SES ensure the ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The ratios were observed for and met during the comprehensive site review and documentation reviewed. Direct care staff members provided direct observation of residents. Since the last PREA audit the average daily number of residents was 105. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated was 113. The facility is not involved in any lawsuits or consent decrees.

**Provision (d):**

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

**(1) The staffing plan established pursuant to paragraph (a) of this section;**

**(2) Prevailing staffing patterns;**

**(3) The facility's deployment of video monitoring systems and other monitoring technologies; and**

**(4) The resources the facility has available to commit to ensure adherence to the staffing plan.**

The facility combined the staffing plan and the review of the staffing plan and it is formally documented. The document reviews but is not limited to the the review of prevailing staffing patterns, staffing plan, electronic monitoring system, and other areas related to adequate supervision. The review considers any adjustments that need to be made by the construction and implementation of a corrective action plan where indicated through findings or recommendations. The annual assessment documents the summarization of the review including the staffing, physical plant and electronic monitoring system. There were no recommendations identified in the report. The two separate documents were reviewed with staff for the separation of the documents in the future.

**Provision (e):**

**Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.**

Policy provides for the occurrence of unannounced rounds which are conducted by management and shift supervisors. The documents show the rounds are made at various times and daily, on each shift by supervisors. A form is used which records the areas visited, conditions encountered, considerations, and any notes or observations made. The form also provides for recording any deviations from the staffing plan. The same information may be recorded by higher-level staff in the logbooks. The interviews and review of documentation confirmed the unannounced rounds occur. The staff is not informed of when the rounds will occur and the visits are not conducted at scheduled times.

The unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment, in accordance with the SES. Staff members are prohibited from alerting other staff when the unannounced rounds are occurring. The unannounced rounds include but are not limited to checking and observations for whether doors are secure; appropriate lighting; behaviors and/or issues; obstructed views; youth or staff in isolated areas; whether the program schedule is being followed; and any deviations from the staffing plan.

**Conclusion:**

	Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safe Environmental Standards (SES)</p> <p>Pre-Service Orientation Training Plan</p> <p>Staff Training &amp; Development Documentation/Sign-in Sheets</p> <p>Acknowledgement Statements</p> <p>Pre-Service Summary Forms</p> <p>Training Curriculum</p> <p>PREA Competency Based Knowledge Assessments</p> <p>Correspondence</p> <p>Posted Information</p> <p>PREA Pre-Audit Questionnaire (PAQ)</p> <p><b>Interviews</b></p> <p>Random Staff</p> <p>Residents</p> <p>PREA Compliance Manager</p> <p><b>Provision (a):</b></p> <p><b>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.</b></p> <p>These type cross-gender searches are prohibited. Policy provides guidance to staff on how the searches are to be conducted. The interviews and PAQ support that cross-gender strip and cross-gender visual body cavity searches are not conducted</p>

at the facility; there is no evidence of such in the last 12 months. All residents interviewed revealed that opposite gender staff have not performed a pat-down search on them and they are not naked in full view of opposite gender staff.

**Provision (b):**

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

Policy prohibits staff from conducting cross-gender pat-down searches and does not provide for the exception of exigent circumstances at this time. The PAQ provides that in the past 12 months, there has been no cross-gender pat-down searches of residents and there has been no cross-gender pat-down searches of residents that involved exigent circumstances. Fourteen direct care staff were interviewed; 14 revealed no cross-gender pat-down training; 12 of 14 revealed no training in the searches of transgender or intersex youth. Two interviews revealed learning in the intake unit that a transgender or intersex youth may choose the gender they prefer to search them. The leadership staff agreed to provide staff with training regarding cross-gender pat-down searches in the event there are exigent circumstances. It was also agreed that staff will be provided training regarding searches of transgender and intersex youth.

During the corrective action period, staff training was conducted regarding cross-gender pat-down searches and the searches of transgender and intersex youth. The training was conducted by the training officer and PREA Compliance Manager. The training was documented on the Staff Training & Development Documentation form and acknowledgement statements. Training documents and acknowledgement statements, representing receipt of training, contained staff signatures, dates, subject matter, and instructors' names. The training was also verbally acknowledged to the Auditor by the PREA Compliance Manager. Additionally, the Pre-Service Summary, training outline for new employees prior to work assignments, was updated to show the inclusion of the review of cross-gender pat-down searches and searches of transgender and intersex youth during the orientation training. The Pre-Service Summary is also used as an acknowledgement of receipt of the orientation training by the employee through their signature, date, and signature of the staff providing the information.

There is correspondence between the agency-wide PREA Coordinator and the PREA Compliance Manager regarding providing, in policy, the exception of exigent circumstances for cross-gender pat-down searches to be conducted. The correspondence states the agency's plan to include this provision within the policy. The prohibition of cross-gender pat-down searches will remain in the policy; however, it will show exceptions for exigent circumstances if any should arise. The policy will be aligned with the training provided which also stresses the prohibition but allowance if there is ever a need for a cross-gender pat-down search to occur.

**Provision (c):**

**The facility shall document and justify all cross-gender strip searches,**

**cross-gender visual body cavity searches, and cross-gender pat-down searches.**

Policy provides for documenting the occurrence of cross-gender strip searches and cross-gender visual body cavity searches. All interviews confirmed that cross-gender searches have not occurred at the facility during this audit period and that they are prohibited. There was no evidence, including interviews and informal conversations, documenting any cross-gender strip or visual body cavity searches have occurred.

**Provision (d):**

**The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.**

The facility, in accordance with policy, enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them. This practice was confirmed through interviews with residents and staff through formal interviews and informal conversations. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the comprehensive site review, staff explained how hygiene practices are conducted privately. It was observed that residents have a reasonable amount of privacy during use of the bathroom and expressed by residents.

Staff members of the opposite gender must announce their presence when entering the residents' housing units and signs are posted informing opposite gender staff to announce their presence upon entering the housing units. Fifteen out of 20 residents confirmed opposite gender staff announce their presence; two said sometimes; and three responded, no. All 14 direct care staff interviewed stated opposite gender staff members announce their presence upon entering the living units. A highly visible sign is posted at each housing unit informing the opposite gender staff to announce their presence. The interviews confirmed residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia.

The staff interviews and observations during the comprehensive site review support that viewing of the monitors does not show residents when they are showering, using the toilet or changing clothes. The shower and toilet stalls do not allow staff to get a view of the resident's body due to stall doors and shower curtains and there are no cameras in the bathroom or the residents' rooms. Hygiene practices are

performed with the expectations of reasonable privacy for each resident.

**Provision (e):**

**The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.**

Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the last 12 months. Eight out of 14 staff interviews confirmed they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining their genital status. When the genital status of a youth is unknown, learning this information will be part of a broader medical examination conducted by a medical practitioner in private, according to policy. Documented training was provided to staff that included searches of transgender and intersex youth and policy was reviewed.

**Provision (f):**

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

Policy provides information on conducting general searches; initially there was no specific training regarding cross-gender pat-down searches and searches of transgender and intersex youth. Fourteen direct care staff were interviewed; 14 revealed no cross-gender pat-down training; 12 of 14 revealed no training in the searches of transgender or intersex youth. Two interviews revealed learning in the intake unit that a transgender or intersex youth may choose the gender they prefer to search them. During a corrective action period, staff training was conducted regarding cross-gender pat-down searches and the searches of transgender and intersex youth. The training was conducted by the training officer and PREA Compliance Manager. The training agenda was documented on the Staff Training & Development Documentation form and acknowledgement statements. The forms and acknowledgement statements, representing receipt of training, contained staff signatures, dates, subject matter, and instructors' names. The training was also verbally acknowledged to the Auditor by the PREA Compliance Manager.

Additionally, the Pre-Service Summary, training outline for new employees prior to work assignments, was updated to show the inclusion of the review of cross-gender pat-down searches and searches of transgender and intersex youth during the orientation training. The Pre-Service Summary is also used as an acknowledgement of receipt of the orientation training by the employee through their signature, date,

	<p>and signature of the staff providing the information.</p> <p><b>Conclusion:</b></p> <p>Based on the reviewed documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<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><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Language Services Agreement, Interpreters Unlimited (IU)</p> <p>Invoice for Professional Language Services</p> <p>Brochures, Posters, and Forms in Spanish</p> <p>PREA Education Video in English with Spanish Subtitles</p> <p>IU Representative</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Targeted Interviewee</p> <p>Intake Staff</p> <p>Random Staff</p> <p>Agency Head Designee</p> <p><b>Provision (a):</b></p> <p><b>The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing</b></p>

**access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.**

Policy and procedures address the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations.

The facility has arrangements with the agency, Interpreters Unlimited, for the provision of professional language services through a contract. The services are for the residents and their parents or guardians that are unable to speak and understand English or are deaf. The contract includes the delivery of services in spoken translation, document translation, and American Sign Language. Accommodations may also be provided by the education unit for disabled residents and residents that are limited English proficient. Mental health professionals are available to provide appropriate responses regarding PREA education to residents, when needed. The facility also has bilingual staff.

**Provision (b):**

**The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.**

The evidence shows residents with disabilities and who may be limited English proficient are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. All residents enter the facility through the intake unit and interpreters are initially accessed by intake staff. The need for an interpreter is determined prior to the youth's arrival to the facility.



	<p>The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. A targeted interview was conducted; however, an interpreter was not required as determined by the Auditor and corroborated by staff. The interview was conducted with no issues. An invoice, formal interviews, and informal conversations supported that residents have access to the professional language interpreting services.</p> <p><b>Provision (c):</b></p> <p><b>The agency 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 the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.</b></p> <p>The facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the site visit. However, the intake staff explained how a professional interpreter will be contacted. The Auditor confirmed the professional interpreting services through a representative at Interpreters Unlimited and a review of the contract. The representatives confirmed the use of certified interpreters and special certifications based on the need of the company such as specialized medical interpreters.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.317	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents:</b></p> <p>Policy 100.205, Employee References and Information Request</p> <p>Policy 100.209, Background Record Clearance</p> <p>Safe Environment Standard (SES)</p>

Certificate of Awareness of Policy, Procedures, Regulations

**Interview:**

Human Resources Staff

**Provisions (a) & (f):**

**(a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—**

**(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);**

**(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or**

**(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.**

**(f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.**

The policies collectively address hiring and promotion processes and decisions and background checks. The background checks occur initially and every five years thereafter, aligned with policy and the standard. Policy provides that pre-employment background checks are conducted and additional post-employment background checks may be conducted if required by an additional mandate such as licensing agencies or a law. The personnel files include the completed background checks and hiring documents. Background checks are obtained through the state and federal background checks are conducted on persons that lived out of state for at least five years.

