

PREA Facility Audit Report: Final

Name of Facility: The Residential Cottages

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/08/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Tammy A. Hardy-Kesler	Date of Signature: 08/08/2017

AUDITOR INFORMATION	
Auditor name:	Hardy-Kessler, Tammy
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Email:	codyemomma@msn.com
Telephone number:	
Start Date of On-Site Audit:	06/26/17
End Date of On-Site Audit:	06/28/17

FACILITY INFORMATION	
Facility name:	The Residential Cottages
Facility physical address:	1825 Faulkland Road, Wilmington, Delaware - 19805
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Darryl Dawson	Title:	PREA Coordinator
Email Address:	Darryl.Dawson@state.de.us	Telephone Number:	302-633-2624

Warden/Superintendent			
Name:	Raheem Perkins	Title:	Superintendent
Email Address:	Raheem.Perkins@state.de.us	Telephone Number:	302-633-2622

Facility PREA Compliance Manager			
Name:	Brian Dietz	Email Address:	brian.e.dietz@state.de.us

Facility Health Service Administrator			
Name:	Diane DiSabatino	Title:	Nurse Practitioner, Medical Contract Manager
Email Address:	Diane.DiSabatino@state.de.us	Telephone Number:	302-633-3121

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	30
Age range of population:	14-18
Facility security level:	IV
Resident custody level:	IV staff secure
Number of staff currently employed at the facility who may have contact with residents:	81

AGENCY INFORMATION	
Name of agency:	Division of Youth Rehabilitative Services
Governing authority or parent agency (if applicable):	
Physical Address:	1825 Faulkland Road , Wilmington , Delaware - 19805
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Darryl Dawson	Email Address:	darryl.dawson@state.de.us

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act onsite audit was conducted on June 26-28, 2017 for the Residential Cottages located in Wilmington, Delaware. The facility is in the jurisdiction of the Delaware Department of Services for Children, Youth, and Their Families (DSCYF) and is operated by the Division of Youth Rehabilitative Services (DYRS). The audit was completed by Tammy A. Hardy-Kesler, TAHK Consultants. The audit method utilized was zero-based with collection of findings utilizing observation of practice, random document review of staff and resident files, review of policy and procedure as pertains to Prison Rape Elimination Act (PREA), and interviews of specialized staff, volunteers, random staff, and random residents.

Prior to the onsite visit, the Senior Social Services Administrator/PREA Coordinator provided the Auditor with the completed Pre-Audit Questionnaire (PAQ) through the PREA Online Audit System (OAS). The completed PAQ contained the policies that pertained to PREA, agency wide policies, blueprints, forms, meeting documents, emails, brochures, student handbook, certificates from PREA trainings, purchase orders, response plan checklist, memorandum of agreements, memorandum of understandings and operating guidelines. Prior to onsite audit, all documents were reviewed to establish the level of compliance to the PREA standards.

Additionally, several weeks prior to the onsite audit, the PREA Coordinator was provided with yellow bulletins to be posted in the cottages and the multi-purpose building. Bulletins were provided to announce to residents and staff of the onsite audit of the facility. If the residents or staff wanted to provide any information to the auditor prior to the onsite visit, the auditor's contact information was contained on the bulletin. During the onsite audit, there were postings throughout the building including hallways of all 4 buildings as well as all activity areas. Specifically, in the cottages, postings were found to be both on the 1st and 2nd floor. Additionally, the PREA Compliance Manager provided a time stamped photograph of the posted bulletin. During interviews with random residents, it was confirmed that they were aware of the information contained on the bulletin. There was no correspondence from the staff or residents received by the Auditor.

Inquiry was made with Just Detention International(JDI) to obtain if any allegations of sexual harassment or sexual abuse had been reported for the Residential Cottages in Wilmington, Delaware. Per the JDI, there were no reports made within the last 12 months.

During the onsite audit, the Auditor was met on campus at the DYRS Administration Building on June 26, 2017. At that time, it was established that the Auditor would be centralized in the multi-purpose building of the Residential Cottages. The Auditor was provided a conference room to conduct confidential interviews with specialized staff, randomly selected staff, and randomly selected residents.

There was a meeting with the PREA Coordinator, Residential Cottages Superintendent, PREA Manager/

Assistant Superintendent and the Auditor. At that time, introductions were made, and the PREA Coordinator gave a summary of the DSCYF, DYRS, and the Residential Cottages. Further, there was a discussion regarding the interview schedule and the onsite tour of the 4 buildings. The PREA Manager made available the list of staff and residents. At that time, random staff and random residents were selected for interviews and file review. The specialized staff list and schedule for interviews were already prepared by the PREA Coordinator. Staff from all three shifts were representative of random staff interviewed. Immediately after the meeting, the Auditor decided to begin interviews in order to take the comprehensive tour of the facility when the facility was fully immersed in the daily activities.

During the onsite audit interviews, the PREA Resource Center Interview Protocols were utilized during the process to ascertain compliance to the PREA standards. Interviews included 6 random residents, 6 random staff, and 13 specialized staff. The specialized staff included DYRS Director, PREA Coordinator, PREA Compliance Manager/Assistant Superintendent, Residential Cottage Superintendent, Training Coordinator, Contracts Manager, Data Analyst, Volunteer, 2 representatives from the Criminal History Unit, human resource representative, 2 Investigators, 2 mental health personnel, and medical personnel.

Staff were asked questions pertaining to the DYRS PREA Policy 2.13, Zero Tolerance for any incidences of sexual activity, definitions of terms utilized in the policy, procedures, prevention, reporting by staff, reporting by youth, investigations, victim services, and data collection, training, forms, and first responder responsibility.

During the interviews with randomly selected residents, the PREA Resource Interview Protocols were utilized and other questions. Inquiry of randomly selected residents included their understanding of Zero Tolerance for any sexual activity; their knowledge of mechanisms to report incidences of sexual abuse and sex harassment; the right to be free of sexual harassment, abuse, and retaliation; discipline associated with sexual harassment, abuse and retaliation; and access to medical and counseling services in the instances of sexual harassment and sexual abuse.

Interviews with staff and residents both revealed varying levels of proficiency in retention of information pertaining to PREA. After reviewing training records of both staff and residents, it was found that staff and residents signed that they in fact received the training as well as understood the material. The attributable factor to the lack of retention of PREA related material may be due to very few incidents of sexual harassment, abuse, and retaliation within the Residential Cottages. In an instance of sexual abuse or harassment, the First Responder Checklist would probably prove to be beneficial.

Specialized staff interviews provided detail operational processes and practices within the facility. Residents daily schedule was discussed as well as the various programs and treatments that were provided to residents. Specialized staff provided information on the implementation of the PREA standards. In corroboration with the DYRS Policy 2.13, each department provided detail samples of practice that demonstrated the facility's ability to prevent, detect, and respond to allegations of sexual harassment, sexual abuse, and retaliation. Specifically, staff responsible for direct care and medical/mental health professionals explained their role in completing risk assessments as well as mandatory reporting and responding to incidents of sexual harassment and sexual abuse. In addition, the agreement with the Christiana Care Hospital for forensic medical examination and Survivors of Abuse in Recovery (SOARS).

During the interview with the investigators, the discussion provided a detail account of the process of investigating all allegations of sexual harassment and sexual abuse. Specifically, the preservation of

evidence and continuing investigations in the event a victim recants the incident. Both the Institutional Abuse Unit (IA) of the Division of Services for Children, Youth, and Their Families (DSCYF) and the Delaware State Police (DSP) investigate allegations of sexual abuse at the Residential Cottages. The administrative investigations are the responsibility of the DYRS administration investigator. Within the last 12 months of reporting there was 1 substantiated allegation of sexual abuse at the Residential Cottages.

The onsite tour was completed over 2 days for the Auditor to see all aspects of operation as well as the physical layout of the 4 buildings. During the tour of the facility, the Auditor was accompanied by the PREA Coordinator and the PREA Compliance Manager. The facility was toured internally and externally to observe for areas of concern for sexual safety. The auditor insured that the blueprints provided were in alignment with the actual physical structures. Location of cameras and mirrors were identified. Electronic monitoring was operated to locate any blind spots and areas of concern. There were several blind spots that were further discussed with PREA Compliance Manager. Further investigation with installer revealed that mirrors would create a distortion on recorded footage. It is recommended that further upgrades in electronic monitoring would be beneficial externally.

The Auditor located the phones utilized to contact the Abuse Hotline to report all allegations of sexual harassment, abuse, and retaliation. Each cottage and multi-purpose building had an Abuse Hotline Phone that dialed directly to the dispatcher. In addition, there were regular telephones that contained the hotline phone number near the telephone.

In every building, there were PREA posters located throughout the buildings. At the entry way of each facility, there was access to PREA related brochures and materials for residents and third-party reporters.

In the resident living quarters, there was a centralized bathroom with individual shower stalls with doors. Residents had enough room for dressing and showering in the stall. The sign on the wall stated that you must be fully dressed entering and existing the shower stall. After interviewing both random residents and random staff, it was corroborated that residents undress, shower, and dress prior to coming out of shower stalls. Two of the cottages had rooms and the other cottage was barracks style.

During the tour, it was noted that there were no isolation rooms in any of the residential buildings. There was a designated time out room in the education portion of the multi-purpose building which was witnessed to be solely used for supervised 5-minute time outs. During the tour, the Auditor observed that the buildings were well maintained, organized, walls were without defacing, classrooms were up to date with interactive whiteboards, and rapport between staff and residents was satisfactory. It should be noted that the Auditor was at the Residential Cottages for all 3 shifts.

Upon review of staffing plan for 2017, the plan exceeded requirements of PREA standards. There was no deviation of the staffing plan. The Residential Cottages enforces the freeze or retention of staff if there is any risk of possible staff shortage on a shift.