Through the employment application, prior to hire and promotion, employees are asked to verify, in writing, the following information which is a part of the background screening packet:

- Have 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);

- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
- Have been civilly or administratively adjudicated to have engaged in the activity described above.

The interview and a review of policies and other documents provided details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files were responsive to the above provisions of this standard. All applicants were asked about any prior misconduct involving any sexual activity. The documentation, interview and documentation support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse.

**Provision (b):**

**The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.**

The policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and there is documentation through background checks regarding the inquiries made during the application process about previous misconduct.

Policies and the interview collectively indicate that the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

**Provisions (c) & (d):**

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

**(1) Perform a criminal background records check;**

**(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and**

**(3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.**

**(d): The agency shall also perform a criminal background records check,**

**and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.**

The background check process is routinely conducted through the state. Background checks are conducted on potential employees, contractors, volunteers and interns. Best efforts have been made to contact all prior institutional employers for information of incidents or allegations of sexual abuse. 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. Criminal History Reports are provided by the Arkansas State Police. Child abuse registry reports are obtained from the Child Maltreatment Central Registry, Arkansas Department of Human Services, Division of Children and Family Services. In the past 12 months, criminal background record checks were conducted on all 16 staff covered in the contract who might have contact with residents.

**Provision (e):**

**The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.**

Initial background checks are conducted and are conducted every five years thereafter, in accordance with Policy. The interview, review of documentation and a review of the policies and procedures provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

**Provision (g):**

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

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with the corresponding SES procedures and the interview.

**Provision (h):**

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

The interview revealed that when a former employee applies for work at another institution, upon the request from that institution, the relative information will be verified as long as there is an authorized release of information.

**Conclusion:**

	Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Safe Environmental Standards (SES)</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>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?</p> <p>There have not been major renovations completed since the last PREA audit. The agency has guidance through the SES regarding this standard.</p> <p>Provision (b):</p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The camera system remains the same since the last PREA. The agency has guidance through the SES regarding this standard.</p> <p>Conclusion:</p> <p>The standard is met.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents:**

Policy 600.600, PREA

Safe Environment Standards

Uniform Definitions of Sexual Violence

Memorandum of Understanding (MOU), Cooper-Anthony Mercy Child Advocacy Center

MOU, Bryant Police Department

Student Services Offered Acknowledgement Form

**Interviews:**

Random Staff

PREA Compliance Manager

Advocacy Agency Representative

**Provisions (a) and (b):**

**(a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.**

Administrative investigations are investigated by the facility-based investigator, PREA Compliance Manager. An allegation of sexual abuse may also be investigated by the investigations unit within the Division of Youth Services (DYS), Arkansas Department of Human Services. Allegations of sexual abuse that are criminal in nature are reported to the Bryant Police Department. According to staff interviews, policy, and the investigation reports, procedures were followed regarding reporting and investigations of sexual abuse in accordance with the standard. The random staff interviewed confirmed awareness of protocols for maintaining usable physical evidence and 13 out of 14 random staff interviewed had knowledge of the entities responsible for conducting investigations. The protocol for investigations is appropriate for youth and understood by law enforcement conducting investigations. A MOU exists between the facility and Bryant Police Department.

**Provision (c):**

**The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.**

The alleged victim will get services within the facility as well as timely services in the community. An alleged victim will be transported to Cooper-Anthony Mercy Child Advocacy Center facility for a forensic medical examination that will be conducted by a Sexual Assault Nurse Examiner (SANE). The examination and any follow-up treatment will be performed at no cost to the victim, and in accordance with policy, the written coordinated response plan, and the MOU. Medical and mental health staff members at the Arkansas Juvenile Assessment and Treatment Center maintain secondary materials and documentation of encounters with residents confirming the provision of general and emergency services.

Continuity of care will be provided at the facility to include medical and mental health follow-up services. No forensic medical examinations were conducted during this audit period. Information regarding advocacy services is posted in the facility which is accessible to residents, staff and visitors. In addition to the MOU and interview with the advocacy agency agent, and program staff affirm the availability of services and the validity of the MOU to provide advocacy services and the medical forensic examination. The Student Services Offered Acknowledgement Form is provided to each resident after an allegation of sexual abuse so that the resident may note whether they accept or decline a call for advocacy services through the crisis call center and/or a forensic medical examination.

**Provisions (d) and (e):**

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

**examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.**

Victim advocacy services have been arranged and outlined in a written MOU between the facility and Cooper-Anthony Mercy Child Advocacy Center. This victim advocacy agency provides a range of programs and services including forensic medical examinations, forensic interviews, advocacy and resource assistance, and emotional support. The advocacy agency follows all applicable laws and regulations with respect to confidentiality as well as other required mandates through compliance with applicable standards and the MOU. The advocacy agency may be notified by the facility staff or law enforcement regarding the transport of a child for an alleged victim of sexual abuse. The MOU addresses the required confidentiality of services and proprietary information.

The victim advocacy agency offers services which include the following:

- 24-hour hotline services;
- Information;
- Referrals;
- Counseling services;
- Forensic medical examinations;
- Follow-up support services within the facility and upon transfer or release; and
- Forensic interviews.

Victim advocacy services are provided at no cost to the victim in accordance with agency policy and MOU. The advocacy agency representative confirmed the available advocacy services items contained on its website. It is recommended that the MOU contain more specific language about the direct services available to the resident as determined from the advocacy agency representative's interview, advocacy agency's website, and the PREA Compliance Manager. The advocacy agency utilizes a multidisciplinary team approach to reduce trauma and provides individualized services to meet the needs of each child.

**Provisions (f) and (g):**

**(f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.**

The facility-based investigator and the DYS investigator conduct administrative



	<p>investigations in accordance with facility and agency policies, aligned with the PREA standards. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature will be investigated by law enforcement.</p> <p><b>Provision (h):</b></p> <p><b>For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</b></p> <p>The facility has made arrangements for victim advocacy services with the Cooper-Anthony Mercy Child Advocacy Center; confirmed through interviews and the MOU. The advocacy agency offers a comprehensive and coordinated approach in response to allegations of child abuse. The Cooper-Anthony Mercy Child Advocacy Center provides comprehensive services including forensic medical examinations which met the requirements when advocacy services were initially sought.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Memorandum of Understanding (MOU), Bryant Police Department</p> <p>Incident Tracker</p> <p>Investigation Reports</p> <p>Website</p> <p><b>Interviews:</b></p> <p>Facility-based Investigative Staff</p> <p>Contract Agency Investigative Staff</p> <p>Agency Head Designee</p>

**Provision (a):**

**The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.**

The facility ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy provides that staff report all allegations of sexual abuse and sexual harassment and document reports; staff members are aware of the requirements. The facility reports eight allegations. The allegations are categorized as one sexual abuse and seven allegations of sexual harassment. Sexual abuse and sexual harassment allegations are referred to the facility-based investigator and law enforcement if criminal in nature. The allegation of sexual abuse was staff-on-resident and was determined unsubstantiated by an administrative investigation. One of the seven sexual harassment allegations was staff-on-resident which was substantiated as the result of an administrative investigation and the staff was terminated. Policy and interviews provide for investigations of all allegations of sexual abuse and sexual harassment.

**Provisions (b) and (c):**

**(b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.**

Allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations which include the and law enforcement. The facility-based and State agency investigators do not conduct criminal investigations; only administrative investigations. Policy, indicating how investigations are handled, is posted on the facility's agency website, accessible to the public. Policies, investigation reports, and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by trained investigators. Allegations that are criminal in nature are referred to law enforcement that will provide a trained investigator. A MOU exists between the facility and the police department for professional investigations conducted by trained staff.

**Provision (d):**

**Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.**

The facility has a policy governing investigations. The facility and State agency

	<p>utilize trained investigators. The interviews with investigative staff, investigation reports confirm that administrative investigations are conducted by a trained investigator and allegations that are criminal in nature will be referred to law enforcement. The facility reports no criminal investigations during this audit period.</p> <p><b>Provision (e):</b></p> <p><b>Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</b></p> <p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safe Environment Standards (SES)</p> <p>Lesson Plan</p> <p>Training Curriculum</p> <p>Training Logs</p> <p>Acknowledgement Statements</p> <p>PREA Pre-Audit Questionnaire (PAQ)</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p><b>Provisions (a) and (c):</b></p> <p><b>(a): The agency shall train all employees who may have contact with residents on:</b></p> <p><b>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</b></p>

**(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;**

**(3) Residents' right to be free from sexual abuse and sexual harassment;**

**(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;**

**(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;**

**(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;**

**(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;**

**(8) How to avoid inappropriate relationships with residents;**

**(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and**

**(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;**

**(11) Relevant laws regarding the applicable age of consent.**

**(c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.**

The facility provides and/or staff coordinates the required training, according to the standard, for all employees who may have contact with residents. Policy addresses PREA related training for staff which is formally provided initially and annually; refresher sessions are provided. Refresher sessions are provided every six months and may be conducted in planned sessions, staff meetings and/or shift briefings which include any changes in policy, procedures, and general PREA related practices that do not occur at all or very little in order to keep staff alert. Interviewed staff members were generally familiar with the PREA information. PREA training is provided to staff, as indicated by a review of facility and agency policies, training documents, and interviews. All staff have contact with residents and have received PREA training.

	<p><b>Provision (b):</b></p> <p><b>Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</b></p> <p>The facility houses males and staff training considers the needs of the population served as indicated by the interviews. Policies and interviews support training being tailored to the needs and attributes of the population served. All staff within the facility are provided PREA training. Moving forward, the facility will provide training regarding cross-gender pat-down searches in the case of an extreme emergency since the practice is that no cross-gender pat-down searches are conducted at the facility.</p> <p><b>Provision (d):</b></p> <p><b>The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</b></p> <p>The PREA training reviewed was documented manually through sign-in sheets and acknowledgement statements and verified through staff interviews.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.</p>
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115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Training Curricula</p> <p>Training Acknowledgement Statements</p> <p><b>Interviews:</b></p> <p>Volunteers (2)</p> <p>Contractors (2)</p>

**Provision (a):**

**The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.**

Volunteers and contractors who have contact with residents must be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of policy, training curricula, training acknowledgement statements, and interviews confirmed the training occurs. The training curricula include but is not limited to information in the following areas: reporting allegations of sexual abuse and sexual harassment; related definitions; detecting sexual abuse and sexual harassment; and maintaining professional relationships with residents; and knowledge of boundaries.