DYRS has a process to collect all data pertaining to any sexual harassment and sexual abuse that occurs at a state operated facility or a contracted residential facility. The agency makes all aggregated reporting available to the public on the agency's website without disclosing any personal identifiers.

On the initial day of the onsite visit there were 29 residents at the Residential Cottages. There were 4 females and 25 males. There were 6 residents selected for random interview. During the onsite visit, there were no students that identified as LGBTQTI, nor were there any residents that were assessed as

being at risk for victimization, or limited English proficient. There were no residents residing at the facility that had allegations or open investigations in process of sexual harassment, sexual abuse, or retaliation that were disclosed to the Auditor.

During the post audit, there were no indicators of a need for corrective action.

Upon completion of the on-site audit on June 28, 2017, there was an exit meeting held at 2:30 p.m. with the Auditor, PREA Coordinator, PREA Compliance Manger and the Superintendent of the Residential Cottages. During the meeting, the auditor gave a summary of the audit as well as thanked the administrators and the residential staff for their continued efforts in maintaining the implementation of the Prison Rape Elimination Act at the Residential Cottages.

AUDIT FINDINGS

Facility Characteristics:

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

The Residential Cottages are located on the campus of the Delaware Department of Services for Children, Youth, and Their Families. The Residential Cottages is one of three facilities operated by the Division of Youth and Rehabilitative Services on this campus. The other two facilities operated by DYRS on the campus is the New Castle County Juvenile Detention Center and the Ferris School for Boys. DYRS provides services to youth that are identified by family court as needing detention, treatment, probation, and aftercare services. The campus is located on the outer limits of the city of Wilmington, Delaware. The DCYF's campus is located within the DuPont Company's World Headquarters. Majority of the city is urban with the outer limits suburban.

The Residential Cottages are class IV residential housing for both females and males. The facility contains 2 male housing units which are Snowden and Mowlds. Grace is the female housing unit. At the time of the audit, the population was 25 males and 4 females. The fourth building is the multi-purpose building which was added about 4 years ago. The building has multiple purposes that include a dining room, classrooms, administrative offices, medical/mental health offices, multi-purpose room, and several conference rooms. The Residential Cottages are populated with residents from other DYRS facilities both state operated, contracted as well as probation/aftercare services. The mission is a coordinated effort between all stakeholders to assist youth in receiving services and resources to rehabilitate youth to be productive citizens of the communities that they represent.

Residents of the Residential Cottages have access to many programs. Programs are specific to the needs of residents such as gender specific and age appropriate programs and activities. Each cottage serves a specific population.

The programs include:

- Education
- Cognitive Behavior Therapy
- Counseling
- Botvin Life Skills
- 7 Challenges
- Yoga
- Zumba
- Kind to Kids
- Paws Pet Therapy
- Male Trauma Group
- Female Trauma Group
- Thinking for a Change
- Transition/ Aftercare Services

The Residential Cottages have a total of 4 buildings which include 1 multi-purpose building and 3 residential buildings. Each of the three residential buildings at the Residential Cottages serves a specific population. Prior to the addition of the multi-purpose building, residents would do all activities at the

cottages.

Snowden Cottage

Snowden is a Level IV staff-secure residential treatment program that serves younger adjudicated adolescent males. The average length of stay for residents is 90 days. Snowden is a 2-story building with 8 sleeping rooms. The maximum capacity is 15 residents. At the time of the audit, there were 9 residents residing in the cottage.

Grace Cottage

Grace Cottage is a level IV staff-secure residential program designed to service adjudicated adolescent females. The environment is gender specific. The average length of stay for residents is 9 months. Grace is a 2-story building with 7 sleeping rooms. The maximum capacity is 14 residents. At the time of audit, there were 4 residents residing in the cottage.

Mowlds Cottage

Mowlds cottage is a level IV staff-secure transition program that serves males adjudicated up to the age of 18 years of age. The cottage is a 2-story building that has a barracks style living quarters configuration on the 2nd floor. Residents can be placed in the cottage from various placements. Residents can transition from a juvenile correctional facility or a temporary commitment for a violation while on aftercare supervision. Residents are placed in the facility generally no longer than 6 weeks, and the maximum capacity for the cottage is 16 residents. At the time of the audit, there were 16 residents residing in the cottage.

Multi-Purpose Building

Multi-Purpose Building was an addition to the Residential Cottages in 2014. This building serves many purposes, and is the focal point for the Residential Cottages. The building houses the administrative offices, education department, conference rooms, medical/mental health offices, multi-purpose room, and a dining hall. It is apparent in the design of the building and the placement of surveillance equipment that there was consideration for the safety of residents and staff as well as the PREA Standards. Almost all resident activities are centralized in this building including visits from families or guest.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	8
Number of standards met:	35
Number of standards not met:	0

During the audit, there were no findings of non-compliance to the PREA Standards. It is apparent from interviews, documentation, and observation made by the Auditor that DYRS continues to implement and maintain the PREA Standards in the operation of the Residential Cottages. Based on Auditor's findings, there is no corrective actions necessary. Below, there is a summary of the ratings and the individual outcomes of each standard.

Number of Standards that Exceeds Compliance: 8

Number of Standards Meeting Compliance: 33 (AOS counts all Not Applicable as Meeting Standard)

Number of Standards Not Meeting Compliance: 0

Number of Standards NOT Applicable: 2 (AOS counts all Not Applicable as Meeting Standard)

Planning

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

- Meets Standard

Standard 115.312 Contracting with Other Entities for the Confinement of Residents

- Exceeds Standard

Standard 115.313 Supervision and Monitoring

- Exceeds Standard

Standard 115.315 Limits to Cross-Gender Viewing and Searches

- Meets Standard

Standard 115.316 Residents with Disabilities and Residents Who Are Limited English Proficient

- Meets Standard

Standard 115.317 Hiring and Promotion Decisions

- Meets Standard

Standard 115.318 Upgrades to Facilities and Technologies

- Meets Standard

Responsive Planning

Standard 115.321 Evidence Protocol and Forensic Examinations

- Meets Standard

Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations

- Meets Standard

Training and Education

Standard 115.331 Employee Training

- Meets Standard

Standard 115.332 Volunteer and Contractor Training

- Meets Standard

Standard 115.333 Resident Education

- Meets Standard

Standard 115.334 Specialized Training: Investigations

- Meets Standard

Standard 115.335 Specialized Training: Medical and Mental Health Care

- Meets Standard

Screenings and Risk of Sexual Victimization and Abusiveness

Standard 115.341 Obtaining Information from Residents

- Meets Standard

Standard 115.342 Placement of Residents

- Meets Standard

Resident Reporting

Standard 115.351 Resident Reporting

- Meets Standard

Standard 115.352 Exhaustion of Administrative Remedies Does

- NOT APPLICABLE

Standard 115.353 Resident Access to Outside Confidential Support Services and Legal Representation

- Meets Standard

Standard 115.354 Third-Party Reporting

- Meets Standard

Official Response Following an Inmate Report

Standard 115.361 Staff and Agency Reporting Duties

- Meets Standard

Standard 115.362 Agency Protection Duties

- Meets Standard

Standard 115.363 Reporting to Other Confinement Facilities

- Meets Standard

Standard 115.364 Staff First Responder Duties

- Meets Standard

Standard 115.365 Coordinated Response

- Exceeds Standard

Standard 115.366 Preservation of Ability to Protect Residents from Contact with Abuser

- Meets Standard

Standard 115.367 Agency Protection Against Retaliation

- Meets Standard

Standard 115.368 Post-Allegation Protective Custody

- NOT APPLICABLE

Investigations

Standard 115.371 Criminal and Administrative Agency Investigations

- Meets Standard

Standard 115.372 Evidentiary Standard for Administrative Investigations

- Meets Standard

Standard 115.373 Reporting to Residents

- Meets Standard

Discipline

Standard 115.376 Disciplinary Sanctions for Staff

- Meets Standard

Standard 115.377 Corrective Action for Contractors and Volunteers

- Meets Standard

Standard 115.378 Interventions and Disciplinary Sanctions for Residents

- Meets Standard

Medical and Mental Care

Standard 115.381 Medical and Mental Health Screenings; History of Sexual Abuse

- Meets Standard

Standard 115.382 Access to Emergency Medical and Mental Health Services

- Meets Standard

Standard 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- Meets Standard

Data Collection and Review

Standard 115.386 Sexual Abuse Incident reviews

- Meets Standard

Standard 115.387 Data Collection

- Exceeds Standard

Standard 115.388 Data Review for Corrective Action

- Exceeds Standard

Standard 115.389 Data Storage, Publication, and Destruction

- Exceeds Standard

Auditing and Corrective Action

Standard 115.401 Frequency and Scope of Audit

- Exceeds Standard

Standard 115.403 Audit contents and Findings

- Exceeds Standard

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents and Policies Reviewed:
DYRS Policy 2.13 Sections 1, & 2 & 5 (A-F)
The State of Delaware Performance Plan
Policy 1.3 Section 3 Procedures B&C
Resident handbook page 6
DYRS Website <http://kids.delaware.gov/yrs/prea-statutes-policy.shtml>

Interviews:
PREA Coordinator (DYRS Professional Standards Manager)
PREA Manager (Assistant Superintendent Residential Cottages)
Superintendent Residential Cottages

The Division of Youth and Rehabilitative Services (DYRS) stance on zero-tolerance of sexual harassment and sexual abuse is clearly published in the Policy 2.13 section II. The policy states, "DYRS has a zero-tolerance for any incidence of sexual activity with youth in our care. DYRS commits to full compliance with the Prison Rape Elimination Act (PREA). Any type of forced or unwanted sexual activity, touching or sexual harassment between youth or any type of sexual activity or sexual harassment between staff and youth (including consensual) is criminal and prohibited. Additionally, the zero-tolerance stance is also repeated at the following link on the agency's website <http://kids.delaware.gov/yrs/prea-statutes-policy.shtml>.