**Provision (b):**

**The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.**

The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by the contractors and volunteers. The training participants sign an acknowledgement statement confirming participation in and understanding of the training.

The interviews revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. The interviews confirmed the review of the zero-tolerance policy is included in the PREA training, either a direct response or by the information provided. The volunteers interviewed provide religious services to the residents. One contractor provides technical education and the other provides counseling services.

**Provision (c):**

**The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.**

The training documentation and interviews confirmed the receipt and awareness of PREA training by contractors and volunteers. The interviews and acknowledgement statements indicated understanding of the training received. The PREA training is made available to volunteers and contractors prior to them providing services within

	<p>the facility. Refresher training is also provided. The contractors and volunteers stated the training had been conducted by the PREA Compliance Manager.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Student Acknowledgements of Zero Tolerance Policy</p> <p>Sign-in Sheets</p> <p>PREA Brochure</p> <p>Student Handbook</p> <p>Posted PREA Information</p> <p>Contract for Translation and Interpreting Services</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p><b>Interviews:</b></p> <p>Residents/Targeted Interviewees</p> <p>Intake Staff</p> <p><b>Provisions (a) &amp; (b):</b></p> <p><b>(a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</b></p>

Youth receive information at the time of intake about PREA including the zero-tolerance policy of the facility and how to report allegations of sexual abuse and sexual harassment. Policy provides that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interview with the intake staff and residents. Documentation provides that residents have received initial and refresher education in the various ways to report allegations of sexual abuse and sexual harassment which were primarily to tell staff, complete a grievance or other form, and/or report through the abuse reporting hotline.

A review of the education materials and the refresher education documentation indicated the information provided to the residents is age-appropriate. The intake staff provides the PREA information to youth on the first day of admission, including watching the PREA video. The residents remain in the intake unit for 14 days; on the 10th day residents watch the PREA video again and are provided additional information. Intake staff also address questions that a resident may have regarding PREA. The residents initially sign acknowledgement statements which represent receipt of the PREA information provided.

Although contact information was posted and readily available and visible, it was determined that emphasis also needed to be placed on the identification and purpose of the advocacy agency and the services provided. The interviews with the residents revealed the need for refresher education sessions focusing on the advocacy agency and the services provided to victims of sexual abuse to ensure the residents' clear and un-contradicted understanding of the information. The refresher PREA education sessions regarding the victim advocacy services and agency was conducted by the training officer and PREA Compliance Manager. A sign-in sheet containing the subject, education outline, names of instructors, and date, was used to document the the refresher education sessions. The management and regional staff confirmed refresher education sessions would be conducted to include all residents. Verbal confirmation of completion of the training was demonstrated by the documentation and verbal acknowledgement by the PREA Compliance Manager. Staff was also provided a refresher session regarding victim advocacy services and the use of the hotline process by residents which was documented through sign-in sheets and verified by signatures of the training officer and PREA Compliance Manager.

**Provision (c):**

**Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.**

Based on the evidence shown documenting the PREA education sessions in provisions (a) and (b), and interviews, all residents received PREA education.



According to the PAQ, 267 youth were admitted to the facility in the past 12 months who were given PREA education at intake. Formal interviews and informal conversations with residents and the interview with intake staff and review of documentation support that all youth admitted to the facility received PREA education during the intake process. Acknowledgement statements and the interviews indicate that general PREA education was provided. The implementation of the corrective action of additional specific training supplemented the general education by providing customized information regarding outside advocacy services and a review of accessing the hotline which has been incorporated and emphasized in subsequent PREA education sessions. Policy (SES) supports that all youth admitted to the facility receive PREA education.

**Provision (d):**

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident, per policy. The education unit is also a resource for accessibility, supportive services, and translation services and other accommodations. Assistance may also be provided by the mental health staff to ensure all residents' understanding of the PREA information. The facility has bilingual staff onsite.

Policy provides for interpreter and translation services. There is documentation and policy that provide information and accessibility for the accommodations for residents with special needs. The education staff provides services through certified teachers with the educational background to modify/adapt information for all residents to understand. The facility has arrangements with the agency, Interpreters Unlimited, for the provision of professional language services through a contract. The services are for the residents and their parents or guardians that are unable to speak and understand English or are deaf. The contract includes the delivery of services in spoken translation, document translation, and American Sign Language. Posted and other printed PREA information is in English and Spanish. A customer care representative confirmed the available translating services, including services for the Deaf.

The random staff interviews revealed a practice of residents not used as translators or readers for other residents. There is a collective awareness of the availability of bilingual staff and professional translating and interpreting services. The facility has knowledge of the youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents. The special arrangements are coordinated by treatment team staff in collaboration with the Superintendent or PREA Compliance Manager.

**Provision (e):**

**The agency shall maintain documentation of resident participation in these education sessions.**

Signed acknowledgement statements and training rosters were reviewed which supported the residents' involvement in PREA education sessions and the refresher education sessions. The residents' interviews revealed the exposure to PREA through the PREA education sessions. The residents could provide information on how they would report allegations of sexual abuse and sexual harassment and knew they would not be punished for reporting such. The refresher PREA education sessions has enhanced the overall PREA education of the residents.

**Provision (f):**

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

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. It was recommended, as a result of the comprehensive site review, that the posters and printed information be more colorful and contain graphics to better attract the attention of the residents; additional posting was added during the corrective action period. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. The information is primarily provided in paragraphs and is not oversized which would also be helpful in making the information more youth-friendly.

Each resident is provided a handbook which contains a reference to PREA. The handbook was edited during the corrective action period to include how a resident may privately report an allegation by including the language and hotline number. PREA-related information was observed posted in each living unit. PREA signage is placed at varying eye levels with consistent messaging. The interviews with the residents and random staff confirmed the PREA audit notices had been up for awhile and that the PREA information is always on the walls. PREA related information is located in the housing area; common areas for staff, residents, contractors, volunteers, and visitors; lobby; and some offices. It was also recommended that additional signage be posted informing where residents may go only with staff supervision and informing where residents are not allowed.

**Conclusion:**

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

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Training Curriculum</p> <p>Training Log</p> <p>Specialized Investigation Knowledge Assessment</p> <p>Training Certificate</p> <p>Memorandum of Understanding</p> <p><b>Interviews:</b></p> <p>Facility-based Investigator</p> <p>Agency Investigator</p> <p><b>Provisions (a) and (b):</b></p> <p><b>(a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</b></p> <p>Administrative investigations are conducted by the investigator within the facility. Investigations may be investigated by the investigation unit within the Arkansas Division of Youth Services (DYS). Regular PREA training is required in addition to the specialized training regarding conducting administrative investigations. Allegations that are criminal in nature are referred for investigation by law enforcement which is confirmed through a Memorandum of Understanding between the facility and the police department. The interview and review of documents confirmed administrative investigations are conducted by trained investigators. The specialized training for the facility-based investigator includes but is not limited to interviewing techniques; proper use of Garrity and Miranda warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded.</p> <p><b>Provision (c):</b></p> <p><b>The agency shall maintain documentation that agency investigators have</b></p>

	<p><b>completed the required specialized training in conducting sexual abuse investigations.</b></p> <p>Documentation of training logs and any training certificates of the investigators are maintained. Allegations that are criminal in nature will be referred to local law enforcement, in accordance with policy. The facility-based investigator, responsible for conducting administrative investigations within the facility, has received training through the National Institute of Corrections as evidenced by the training certificates and the Specialized Investigation Knowledge Assessment.</p> <p><b>Provision (d):</b></p> <p><b>Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</b></p> <p>The DYS investigator receives specialized training through their agency. The MOU ensures trained police personnel will conduct allegations that are criminal in nature.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Training Curricula</p> <p>Training Logs</p> <p><b>Interviews:</b></p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p><b>Provision (a):</b></p> <p><b>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</b></p>

**(1) How to detect and assess signs of sexual abuse and sexual harassment;**

**(2) How to preserve physical evidence of sexual abuse;**

**(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and**

**(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.**

Medical and mental health staff members received the regular PREA training as well as the specialized training provided onsite through the National PREA Resource Center's training curriculum. Medical staff also received training from staff at the Cooper-Anthony Mercy Child Advocacy Center; one trainer was a Sexual Assault Nurse Examiner. Training logs and interviews document regular PREA training and the specialized training for medical and mental health staff members. The interviews confirmed the training occurs and include the elements of this provision.

**Provision (b):**

**If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.**

Forensic examinations are not conducted at the facility; they will be conducted at the Cooper-Anthony Mercy Child Advocacy Center as confirmed by interviews and the Memorandum of Understanding.

**Provision (c):**

**The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.**

Training logs and interviews with medical and mental health staff members document receipt of the specialized training.

**Provision (d):**

**Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.**

Medical and mental health staff members completed the general training that is provided for all employees at the facility. The standard PREA training is provided to all employees as indicated by the training logs and interviews.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor

	determined the facility is compliant with this standard.
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Vulnerability Assessments</p> <p>Vulnerability Reassessments</p> <p><b>Interviews:</b></p> <p>Staff Responsible for Risk Screening</p> <p>Residents</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p><b>The Policy provides that upon arrival or within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</b></p> <p>Youth must be screened for risk of victimization while in the intake unit, prior to room assignment on the main campus, for sexual vulnerabilities or acting-out with sexually aggressive behavior. According to the interview with the staff responsible for administering the Vulnerability Assessment, the practice is that the risk assessment is regularly completed on the day of admission and always within 72 hours. It was further stated that the questions on the Vulnerability Assessment are explained to the youth and there may be probing for additional information. Review of the court packet also provides helpful information regarding a youth's behavior.</p> <p>The review of Vulnerability Assessments in 20 residents' files along with intake paperwork supported the risk assessments were completed on the day of admission. The review of a sample of Vulnerability Assessments and interviews with the staff responsible for risk screening confirmed the information obtained includes but is not limited to the following:</p>

- Prior sexual victimization or abusiveness;
- Resident's own perception of vulnerability;
- Current charges and offense history;
- Self-identification of resident;
- Intellectual or developmental disabilities;
- Physical disabilities;
- Mental illness or mental disabilities
- Information regarding relationships with other youth
- Confirmation of size and stature
- Confirmation of Age

According to documentation and the interview with the staff responsible for risk screening, reassessments are conducted at least every six months by the therapist, as also determined from the review of the files. The facility reports that 267 youth were admitted to the facility within the past 12 months that were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents.