Within 10 days of intake, residents are provided a handbook which states, "Residential Cottages has a zero-tolerance for any incidence of sexual activity with youth in our care." DYRS discipline infractions for this behavior is stated in the agency's PREA policy. After interviewing all staff and residents, it is apparent that they are familiar with the agency's stance on zero-tolerance for sexual harassment and sexual abuse.

Based on Policy 2.13, the approach to implementing of the PREA Standards is policy lead. The policy is comprehensive in dictating the necessity of defining the terminology specifically related to PREA. Also, the policy clearly outlines the procedures for training both staff and residents. Prevention of sexual harassment and sexual abuse is addressed with maintaining appropriate staff to resident ratio based on facility policy. Moreover, the policy requires the utilization of an assessment tool to determine the propensity to be a victim or perpetrator of sexual harassment and sexual abuse. Also, the document states the responsibility of unannounced documented rounds by upper management and supervisors to identify and deter staff sexual harassment and sexual abuse. In the policy, opposite sex staff are required to knock and announce their gender prior to entering a housing unit. While touring the facility, the auditor did not witness opposite gender entering the housing units.

Policy 2.13 also contained mandatory reporting as well as how residents and staff can report incidences of sexual harassment and sexual abuse. The policy detailed the discipline that can be imposed on staff if they are found to have neglected reporting sexual harassment or sexual abuse and conversely the policy identified the discipline that a resident would receive by filing

a grievance in bad faith. The policy specifies that there is no consensual sexual activity. It was clearly stated the notification responsibilities of administration in the case of a resident reported allegations of sexual activity that occurred at another facility. The policy contains the procedures in the investigation by Institutional Abuse Unit and the Delaware State Police of sexual harassment and sexual abuse allegations. Furthermore, the policy details the medical procedure for investigations through the Christiana Care Hospital as well as how counseling services are provided.

Detailed in the policy, contracted residential programs are given specific direction in the handling of sexual harassment and sexual abuse. Procedures are clearly outlined in the policy for the Incident Review Team.

Data collection is required to capture, retain, store, and publicly report the aggregate of data related to sexual harassment and sexual abuse at the Residential Cottages. Policy 2.13 is comprehensive in the details in preventing, detecting, and responding to sexual harassment and sexual abuse.

DYRS designated an upper level management position as the PREA Coordinator. The position is held by the Social Services Senior Administrator for the Division of Youth Rehabilitative Services. The position is the Professional Standards Manager/PREA Coordinator for the Residential Cottages. This is a full-time position that is dedicated to the prevention, detection, and investigation of allegations of sexual harassment and sexual abuse for DYRS as well as other duties. In addition, this position entails development of policy, training of staff and residents, and the compliance to PREA Standards. This position aligned with the State of Delaware Performance Plan which list this position as being responsible for having knowledge of applicable policies and procedures within the scope of work. Additionally, this position is to measure compliance with policies as well as assist in the development of policies. The position is specifically dedicated to implementing and maintaining standards.

The responsibility of PREA Compliance Manager is a dual position that is filled by the Assistant Superintendent of the Residential Cottages. It should be noted that the Assistant Superintendent had been recently promoted. During the 12-month reporting period, the individual held the position as a Program Manager. The PREA Compliance Manager stated that he has sufficient time to insure the implementation and compliance to the PREA Standards. In accordance with Policy 1.3, the Program Manager's responsibility is to assure compliance with all policies and procedures and any other regulations governing the operation of the Residential Cottages.

It is evident through practice, documentation, and policy that these positions coordinate their efforts to create, establish, and implement efforts that meet the PREA Standards to ensure that the facility maintains a zero-tolerance for sexual abuse and sexual harassment. During the interview with the Superintendent, PREA Compliance Manager/Assistant Superintendent, and the Standards Manager/PREA Coordinator, it was found that the recently promoted Assistant Superintendent does have the time necessary to continue the task required as a PREA Compliance Manager. The PREA Compliance Manager reports to both the Superintendent of the Residential Cottages and the Standards Manager/PREA Coordinator.