The risk assessments are accessible to the clinical and case management staff. The resident files were observed to be maintained in a confidential and secure manner. The files were observed stored in a locked file cabinet in the locked records office. The key to the records office is a part of the key control system which provides for limited and controlled access. Electronic information is password protected with access only to identified staff.

**Provision (b):**

**Such assessments shall be conducted using an objective screening instrument.**

The Vulnerability Assessment is an objective screening instrument that is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding his own safety. The instrument is tabulated based on the information received where identified responses can identify any special needs and safety concerns. The Vulnerability Assessment, which is used for the initial assessment and reassessment(s), contains verifiable items that collectively provide a presumptive determination of risk for victimization or abusiveness. The Vulnerability Assessment is administered by intake and mental health staff consistently which assists in minimizing subjective interpretation and bias.

**Provision (c):**

**At a minimum, the agency shall attempt to ascertain information about:**

- (1) Prior sexual victimization or abusiveness;**
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;**
- (3) Current charges and offense history;**
- (4) Age;**
- (5) Level of emotional and cognitive development;**
- (6) Physical size and stature;**
- (7) Mental illness or mental disabilities;**
- (8) Intellectual or developmental disabilities;**
- (9) Physical disabilities;**
- (10) The resident's own perception of vulnerability; and**
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.**

The Vulnerability Assessment contains the areas required by this provision of the standard and outlined in provision (a). The interview with the staff responsible for risk screening confirmed familiarity with the elements of the risk screening instrument. The resident interviews and review of a sample of resident files also confirmed the administration of the screening instrument and the general inquiries made. The interviews revealed the practice is that the Instrument is administered the first day shortly after the youth's admission to the facility.

**Provision (d):**

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

Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth based on the information contained on the instrument. Additional information to complete the screening instrument includes but not limited to review of court records, review of previous evaluations, and any other relevant documentation. The interview with the staff responsible for the initial



	<p>risk screening revealed the information to complete the risk screening instrument is gleaned from the various sources. Additional assessments are completed when the youth is admitted to the facility to obtain supportive information for treatment planning and keeping the youth and others safe.</p> <p>Facility staff is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the residents available information in an effort to preliminarily prepare for the needs prior to their arrival. Interviews with the mental health and medical staff revealed interactive conversations regarding residents and support regarding screening results. An interdisciplinary treatment team meets regarding the classification of residents.</p> <p><b>Provision (e):</b></p> <p><b>The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</b></p> <p>Appropriate controls are taken to ensure that sensitive information is protected and not exploited by maintaining the files securely and the online information on computers is password protected. The online information is only accessible to identified staff. The staff responsible the risk screening addressed the management of sensitive information and the expectation of confidentiality by staff. The clinical staff and program managers have access to the risk screening instruments. Other staff may be informed of the information based on their need to know. Confidentiality is a component of staff training. The resident files are stored in locked file cabinets in the locked records room maintained by two staff members, including a manager. No files are removed from the records room. The evidence, including interviews and observations, document the facility's adherence to the provision of the standard.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.342	Placement of residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p>Vulnerability Assessments</p>

Room Assignment Forms

**Interviews:**

Staff Responsible for Risk Screening

Superintendent

PREA Compliance Manager

PREA Coordinator

Mental Health Staff

Medical Staff

Targeted Interviewees

Random Staff

**Provision (a):**

**The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.**

The facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments. Policy provides guidance to staff regarding the use of the information obtained from the screening instrument. The interviews indicate the screening information is used to inform staff of information based on the need to know, housing and program assignments, and assist in identifying treatment and any special services. Housing and other assignments are not made until the Vulnerability Assessment is completed.

The Room Assignment Form is used to document housing assignments for each resident. The form provides for the consideration(s) of the Vulnerability Assessment by the Classification Committee. Any room changes after the initial assignment must be authorized by the Unit Manager, Shift Supervisor, or Director of Group Living. All housing changes must be documented on the Room Assignment Form which is also stated on the form. The completion of the form requires meaningful discussion regarding housing decisions and additional consideration based on other assessments. The justification for any housing decision must be noted on the form. Other program assignments are also discussed by the Classification Committee and may be reflected in the treatment plan.

**Provision (b):**

**Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe**

**can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.**

Policy provides that a resident would only be isolated from other residents as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. If in protective custody, the policy also provides residents will receive services which include daily large muscle exercises and education, including special education services. However, the program practice is that isolation is not used as protective custody. The interviews with the Superintendent, medical staff, mental health staff, and targeted interviewees supported that isolation is not used as protective custody. Random staff and Superintendent interviews indicated that protective measures would be taken immediately. The protective measures mentioned collectively included: transfer to another program; housing change; notify supervisor; separate residents; closer monitoring; and/or write a report. There were not any residents at risk of sexual victimization placed in isolated from other residents in the 12 months preceding the audit, according to the Pre-Audit Questionnaire and informal conversations with staff.

**Provision (c):**

**Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.**

Policy supports not placing lesbian, gay, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by policy, staff interviews, and review of completed Room Assignment Forms. The information gleaned from the targeted interviewees and review of the sample of residents' files support that housing assignments are made on a case-by-case basis and no special housing exists for LGBTI youth.

**Provision (d):**

**In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.**

Housing assignments are made on a case-by-case basis as supported by policy, staff interviews, and review of completed Room Assignment Forms. Policy and practice support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews, targeted interviews, and review of at least 20 Room Assignment Forms and corresponding Vulnerability Assessments. The interviews confirmed the facility considers 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. Observations and interviews indicate staffs' awareness and efforts in keeping residents safe, including transgender and intersex youth.

**Provision (e):**

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

Policy provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview with the staff responsible for risk screening is aware of the policy. The practice of reassessments occurring with all residents provides that the reassessment of transgender and intersex youth will occur every six months. There were not transgender or intersex youth in the facility during the last 12 months.

**Provision (f):**

**A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.**

The resident's concern for their own safety is taken into account through the administration of the Vulnerability Assessment instrument, treatment team meetings, and informal check-ins by staff with residents as confirmed by residents and staff. The interviews, review of documentation, and observations were aligned with policy.

The Vulnerability Assessment contains the question, "do you feel at risk for attack or abuse from other youths?" The instruments also contains examples the administrator may discuss or review with the youth which include threats, harassment, and insults. The residents are given the opportunity to express any concerns about their safety during the administration of the Vulnerability Assessment, treatment team meetings, and during the informal check-ins by staff.

**Provision (g):**

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

Transgender or intersex residents are given the opportunity to shower separately from other residents which is also supported by the interview with the staff

	<p>responsible for the risk screening and policy. There has not been an intersex or transgender youth in the facility during this audit period.</p> <p><b>Provision (h):</b></p> <p><b>If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:</b></p> <p><b>(1) The basis for the facility's concern for the resident's safety; and</b></p> <p><b>(2) The reason why no alternative means of separation can be arranged.</b></p> <p>According to policy, a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided if such occurs; however, isolation is not used in this facility. No residents were determined at risk of sexual victimization placed in isolation in the 12 months preceding the audit.</p> <p><b>Provision (i):</b></p> <p><b>Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.</b></p> <p>Isolation is not used in this facility. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Grievance Form</p> <p>Sick Call Form</p> <p>Youth Speak To Form</p> <p>Third-Party Reporting Form</p> <p>PREA Brochure</p>

Student Handbook

Sign-in Sheets

**Interviews:**

Residents

Random Staff

**Provision (a):**

**The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.**

Policy provides for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Due to the review of the student handbook, the process of residents gaining access to report an allegation of sexual abuse or sexual harassment was also documented in the handbook and the hotline number was included. Staff and residents were provided refresher training which reviewed specific information on how a telephone is accessed by the resident for reporting an allegation and for reporting in private through the hotline.

A posted brochure provides telephone numbers for reporting allegations of sexual abuse or sexual harassment. In addition to staff accessing a telephone, residents are informed in the PREA education sessions, determined from the interviews, that they may tell staff or submit a complaint in writing regarding allegations of sexual abuse or sexual harassment. Additional signage has been posted in each living unit providing information for reporting allegations of sexual abuse or sexual harassment and contact information for requesting help services if needed.

The residents interviewed identified someone who did not work at the facility they could report to about sexual abuse or sexual harassment. The random staff and resident interviews revealed residents may submit a complaint in writing or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing through posted information, student handbook, and refresher education provided to staff and residents. According to interviews and informal conversations, residents have access to use the telephone to communicate with approved contacts on the outside.

Residents have access to writing utensils; help request forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations of sexual abuse and sexual harassment. Written notes, forms, or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse or sexual harassment, the abuse reporting procedures will be implemented in

accordance with policy. The Youth Speak To form is a request by a resident to speak to someone in administration, medical, mental health, education, a case manager, unit manager, therapist, or pastor. The form provides for the staff to record follow-up regarding the meeting with the resident and to sign and date the form. PREA information is posted and each resident has been provided a handbook which contains information about reporting allegations. The inclusion of the PREA reporting information in the student handbook is aligned with the refresher education provided to the residents during the corrective action period. Staff members received information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, refresher training, shift briefings, and staff meetings.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. A recommendation was followed, as a result of the comprehensive site review, and a poster for each unit was printed and posted with more color and contained graphics to better attract the attention of the residents. The brochure provides information on sexual abuse and sexual harassment; steps victims may take; and reporting information. The PREA information for residents is primarily provided in regular written paragraph form and is not oversized which would also be helpful in making the information easier to read and more youth-friendly.

Each current resident has been provided a handbook which contains a reference to PREA and it will be provided to incoming youth during the intake process. PREA-related information was observed posted in each living unit. PREA signage is placed at varying eye levels with consistent messaging. The interviews with the residents and random staff confirmed the PREA audit notices had been up for awhile and that the PREA information is always on the walls. PREA related information is located in the housing area; common areas for staff, residents, contractors, volunteers, and visitors; lobby; and some offices. It was also recommended that additional signage be posted informing where residents are allowed only with staff supervision and informing where residents are not allowed.

**Provision (b):**

**The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.**

Nine out of 14 staff stated residents may report an allegation privately through the use of the hotline. Two of 20 residents stated the hotline as a way they could report sexual abuse or sexual harassment. It is clear that staff has access to the hotline to

report allegations of sexual abuse and sexual harassment and there is evidence of the practice. The resident handbook has been revised to include information on the use of a telephone, upon request, for a resident to report an allegation of abuse and report in private. Brochures were posted on how to report allegations and the contact information provided.

Telephones are accessible to all staff and to youth upon request; there are no telephones posted on the units for use by residents. The telephone hotline was tested; the telephone was in working order and the hotline was attended by an operator. The hotline services provides for the resident to remain anonymous upon request and is not a part of the agency of the facility. The reports of sexual abuse or sexual harassment are accepted and referred for an investigation through notification to the Arkansas Division of Youth Services and/or law enforcement. All allegations may not be accepted as abuse through a screening process; the facility-based investigator investigates all allegations. The facility does not detain residents solely for civil immigration purposes.

**Provision (c):**

**Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.**

The staff interviews confirmed the methods available to residents and others for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports, and to document any verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, or through a third-party. The residents may remain anonymous by not recording their names if an allegation is made in writing. Interviewed staff members were aware of their duty to receive and document the receipt of all verbal reports. There was evidence of the use of the Third-Party Reporting Form. PREA related information is stored in locked file cabinets in a locked records room within the key control system. The file room is managed by a supervisor and an additional staff member; the files are not allowed to leave the records room which is kept locked at all times. Electronic records are password protected and limited staff access identified.

**Provision (d):**

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

Interviews and observations revealed writing materials were available for residents to complete a help request form or write a note regarding allegations or otherwise. The interviews, review of documents and facility practices revealed alignment with the agency and facility policies. All residents and staff interviews revealed residents' access to writing tools. The facility has a process in place for incoming and outgoing mail and confidential correspondence.

**Provision (e):**



	<p><b>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</b></p> <p>The staff interviews revealed staff can privately report allegations of sexual abuse and sexual harassment through a call to the abuse reporting hotline, according to 18 of 20 random staff. The other responses were call the police and report the allegation to human resources.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Grievance Form</p> <p>Student Handbook</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p> <p><b>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</b></p> <p>When an emergency grievance is received regarding sexual abuse or sexual harassment, the policy for reporting allegations of sexual abuse or sexual harassment is initiated and a report is made as required by policy. The grievance system and policy includes a process for the facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation may be conducted by the facility-based investigator and Arkansas Division of Youth Services (DYS) investigator or local law enforcement when the allegation is criminal in nature.</p> <p><b>Provision (b):</b></p>

**(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.**

SES policy provides that there is no time limit for filing a grievance regarding allegations of sexual abuse. Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. Locked grievance boxes are located in each housing unit for residents to deposit grievance forms if they choose. Policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

**Provision (c):**

**The agency shall ensure that—(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.**

Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The staff member involved in the grievance was not involved in reporting the allegation stated in the grievance. To assist in the prompt and proper handling of grievances alleging sexual abuse or sexual harassment, the youth may indicate on the form that it is an emergency grievance. Three grievances were submitted regarding sexual misconduct and sexual harassment.

**Provision (d):**

**(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.**

Initial response is required within 48 hours to inform the resident of receipt of the

grievance and that it has been referred for investigation. All grievances alleging sexual abuse or sexual harassment were referred for an investigation in accordance with policy. The purpose of the submission of a PREA related grievance provides residents and staff another avenue for ensuring the reporting of allegations and provides management staff with the opportunity to protect the resident. The policy adheres to the timelines in the standard; however, grievances are settled well within 90 days.

**Provision (e):**

**(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.**

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system includes a process for the facility-based investigator to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation is conducted by the investigative entities as appropriate.

**Provision (f):**

**(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in**

	<p><b>response to the emergency grievance.</b></p> <p>Policy provides for emergency grievances to be responded to within 48 hours. The response is to inform the resident of the receipt of the grievance and the referral for an investigation. If a grievance alleging sexual abuse is received, it is reported by staff to the abuse reporting hotline and subsequently to the appropriate investigative entity through the hotline. The allegation will also be investigated by the facility-based investigator and the DYS investigator. The response to the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be implemented within 48 hours where applicable to ensure the safety of the resident.</p> <p><b>Provision (g):</b></p> <p><b>The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</b></p> <p>A resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. There has not been a grievance submitted in bath faith that alleged sexual abuse during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<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><b>Documents:</b></p> <p>Memorandum of Understanding (MOU)</p> <p>Posted Information</p> <p>Brochure</p> <p>Memorandum of Understanding (MOU), Cooper-Anthony Mercy Child Advocacy Center</p> <p><b>Interviews:</b></p> <p>Residents</p>

Superintendent

PREA Compliance Manager

Advocacy Agency Representative

**Provision (a):**

**The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.**

Interviews revealed that residents require a refresher regarding victim advocacy services due to 50% not verbalizing a clear understanding of advocacy services. The residents were in need of a refresher education session, focusing on advocacy services, which will be provided by staff during the post onsite audit phase. Victim advocacy services have been arranged and outlined in a written MOU between the facility and Cooper-Anthony Mercy Child Advocacy Center. This victim advocacy agency provides a range of programs and services including forensic medical examinations, forensic interviews, advocacy and resource assistance, and emotional support. The advocacy agency follows all applicable laws and regulations with respect to confidentiality as well as other required mandates through compliance with applicable standards and the MOU. The advocacy agency may be notified by the facility staff or law enforcement regarding the transport of a child for an alleged victim of sexual abuse. The MOU addresses the required confidentiality of services and proprietary information. The interview with the representatives of the advocacy confirmed the services to be provided when needed, as stated in the MOU.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. PREA-related information was observed posted or displayed throughout the facility.

PREA signage is placed at varying eye levels with consistent messaging. The interviews confirmed the PREA audit notices had been up for awhile and that the PREA information is always on the walls. PREA information is located in the housing area; common areas for staff, residents, contractors, volunteers, and visitors; lobby; and offices.

**Provision (b):**

	<p><b>The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</b></p> <p>Policy, facility staff interviews and the refresher education session provide there will be adherence to confidentiality measures and this information is shared with residents during PREA education sessions and reminders through postings and other printed material. The information is provided to residents, in accordance with mandatory reporting laws.</p> <p><b>Provision (c):</b></p> <p><b>The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.</b></p> <p>The provision of advocacy services includes but not limited to emotional support; forensic medical examination; and forensic investigative interviews. The advocacy agency representative confirmed the information contained in the written agreement. The MOU speaks to confidentiality and privileged information.</p> <p><b>Provision (d):</b></p> <p><b>The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</b></p> <p>The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews and the student handbook. All residents interviewed confirmed communication opportunities occur.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents:</b>

Safe Environment Standards

Third-party Reporting Information Form

Posted Information

Multilingual Posters

Websites

**Interviews:**

Random Staff

Residents

**Provision (a):**

**The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.**

The Rite of Passage agency and Arkansas Department of Human Services websites provide the public with information regarding third-party reporting and the contact information for such of sexual abuse or sexual harassment. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others they have contact with outside of the facility including their parents/legal guardians. The random staff interviewed were aware of the responsibility to accept any third-party reports (written or verbal) submitted to them and follow the procedures for reporting allegations of sexual abuse and sexual harassment.

The agency policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted, reported, and subsequently investigated. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed reports of allegations may be made privately, anonymously, and as a third-party through the use of the abuse reporting hotline, contact with facility or agency staff, and/or completion of a PREA Third-party Reporting Form maintained in the lobby of the facility. A sign is posted in the lobby on a locked box informing the readers of the facility has a zero-tolerance policy regarding sexual abuse and sexual harassment. The completed form is to be placed in the locked box; it may also be given to staff. The Third-party reporting for states, "Rite of Passage has a zero-tolerance policy for all forms of sexual abuse and sexual harassment."

The residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them if needed. The interviews with the residents revealed their knowledge of third-party reporting. The residents collectively identified the

	<p>methods within the facility in which they may make third party reports such as complete a grievance form, report to staff or a family member, complete a Third-party Reporting Form, or utilize the abuse reporting hotline telephone or number.</p> <p>Information regarding reporting is provided through observed postings and other printed materials are located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. The posted information is posted at varying eye-levels with a consistent message which is easy to read. Although there is posted information regarding reporting in other parts of the facility, the lobby of the administrative building has specific information and the dedicated Third-party Reporting Form. Family members and visitors enter the lobby of the administration building and the third-party information is prominently placed. There were no third-party reports received during this audit period that reported sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p>Policy 100.47, Child Abuse Reporting</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>PREA Compliance Manager</p> <p><b>Provisions (a) and (b):</b></p> <p><b>(a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred</b></p>



**in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.**

The policies support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to local law enforcement. Staff members are deemed as mandated reporters by the State. Policy provides guidance to staff on reporting allegations of sexual abuse and sexual harassment. A review of the investigations reports document that allegations are reported and investigated promptly and in accordance with policy.

**Provision (c):**

**Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.**

Policy addresses confidentiality of information and the conditions for providing information. SES policy indicate that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation and treatment and management decisions. The staff members receive training regarding confidentiality of information.

**Provision (d):**

**(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.**

The clinical staff interviewed indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff members are mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with State requirements.