115.312 Contracting with other entities for the confinement of residents

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Policy and Documents Reviewed:

DSCYF Operating Guidelines for Contracted Children and Family Programs and Service

DYRS Provider Listing for Child Abuse Hotline Reporting

Sample of Communication between DYRS Contract Manager and contracted facility undergoing

PREA Audit

2 Samples of PREA Audit Final Reports from DYRS contracted facilities

List of all contracted vendors with status of PREA Compliance

Memorandum dated 6/22/17 resulting in the discontinuation of referring youth to contractor that

was non-compliant with PREA Standards

Interviewed:

Contract Manager

Onsite Audit:

Reviewed contracts

Revised 11/16 DSCYF Operating Guidelines

During the onsite audit, the Auditor reviewed the revised DSCYF Operating Guidelines for Contracted Children and Family Programs and Services. Within that document, it states that “Providers shall comply with all applicable PREA Standards and any DSCYF Policies or Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DSCYF contracted or subcontracted Facilities/Programs/Offices. In addition to “self-monitoring requirements” and submissions to PREA state or federal audits, providers will allow DSCYF announced and unannounced, compliance monitoring to include “on-site” monitoring. Failure to comply with PREA, including PREA Standards may result in a loss of business until the provider comes in compliance with the PREA Standards and/or subsequent contract termination.” The operating guidelines also includes the Delaware DSCYF Reportable Events and Notification Procedures as well as the form titled DSCYF Reportable Event Summary.

During the onsite audit, the Auditor had an opportunity to review the documents of the residential facilities contracted by DYRS. Those documents included contracts as well as PREA Final Reports for the facilities that housed over 51% juvenile justice.

There were 20 contracts entered into since the last PREA Audit. There were 8 contracts that did not have to comply with the PREA Standards due to being less than 51% juvenile justice.

Almost all contracted residential facilities have complied with the PREA Standards and have obtained an PREA Audit. Due to non-compliance to the PREA Standards of obtaining an audit, DYRS is not referring residents for services to a facility. Within the records of non-compliant facility, the Auditor located an email from DYRS Director stating that no residents would be sent to that facility until the facility is in full compliance with the PREA Standards. All

communications are documented regarding the rationale of the contractor's non-compliance.

It is apparent in the documentation that was provided by the Grants/Contractor Manager that there is a high level of oversight in the managing of contracts. Information was thorough as well as all communications between contractors and vendor was documented.

To assist in reporting incidences of sexual harassment and sexual abuse, the Contract Manager provides the residential facilities with the DYRS Provider Listing for Child Abuse Hotline Reporting. The document has the program name, location, head administrator's name, and telephone number.

The Contract Manager does in fact have contract monitoring as part of the guidelines for contracting with DYRS.

PREA Audits and other documentation of contracted residential facilities were available for review. The information provided was well organized and consistent for all vendors. The Grants/Contractor Manager records exceeded the PREA standards for maintaining records related to contracted residential facilities.

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy and Documents Reviewed: Ferris, Mawlds, and Grace Population Charts DYRS Confirmation of Staff Plan Compliance Director’s Team Meeting Minutes on 6/5/17 2015 Staffing Plan Signed 2017 Staffing Plan Signed Copy of Swipe Access -Unannounced Rounds Logs of Unannounced Rounds PREA Policy 2.13 Section IV.B.4</p> <p>Interviewed PREA Coordinator PREA Compliance Manager Superintendent Residential Cottages Random Staff Interviews</p> <p>Based on the interview with the PREA Coordinator, the DYRS has developed a tool to assist with the annual staffing plan. In preparation of the annual staffing plan, the DYRS Confirmation of Staff Plan Compliance is utilized to collect all vital information in order to have consistency in reporting.</p> <p>According to the signed 2017 Staffing Plan for the Residential Cottages, the ratio for waking hours is 1 staff per 3 youth, and during sleeping hours the ratio is 1 staff per 5 youth. In the case of off campus movement, the ratio is 1 staff to 3 residents (same gender). All 3 shifts have a Supervisor on duty. This staffing plan was predicated on the average population of 23 residents for 2015. The Residential Cottages exceeds the required 1 staff to 8 residents waking hours and 1 staff to 16 residents during sleeping hours which is mandated by the PREA Standards. Within the last 12 months there have been no deviation from the staffing plan. The facility practices freeze to insure staff coverage. Freeze is the practice of holding an employee beyond their scheduled shift in order to maintain staffing ratios. During random interviews with staff, the freeze practice was substantiated.</p> <p>The 2017 Staffing Plan was documented in the minutes from the Director’s Team Meeting. During the meeting, there was a staffing review of each facility that is operated by DYRS. The PREA Coordinator was listed as a participant in that meeting. During the interview with the PREA Compliance Manager, it was also found that there was a supervisor on each shift. In addition, it was stated that there has been no deviation of the staffing plan, and there has been no limited or discrete exigent circumstances. Interview with random staff also substantiated that there has been no deviation from the staffing plan, and there has been no limited or discrete exigent circumstances.</p> <p>It is evident from the review of Residential Cottage’s operational logs and swipe register that the mandate of unannounced PREA rounds occur by the Superintendent, Assistant</p>

Superintendent, Building Manager, and Supervisors of the facility during all shifts and days of the week. The electronic monitoring system only allows footage for a limited time. It is documented that the policy and practice are in alignment based on information captured through a review of the logs in which PREA unannounced rounds are written in red ink.