**Provision (e):**

**(1) Upon receiving any allegation of sexual abuse, the facility head or his**

	<p><b>or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</b></p> <p>Reports of allegations are made as soon as possible and no later than one hour to the investigative entities, including but not limited to the State Police Child Abuse Reporting Hotline, and parents/legal guardians. Policy and interview with the Superintendent confirmed that a resident's case worker rather than a parent would be notified where indicated by the resident being under the guardianship of the Arkansas Department of Human Services. The resident's attorney would be notified within 14 days.</p> <p><b>Provision (f):</b></p> <p><b>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</b></p> <p>Policy and interviews provide for all allegations to be reported and include the facility-based investigator. Administrative investigations are conducted by the facility-based investigator and an investigator from the Arkansas Division of Youth Services. Allegations that are criminal in nature are referred for investigation to local law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews with random staff. The interviews confirmed that all allegations are reported to the child abuse reporting hotline.</p> <p><b>Conclusion:</b></p> <p>The review of evidence and interviews indicate the facility is in compliance with this standard.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents:</b>

	<p>Safety Environment Standards</p> <p>PREA Incident Response Flowchart</p> <p>Vulnerability Assessments</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Random Staff</p> <p>Residents</p> <p>Agency Head Designee</p> <p><b>Provision (a):</b></p> <p><b>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</b></p> <p>The staff is required to protect the residents through implementing protective measures. Administration of the risk screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments provide information which offer supporting information in determining the risk level of each resident.</p> <p>The interviews collectively revealed protective measures include but are not limited to separating youth and contacting supervisors and management staff, and/or document the situation. The interviews indicated the expectation is that any action to protect a resident would be taken immediately. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the risk instrument. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents:</b>

	<p>Safety Environment Standards (SES)</p> <p>Internal Notice of Potential SES Incident</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p><b>Provisions (a)-(d):</b></p> <p><b>(a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (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): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</b></p> <p>Policy and procedures (SES) provide that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent shall notify the head of the facility where the alleged abuse occurred. The notification will be made as soon as possible and within 72 hours in accordance with policy. The Superintendent must report the allegation to the Arkansas Department of Human Services, law enforcement, and/or any other applicable agency as collectively noted in policy and on the Internal Notice of Potential SES Incident Form. The form also provides for the identification of the person(s) involved and signature of person completing the form. The policy and interviews support that allegations of sexual abuse from a resident regarding their stay in another facility be reported and investigated as required. In the past 12 months, there were no allegations of sexual abuse occurring at another facility received by this facility as also reported in the PAQ.</p> <p><b>Conclusion:</b></p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents:**

Safety Environment Standards (SES)

Incident Response Flowchart

Coordinated Response Plan

Investigation Reports

**Interviews:**

Random Staff

Superintendent

**Provision (a):**

**Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:**

**(1) Separate the alleged victim and abuser;**

**(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;**

**(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and,**

**(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.**

Policy and training provide that upon learning of an allegation that a resident was sexually abused the staff response basically includes but is not limited to the following:

- a. Separate the victim and alleged abuser.
- b. Preserve and protect the scene until appropriate steps can be taken to collect any evidence.
- c. Request that the alleged victim not take any actions that could destroy physical evidence.
- d. Take actions to ensure the alleged abuser does not take any actions that could destroy physical evidence.

	<p>e. Ensure the safety of the victim.</p> <p>f. Make the required notifications.</p> <p>The interviews with staff confirmed awareness of first responder duties and indicated the training they had been provided. The allegation of sexual abuse did not require staff to act in the capacity of a defined first responder. The allegation was not accepted as an investigation through the child abuse reporting hotline. There was an administrative investigation conducted by the facility-based investigator and was determined unsubstantiated. due to the allegation, the appropriate notifications were made.</p> <p><b>Provision (b):</b></p> <p><b>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</b></p> <p>The facility does not use the term security staff; however, direct care staff exists and perform in the capacity of security staff. For the purpose of this standard provision, non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance, in accordance with policy. There were no allegations or incidents where a staff member other than direct care had to act as a first responder in the last 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Coordinated Response Plan Flowchart</p> <p>SES Coordinated Response Plan Form</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p>

	<p><b>Provision (a):</b></p> <p><b>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</b></p> <p>The facility has a written institutional response plan in the format of a checklist indicating detailed actions to take in the event of an allegation or incident of sexual abuse. A flowchart also exists which provides, at a glance, the immediate steps to follow by the shift supervisor/designee, PREA Compliance Manager/designee, and Superintendent/designee. The detailed SES Coordinated Response Plan Form outlines detailed actions of the identified staff members such as the first responder; medical; mental health; supervisors; and management. The SES Coordinated Response Plan Form also provides for documentation of the required actions being taken and by whom. Policy provides guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse and requires a written facility plan. The staff interviews indicated familiarity regarding the response to an allegation or incident of sexual abuse. The institutional response plan also provides for documentation of the initiation of retaliation monitoring.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Document:</b></p> <p><b>PREA Pre-Audit Questionnaire</b></p> <p><b>Interview:</b></p> <p>Agency Head Designee</p> <p><b>Provisions (a) and (b):</b></p> <p><b>(a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of</b></p>

	<p><b>whether and to what extent discipline is warranted. (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</b></p> <p>According to the PAQ and interview, the facility is not responsible for collective bargaining agreements.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Retaliation Monitoring Forms</p> <p>Training Logs</p> <p><b>Interviews:</b></p> <p>Retaliation Monitor</p> <p>Superintendent</p> <p>Random Staff</p> <p>Agency Head Designee</p> <p><b>Provision (a):</b></p> <p><b>The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</b></p> <p>Policy supports protecting 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 PREA Compliance Manager and mental health staff are responsible for conducting retaliation monitoring. Retaliation monitoring activities are documented.</p>



The retaliation monitor is familiar with the role of retaliation monitor and its purpose. A sample of retaliation monitoring documentation was reviewed. The form documents whether the individual has been threatened or been treated unfairly. Any reported maltreatment must be described on the form. The written policy also provides for the review of housing changes and removal of alleged staff or youth from contact with victims.

**Provision (b):**

**The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.**

Protective measures were generally identified during the interviews with random staff, Superintendent, and retaliation monitor and were aligned with policy. According to the interviews the collective protective measures included housing changes for resident victims or abusers; removing alleged staff or resident abusers from contact with victims; changes in shift or other assignments for staff; changes in days off; housing changes; and transferring resident or staff, if needed. The retaliation monitoring is documented and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring. The interviews and documented checks confirmed the measures to protect residents and staff from retaliation by others.

**Provision (c):**

**For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.**

Policy and practice provide that the monitoring occurs for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period may last longer if needed, according to the retaliation monitor and policy. The interview identified items that are monitored to assess retaliation occurring included but were not limited to program and housing changes; shift assignments; review of behavior points; call-outs; staff and resident interactions; resident to resident interactions; and the demeanors of staff and/or residents. The PREA Compliance Manager provided training, including a review of the standard and policy, during the pre-onsite audit phase to ensure everyone responsible for retaliation monitoring understood the task.

	<p><b>Provision (d):</b></p> <p><b>In the case of residents, such monitoring shall also include periodic status checks.</b></p> <p>Policy and the interview with the retaliation monitor indicate that status checks occur as a part of retaliation monitoring where there is face-to-face contact. The documentation and the interview with the retaliation monitor revealed that initial contact is made and there are follow-up checks; all are documented.</p> <p><b>Provision (e):</b></p> <p><b>If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</b></p> <p>Policy encompasses those who cooperate with an investigation if there is a concern regarding retaliation. The interview with the retaliation monitor indicated the appropriate measures are taken to protect any related individuals against retaliation. Treatment staff is primarily responsible and the PREA Compliance Manager ensures the retaliation monitoring occurs.</p> <p><b>Provision (f):</b></p> <p><b>An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</b></p> <p>The obligation to monitor for retaliation terminates, in accordance with policy, if it is determined the allegation is unfounded. The interview determined familiarity with the requirements regarding retaliation monitoring policy.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document:</b></p> <p>Safety Environment Standards</p> <p><b>Interviews:</b></p> <p>Superintendent</p>

	<p>Mental Health Staff</p> <p>Medical Staff</p> <p><b>Provision (a):</b></p> <p><b>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</b></p> <p>Segregated housing or protective custody is not used in this facility. The interviews were aligned with this premise. The facility has policy and procedures within the agency's Safety Environment Standards, aligned with this standard, to provide guidance to staff if the conditions and practice change at the facility.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p>Investigation Reports</p> <p>Incident Tracker</p> <p>Training Log</p> <p>Coordinated Response Plan</p> <p>Memorandum</p> <p><b>Interviews:</b></p> <p>Agency Investigative Staff</p> <p>Investigative Staff/PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Superintendent</p> <p><b>Provision (a):</b></p>

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

Based on the written coordinated response plan, policy and interviews, the trained facility-based investigator conducts administrative investigations and agency investigators may also conduct an administrative investigation. The review of the investigations reflect they are conducted promptly, thoroughly, and objectively.

**Provisions (b) and (c):**

**(b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334. (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.**

Investigative staff is trained and officers with special training within law enforcement lead the criminal investigations. The administrative and criminal investigators gather direct and circumstantial evidence within their responsibility that include but is not limited to video; clothing; statements; and medical reports, according to the facility-based investigator. The contract agency investigative staff revealed that local or state police may be involved.

**Provision (d):**

**The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.**

The investigative interviews confirmed the provision in the facility policy that an investigation is not terminated if the source recants the allegation. The investigation is continued until the end of the investigation and findings are determined.

**Provision (e):**

**When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.**

The agency investigators do not conduct compelled interviews.

**Provision (f):**

**The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status**

**as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.**

The credibility of an alleged victim, suspect, or witness is not judged according to the interviews with the investigative staff. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

**Provisions (g) and (h):**

(g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse. (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The interviews revealed that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Staff actions such as whether staffing ratios were met; any other policy violations gleaned for review of cameras; lack of proper supervision due to any physical barriers, according to the facility-based investigator. All investigations are completed with written reports that include a description of the evidence and investigative facts and findings.

**Provision (i):**

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

The agency and facility-based investigators do not conduct criminal investigations. It is the responsibility of local or state law enforcement personnel to refer cases for prosecution.

**Provision (j):**

**The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.**

The written investigative reports are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**Provision (k):**

**The departure of the alleged abuser or victim from the employment or**

	<p><b>control of the facility or agency shall not provide a basis for terminating an investigation.</b></p> <p>Policy and the investigative staff interviews confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.</p> <p><b>Provision (i):</b></p> <p><b>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</b></p> <p>The investigative agencies are aware of the PREA standards requirements through the initial sharing of PREA information and subsequent interactions.</p> <p><b>Provision (m):</b></p> <p><b>When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</b></p> <p>Policy and interviews indicate that staff cooperates with investigators and that the facility is kept informed of the progress of an investigation through local law enforcement and agency investigators. Written communication between the Superintendent and law enforcement investigator confirms cooperation and the facility remaining abreast of information.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document:</b></p> <p>Safety Environment Standards</p> <p><b>Interviews:</b></p> <p>Investigators (2)</p> <p><b>Provision (a):</b></p>

	<p><b>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</b></p> <p>The policy and practice of the facility and agency, impose a standard of a preponderance of the evidence for determining whether allegations are substantiated.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.373	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards</p> <p>Investigation Reports</p> <p>Post Investigation Student Notifications</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p><b>Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</b></p> <p>Policy addresses the resident being informed when the investigation is completed and the outcome of the investigation provided in writing. The results of such investigations will be documented in a notification letter at least signed by the Superintendent and Facility-based Investigator/PREA Compliance Manager. The interviews and review of documentation revealed awareness of the policy requirement. The Post Investigation Student Notification Form is used to document informing the resident of investigation findings. The form provides for the resident to be informed if the findings are substantiated, unsubstantiated, or unfounded. The form contains the definitions of each of the three findings.</p>

**Provision (b):**

**If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.**

The Superintendent and PREA Compliance Manager remain abreast of an investigation conducted by law enforcement or the Arkansas Division of Youth Services investigation unit. The correspondence by the Superintendent to the police investigator and the documented communication between the Investigator/PREA Compliance Manager confirms communication with the outside investigator to obtain information regarding investigations. The requested information was provided by the the police investigator. The results of investigations were provided to residents in writing by the PREA Compliance Manager.

**Provision (c):**

**Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:**

**(1) The staff member is no longer posted within the resident's unit;**

**(2) The staff member is no longer employed at the facility;**

**(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or**

**(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.**

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident is informed in writing of the following, unless it has been determined that the allegation is unfounded, whenever:

a. The staff member is no longer posted within the resident's housing unit;

b. The staff member is no longer employed at the facility;

c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or

d. The staff member has been convicted on a charge related to sexual abuse in the facility.

The Post Investigation Student Notification Form provides the above information to the resident when applicable.

**Provision (d):**



	<p><b>Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</b></p> <p><b>(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</b></p> <p><b>(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</b></p> <p>Policy provides that following a resident’s allegation that he has been sexually abused by another resident the alleged victim shall be informed, in writing, whenever:</p> <p>a. The alleged abuser is criminally charged related to the sexual abuse.</p> <p>b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.</p> <p>The Post Investigation Student Notification Form provides the above information to the resident when applicable.</p> <p><b>Provision (e):</b></p> <p><b>All such notifications or attempted notifications shall be documented.</b></p> <p>Policy provides that the notifications to the resident be documented and the Superintendent, Investigator/PREA Compliance Manager, and targeted interviewee are familiar with the policy and practice. The Post Investigation Student Notification Form is used to document informing the resident of investigation findings and when applicable, the outcome of the perpetrator.</p> <p><b>Provision (f):</b></p> <p><b>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</b></p> <p>The agency’s obligation to report under this standard terminates if the resident is released from the agency’s custody, in accordance with policy.</p> <p><b>Conclusion:</b></p> <p>The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

Safe Environment Standards (SES)

Policy 600.600, PREA

Termination Letters

Investigation Report Log

**Interviews:**

Superintendent

PREA Compliance Manager

**Provision (a):**

**Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.**

Staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. It has been reported on the PAQ that one staff member violated policy regarding sexual abuse or sexual harassment during the last 12 months and supported by the investigation report. An initial termination letter was provided to staff; the personnel action was appealed. A final decision was made and a follow-up letter in response to the appeal, upheld the initial decision of termination.

**Provision (b):**

**Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.**

Termination was the presumptive disciplinary sanction for staff whose action was categorized as sexual abuse of a resident in accordance with policy and the definitions of sexual abuse.

**Provision (c):**

**Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.**

Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.

	<p><b>Provision (d):</b></p> <p><b>All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</b></p> <p>Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. The termination resulted from the findings of an administrative investigation.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p><b>Interviews:</b></p> <p>Contractors (2)</p> <p>Visitors (2)</p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p><b>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</b></p> <p>Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. Documentation and interviews with the contractors confirm the provision of training that provides a clear understanding that sexual misconduct with a resident is prohibited and how to report allegations. Any contractor or volunteer who violates</p>

	<p>the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.</p> <p><b>Provision (b):</b></p> <p><b>The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</b></p> <p>The facility will take the appropriate remedial measures and prohibit further contact with residents in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer in accordance with policy. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p>Student Handbook</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p><b>Provision (a):</b></p> <p><b>A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</b></p>

Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to the administrative process. The consequences are administered through the administrative disciplinary process, encompassing the behavior management system. Allegations of sexual abuse were referred for an investigation to the appropriate reporting entity. All of the allegations of sexual abuse and sexual harassment received an administrative investigation.

**Provision (b):**

**Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.**

Policy considers that disciplinary sanctions are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; and considers similar disciplinary history of other residents. The interview with the Superintendent supported there is consideration of mental disabilities or mental illness contributing to the behavior. According to the Superintendent, PREA related violations may result in loss of privileges. Additionally, charges may be filed and youth transported to detention based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Isolation is not used as a disciplinary sanction as confirmed through the interviews.

**Provision (c):**

**The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.**

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to their behavior regarding the application of disciplinary measures. The interviews with the Superintendent and mental health staff were aligned with policy.

**Provision (d):**

**If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation**

**in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.**

The facility would consider whether to offer the offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the mental health staff. The facility does not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education as determined from the interview. The mental health unit is equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents.

**Provision (e):**

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

Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

**Provision (f):**

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

A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Anyone reporting in good faith will be immune from any civil or criminal liability.

**Provision (g):**

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

Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.

**Conclusion:**

Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.

115.381	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>14-Day Mental Health Tracker</p> <p>Vulnerability Assessment</p> <p>18+ Consent Reporting Form</p> <p><b>Interviews:</b></p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Staff Responsible for Risk Screening</p> <p>Targeted Interviewees</p> <p>Residents</p> <p><b>Provisions (a) and (b):</b></p> <p><b>(a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</b></p> <p>Policy and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed when the issues were identified upon admission, the documented referral is routinely made the same day, always well within 14 days. According to the Pre-Audit Questionnaire, there were no residents who revealed victimization or that they perpetuated sexual abuse, during screening, in the last 12 months. During the onsite audit phase and corroboration with staff and review of documents, two residents were identified as revealing victimization outside of the administration of the Vulnerability Assessment. The residents were seen by mental health staff within 14 days. One resident was</p>

referred to the victim advocacy center by treatment staff at the facility and was provided counseling services at the advocacy center.

The SES policy and procedures provide that youth be referred to mental health or medical staff within 14 days if the youth discloses having been a victim or perpetrator of sexual abuse. The interviews with clinical staff and general documentation revealed that the issues are identified prior to admission to the facility and beyond the admission process and are addressed by mental health staff; the resident is monitored as indicated by mental health staff and the treatment plan.

**Provision (c):**

**Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.**

Policy and procedures within the Safety Environment Standards support that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the comprehensive onsite review, the files were observed to be maintained in a secure manner in locked file cabinets behind locked doors. Electronic records are password protected.

**Provision (d):**

**Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.**

Policy and procedures address informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. The mental health and medical staff interviewed expressed an understanding of the use of informed consent. There is a dedicated form for documenting informed consent that is signed and dated by clinical staff and the resident.

**Conclusion:**

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



115.382	Access to emergency medical and mental health services
	<p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 470 376"><b>Documents:</b></p> <p data-bbox="280 409 667 443">Coordinated Response Plan</p> <p data-bbox="280 488 1391 566">Memorandum of Understanding (MOU), Cooper-Anthony Mercy Child Advocacy Center</p> <p data-bbox="280 600 983 633">Student Services Offered Acknowledgement Form</p> <p data-bbox="280 667 719 701">Treatment Assessment Reports</p> <p data-bbox="280 745 459 779"><b>Interviews:</b></p> <p data-bbox="280 813 555 846">Mental Health Staff</p> <p data-bbox="280 880 464 913">Medical Staff</p> <p data-bbox="280 958 496 992"><b>Provision (a):</b></p> <p data-bbox="280 1025 1481 1193"><b>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.</b></p> <p data-bbox="280 1227 1460 1641">The interviews, policies, and procedures support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with the SES including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services during the intake process and an acknowledgement statement is signed regarding receipt of the information. Residents alleging sexual abuse are informed about forensic medical services and advocacy services through the Student Services Offered Acknowledgement Form. The form provides the information and the resident has the choice to agree to the forensic medical and/or advocacy services or decline.</p> <p data-bbox="280 1675 1481 2000">An alleged victim may be transported to the victim advocacy center, Cooper-Anthony Mercy Child Advocacy Center, for a forensic medical examination by a specialized nurse practitioner or other qualified medical practitioner, at no cost to the victim and in accordance with policy and the MOU in response to an allegation of sexual abuse. There were no residents in the facility during the onsite audit phase that alleged sexual abuse. Medical and mental health staff members maintain secondary materials and documentation of medical encounters with residents as determined by a review of a sample of Treatment Assessment Reports.</p> <p data-bbox="280 2033 496 2067"><b>Provision (b):</b></p>

	<p><b>If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362 and shall immediately notify the appropriate medical and mental health practitioners.</b></p> <p>The interviews revealed residents have access to unimpeded access to emergency services. The policies and coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the coordinated response plan and related documentation; observations of the interactions among residents and staff during the virtual site review; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Services at the advocacy services are available to residents also if the abuse occurred outside of the facility and years ago as determined by staff and an interviewee.</p> <p><b>Provision (c):</b></p> <p><b>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.</b></p> <p>Processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis and other services within the State law where medically appropriate. Follow-up services as needed will be provided by the facility's treatment staff and/or transportation will be provided to support services coordinated and/or contracted by staff as needed.</p> <p><b>Provision (d):</b></p> <p><b>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</b></p> <p>Treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident. This premise was confirmed by the MOU and SES.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents:**

Safety Environment Standards (SES)

Student Services Offered Acknowledgement Forms

**Interviews:**

Medical Staff

Mental Health Staff

**Provision (a):**

**The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.**

Medical and mental health evaluation, support and/or treatment was offered to resident victims or allegations of sexual abuse that occurred or did not occur in the facility. The interviews revealed that follow-up services were provided at the advocacy agency counseling services. Residents alleging sexual abuse are informed about forensic medical services and advocacy services through the Student Services Offered Acknowledgement Form. The form provides the information and the resident has the choice to agree to the forensic medical and/or advocacy services or decline. One resident that alleged sexual abuse occurring in the facility, who was released prior to the onsite audit phase, declined forensic medical examination services and advocacy services which was documented on the Form.