In addition, swipe logs of the administrators of the facility were checked for the monthly required per policy unannounced visits on various shifts which included, day, evening, and overnight shifts. Also, during the interview with the facility's administrators it was confirmed that unannounced visits is a required part of the Supervisors and Program Managers job duties according to PREA Policy 2.13.IV.B.4. The positions require all shifts to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Additionally, the policy states that staff is prohibited from alerting other staff of the rounds.

Based on the information obtained through interviews and documentation, the Residential Cottages exceeds the PREA Standards in the area of supervision and monitoring.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Policy 2.20 Professional Practices G(2) Policy 3.10 Security and Control IV(C); V(B); VI Staff Training Logs for Cross-Gender and Transgender Searches</p> <p>Interviews: Superintendent PREA Compliance Manager Random Staff Interview Random Resident Interview Training Coordinator</p> <p>Onsite Audit: Observed no Cross-Gender or Transgender searches Viewed Logbooks for Searches</p> <p>During the interview with both random staff and random residents, it was found that the Residential Cottages do not practice cross-gender searches. In addition, Policy 3.10.IV.C and Policy 3.10.V.B specifies that for both clothed and unclothed searches only male staff shall search male residents and conversely female staff shall search female residents. According to Superintendent, PREA Compliance Manager, random staff, and random residents, there has been no cross-gender searches within the last 12 months. According to administrators, there have been no exigent circumstances in the last 12 months.</p> <p>In the case of a body cavity search, Policy 3.10.VI states that no employee of the cottages will conduct a body cavity search at any time. If there is reasonable suspicion that a resident is concealing contraband in any internal opening, the staff member should contact the Supervisor on duty. The Supervisor shall contact the Program Manager which in turn will contact the Superintendent who will notify medical personnel. In accordance with Policy 3.10.IX, all searches are to be logged in the cottage’s logbook. This practice of documenting in logbooks was verified during the onsite audit.</p> <p>Policy 2.13 IV.B.5 requires when a staff member of the opposite sex is entering the housing unit or areas where residents maybe showering, performing bodily function, or changing clothes the staff member must knock and announce gender prior to entering area. Interviews with random residents substantiated this practice of knocking and announcing prior to entering.</p> <p>According to Policy 2.20.G, LGBTQI youth will not be searched in a manner that is humiliating or degrading or for the sole purpose of determining the youth’s physical anatomy. At the time of the onsite audit, there were no residents that were identified as LGBTQI. I was unable to confirm the practice, but during the interviews with random staff, they were aware of the policy in regards to transgender searches.</p>

After reviewing training logs for cross-gender searches and transgender searches all of the staff had received training. Additionally, I was provided confirmation during an interview with the Training Coordinator and PREA Coordinator. During the interviewing of random staff, it was assessed that the staff understood that cross-gender searches were only to be done in the case of exigent circumstances.

Based on policies and interviews of random staff and logs of staff completion of training on searches of cross-gender and transgender individuals, it is evident that the staff was educated in this standard as well as understands the procedures regarding searching residents of the Residential Cottages. The Residential Cottages meet the standard in limits to cross-gender viewing and searches.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: DSCYF Policy 118-Language-Access II.2.A.B.C Resident Handbook in English and Spanish Brochure in English and Spanish " What You Need to Know About Sexual Abuse, Harassment, and Sexual Assault" Brochure in English and Spanish " Residential Cottages Residents Safety Guide"</p> <p>Interviewed: PREA Coordinator</p> <p>Onsite: Viewed Posters Accessibility to PREA Related Information in various formats</p> <p>DSCYF implemented a Language Access Policy 118, it was developed to ensure that the department and its contracted service providers take measures to ensure that children and their families in the State of Delaware with limited English proficiency (LEP) have access to all benefits and services. All LEP residents or residents in the need of sign language will have language assistance services and interpreter services at no cost to themselves. The policy also expressed that DSCYF personnel shall not use children, family members, friends, neighbors or clients to provide language assistance services only in the case of exigent circumstances.</p> <p>According to PREA Coordinator, the language access policy would ensure that residents would benefit from the agency's effort to prevent, detect, and respond to sexual harassment and sexual abuse. During the onsite audit, there were no students that were limited English proficient nor any students that were in need of sign language. In the past 12 months, there has been no need for the utilization of resident interpreters, readers, or other resident assistance.</p> <p>There are several documents that are provided to the Residential Cottage's staff to assist with providing the appropriate language and service needs i.e. onsite, telephone, or written communication. One of the documents is organized by vendor. Also, there is a list of Translation Services by Language (Quick Glance Guide). In order to access these services, the DYRS employee must complete a Translation-Interpreter Authorization Form for the resident or the resident's family member.</p> <p>PREA related educational materials are available in English and Spanish which included PREA Posters, Resident Handbook, brochure " What You Need to Know About Sexual Abuse, Harassment, and Sexual Assault," and the brochure" Residential Cottages Residents Safety Guide." The print on both the brochures and posters were a sufficient font size for a person with some vision impairment to read. In addition, the language on the brochure was at a readability level of about fourth grade. In addition, a video was available for residents that may</p>

have literacy limitations. During the onsite audit, it was observed that there were brochures and posters written in both English and Spanish.