The interviews revealed that follow-up medical and mental health services may be provided at the facility. Upon a resident's return to the facility following an incident of sexual abuse and outside forensic services, follow-up may include but is not limited to testing as needed; amended behavior treatment plan; physician and psychiatric follow-up; and referral services, as needed.

**Provision (b):**

**The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.**

Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, and clinical follow-up and referrals as needed. Specialized treatment may also be provided through contract services. Directions contained in the discharge information will also be followed.

**Provision (c):**

**The facility shall provide such victims with medical and mental health services consistent with the community level of care.**

Medical and mental health services are consistent with the community level of care as indicated by the medical and mental health staff. Treatment services may be provided by facility staff and through contract services if needed. Mental health and medical services include crisis intervention and both disciplines work as a team in the provision of services to residents which include health education. The interviews, informal conversation, and observations confirmed the treatment services at the facility are consistent with the community level of care.

**Provision (d):**

**Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.**

According to the SES, "student victims of sexually abusive vaginal penetration while in the program should be offered pregnancy tests." The policy and procedure was confirmed by medical staff. Such occurrence has not happened in the last 12 months.

**Provision (e):**

**If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.**

The interview with the medical staff confirmed information will be provided based on Arkansas law. There has not been such an occurrence during the past 12 months.

**Provision (f):**

**Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.**

The SES provide that resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate and was confirmed by the interview with medical staff.

**Provision (g):**

**Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.**

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to the SES and interviews.

	<p><b>Provision (h):</b></p> <p><b>The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</b></p> <p>A mental health evaluation will be offered to resident victims of sexual abuse and may be completed within 60 days according to mental health staff. Additionally, treatment will be provided as determined by mental health staff and the continuity of care will be considered as determined from the interview. There has not been such an occurrence in the past 12 months.</p> <p><b>Conclusion:</b></p> <p><b>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</b></p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>PREA Administrative &amp; Report Review</p> <p>Student Services Offered Acknowledgement</p> <p>Investigation Report</p> <p>Correspondence w/Criminal Investigator</p> <p><b>Interviews:</b></p> <p>Incident Review Team Member</p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p>Targeted Interviewee</p> <p><b>Provision (a):</b></p> <p><b>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has</b></p>

**not been substantiated, unless the allegation has been determined to be unfounded.**

The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of policy, documentation and interviews confirmed the incident reviews was conducted regarding the investigation of an allegation of sexual abuse which was determined to be unsubstantiated. The PREA Compliance Manager facilitates the incident review team meetings. There was one incident review team meetings during this audit period regarding an allegation of staff-on-resident sexual abuse.

**Provision (b):**

**Such review shall ordinarily occur within 30 days of the conclusion of the investigation.**

Policy requires the review occurs within 30 days of the conclusion of the investigation. The interviews and a completed PREA Administrative & Response Review Form confirmed the incident review occurred. The interviews revealed knowledge of the purpose of the incident review process and the timeline. The PREA Administrative & Response Review Form provides the site management team (incident review team), "will conduct an internal administrative review of operations surrounding the incident, as well as incident response, and address any unmet findings with a Recommendations and Implementation plan. (Within 30 days of conclusion of investigation)"

**Provision (c):**

**The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.**

Policy and interviews collectively identify members of the incident review team. The statewide PREA Compliance Manager facilitates the incident review team meeting. Members of the team are identified as the Superintendent; mental health staff; PREA Compliance Manager/investigator; and direct care managers/supervisors; there is input from medical as needed. There will also be input from line supervisors and other staff as needed. The additional staff members will attend the meeting as needed, related to the incident.

**Provision (d):**

**The review team shall:**

**(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;**

**(2) Consider whether the incident or allegation was motivated by race;**

**ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;**

**(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.**

**(4) Assess the adequacy of staffing levels in that area during different shifts;**

**(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and**

**(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.**

The SES policy and procedures, PREA Administrative & Response Review, and interviews collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of documentation confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is documented and is facilitated by the PREA Compliance Manager. The written report also includes any recommendations for improvement confirmed by the agency's documented practice and the interview with the PREA Compliance Manager.

The PREA Administrative & Response Review Form provides the site management team (incident review team), "will conduct an internal administrative review of operations surrounding the incident, as well as incident response, and address any unmet findings with a Recommendations and Implementation plan. (Within 30 days of conclusion of investigation)" The completion of the Form provides for conversation regarding the allegation which includes but not limited to the following considerations: sufficient staffing; physical barriers to supervision; scheduled activity taking place; residents in assigned area; completion of a Vulnerability Assessment; appropriate housing assignment; and whether the incident was motivated by any group dynamics.

**Provision (e):**

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

Policy indicates the reasons for not following recommendations are documented. The interviews revealed familiarity with policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A format for documenting the incident review process has been developed and includes recommendations where indicated as determined from a review of

	<p>documentation. The PREA Investigation Recommendation and Implementation Form is attached to the PREA Administrative &amp; Report Review and provided to the Superintendent. The Recommendation and Implementation Form contained the recommendation of staff training refreshers.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of policy and other documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safety Environment Standards (SES)</p> <p>Survey of Sexual Victimization Form</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Agency Head Designee</p> <p><b>Provisions (a) and (c):</b></p> <p><b>(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. (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.</b></p> <p>Policy and procedures provide for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. Data is collected, compiled and used to complete an annual. A standardized set of definitions is contained in the PREA policy 600.600. The SES provides support for the collection of accurate and uniform data. The agency maintains incident-based data appropriate enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization.</p> <p><b>Provision (b):</b></p> <p><b>The agency shall aggregate the incident-based sexual abuse data at least</b></p>



	<p><b>annually.</b></p> <p>The agency aggregates the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report which is supported by the reviewed data and policy.</p> <p><b>Provision (d):</b></p> <p><b>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.</b></p> <p>The data is collected and various types of data are identified and related documents regarding PREA information as applicable. The agency collects and maintains data and aggregates the data which culminates into an annual report which refers to the results of the investigation reports. The investigation files, incident reports, incident review team meetings and any other incident-based documents are used as resources in compiling the data.</p> <p><b>Provision (e):</b></p> <p><b>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</b></p> <p>The facility does not contract with other agencies for the confinement of its residents.</p> <p><b>Provision (f):</b></p> <p><b>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</b></p> <p>Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents:**

Safety Environment Standards

Annual Report

**Interviews:**

Agency Head Designee

PREA Coordinator

PREA Compliance Manager

**Provision (a):**

**The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:**

**(1) Identifying problem areas;**

**(2) Taking corrective action on an ongoing basis; and**

**(3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.**

The interviews supported the review of data and that it is used to improve the PREA efforts. The interviews and review of documentation revealed the collection and the review of various types of data by the agency to ensure the identification of any problems or issues and for the implementation of real time corrective actions. The data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as individual facilities. The data is also primary to preparing annual reports for the facility.

**Provisions (b)-(d):**

**(b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.**

The annual report is prepared by the PREA Compliance Manager with the support of facility leadership and district staff. The annual reports are approved by the agency head/designee. The data used for the annual report is gleaned from the facility.

	<p>There are no personal identifiers in the reports. The annual report contains PREA related data that represents previous calendar years allowing for the comparison of data. The annual report was provided to the Auditor and it is posted on the facility website, accessible to the public.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents:</b></p> <p>Safe Environment Standards</p> <p>Annual Reports</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p><b>Provisions (a)-(d):</b></p> <p><b>(a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</b></p> <p>All data collected is securely stored and maintained for at least 10 years after the date of collection unless a law requires otherwise, in accordance with policy. Personal identifiers were removed from aggregated data before making the data publicly available. The previous annual report is available to the public through the agency website. The current annual report has been uploaded to the facility's website, accessible to the public. A review of the current and previous annual reports verified there are no personal identifiers.</p>

	<p>All facility and agency records such as medical, mental health, allegations, risk screenings are securely stored in locked cabinets behind locked doors within the facility's key control system through assigned and documented keys. The records room is staffed with two full-time workers; one of them being the manager. Electronic records are password protected with identified and limited access on the agency website.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The last PREA audit was conducted in 2021. The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor through the online system. The Auditor was provided additional information through the online system and onsite as requested by the issue log or onsite. The agency ensured the completion of PREA audits for each of their contract facilities as required, including this facility. The comprehensive site review was provided to the Auditor's Associate through the PREA Compliance Manager and other facility staff.</p> <p>The Associate was able to review all areas of the facility and take the paths the residents take. All staff members encountered were cooperative in providing information and participating in or assisting in coordinating the interviews. The audit notice signs were observed posted at various eye levels and unobstructed. Random informal conversations with residents and staff and pictures received by the Auditor confirmed the timely posting of the audit notices. The notices contained information regarding confidential contact to the Auditor. The facility has a process in place for regular and confidential correspondence; however, no correspondence was received by the Auditor.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The posted PREA report which was completed in 2021 does not contain any personal identifying information other than names and job titles. The audit is accessible to the public and may be downloaded. The current policies, procedures, additional documentation, practices, and interviews with the Superintendent, PREA</p>

	<p>Compliance Manager, and other facility and district staff were reviewed regarding compliance determinations and have been identified in this report. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility and agency staff.</p>
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<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.)	na
<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".)	na
<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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<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.)	yes
<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?	no
<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	yes

	functions of the facility? (N/A for non-secure facilities )	
<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	yes

	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?	
<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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
<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</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</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	yes

	employees?	
	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 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.)	na
<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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes

<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.)	yes
<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?	yes
	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	yes



	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<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	yes

	making facility and housing placement decisions and programming assignments?	
<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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<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>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

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



	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<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	yes

	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?	
<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	na

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
<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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: 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?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</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	yes



	does not provide a basis for terminating an investigation?	
<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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<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	yes

	cooperates with any investigation arising out of the incident?	
<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	na

	the confinement of its residents.)	
<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?	yes
<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?	yes
<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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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