Based on the onsite visit, an interviews, and the documents reviewed, the Residential Cottages meets the standard in providing residents with disabilities and limited English proficiency an opportunity to benefit from the mandates required by PREA Standards. All posters and relevant materials that are utilized to educate residents about zero-tolerance for sexual abuse and sexual harassment are accessible through a multi-sensory approach. The materials reflect the needs of the population that is frequently served at the Residential Cottages based on research completed by the agency.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Memo dated 5/26/17- All Employees of the Residential Cottages had updated Criminal Background Sexual Misconduct/Abuse Disclosure Release PREA Affirmation Acknowledgement Form Policy 3.18.IV.E. and Policy 3.18.V.A Policy 3.19.V.VI Random Sample of Staff Files Log of Completed 2017 Criminal Background Checks Policy 2.13.IV.A.4</p> <p>Interviewed: Human Resource Representative Criminal History Unit Representatives PREA Coordinator</p> <p>Onsite: Random Staff Selection File Review</p> <p>Policy 318.IV.E clearly prohibits hiring and promoting anyone or enlisting the services of anyone through contract or volunteer who may have contact with residents that has engaged in sexual abuse in the community or in an institution. The policy also includes that a person who has a civil court adjudication or an administrative adjudication (substantiated) is excluded from being hired or promoted.</p> <p>In order for DYRS to further determine if there is a history of sexual harassment, a Sexual Misconduct/Abuse Disclosure Release has to be completed by any perspective employee or contractor/volunteer.</p> <p>According to Policy 3.18.V.A, the following checks are required to be completed for perspective employees: Adult Abuse Registry Check, Child Protection Registry Check, Pre-Employment Check (CPR,AAR,& DELJIS), PREA Check, and Sex Offender Registry Check.</p> <p>Policy 2.13 defines staff as any department employee, volunteer, contractor, official visitor, or other agency representative. It interpreted that contractors and volunteers undergo the same process in pre-employment checks.</p> <p>According to Policy 2.13.IV.A.4, PREA Affirmation Acknowledgement Form must be completed by employees on an annual basis and at the time of promotion. This practice was confirmed during the random staff file selection review. Additionally, the PREA Coordinator processes and maintains criminal background checks every 5 years for the employees of the Residential Cottages. The PREA Coordinator provided a list of the recent criminal background checks of the employees of the Residential Cottages.</p> <p>The Policy 3.18.V.C clearly states that any negative, inaccurate, or omitted information on a</p>

PREA Background Check may cause the candidate to become ineligible for employment or continued employment with DSCYF.

In the event that a perspective employer contacts DYRS regarding a reference check, Policy 3.19.VI.A states that there must be a written release or authorizations prior to providing professional references. The professional references are confidential, and information is only disclosed to the authorized requestor and human resource staff.

The agency policies are aligned with the PREA Standards. In addition, during the interview with representatives from the human resources and criminal background departments, it was further confirmed that the practice of handling reference checks for new hires and former employees and criminal background checks for new employees were aligned with the PREA Standards. Documentation was provided that showed that the 5 year criminal background checks are being completed within the time mandated. In all aspects background checks and references, the facility meets the standard in hiring and promotion decisions.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Blueprints of 3 Residential Cottages and the Multi-purpose building Purchase Order of Cameras and Mirrors Emails Regarding Needs and Upgrades PREA Walk Through 7/2/15 Identifying Areas in Need of Cameras or Mirrors Email Regarding Monitoring Equipment and Distortion</p> <p>Interviewed: Compliance Manager PREA Coordinator</p> <p>Onsite Audit: Internal and External Tour Notation of Cameras, Mirrors, and Blind Spots Surveillance Equipment Check Internal and External</p> <p>The facility has not designed or acquired a new facility since the last audit in June 2015. Since the last audit, the Residential Cottages has purchased some cameras and mirrors to better prevent and detect sexual harassment and sexual abuse. The facility provided proof of communication during the planning process to purchase and install additional equipment. In addition, a copy of the purchase order was provided. From the review of communications between the company that installed the equipment and the administration at the facility, it is apparent that there was consideration for the agency's ability to protect residents from sexual harassment and sexual abuse.</p> <p>Further, the interview with both the PREA Coordinator and the PREA Compliance Manager revealed that there was numerous communications facilitated before the purchase of the equipment. In addition, the onsite visit tour and the surveillance equipment check made it further evident that all efforts have been placed on monitoring residents in order to insure that they are safe from sexual harassment and sexual abuse. Cameras were checked individually to insure that they were in working order without any obstructions to the lenses. Further, cameras were checked via the computer system to get a visual of the capabilities of the cameras. Surveillance was made both internally and externally of all the buildings that encompass the Residential Cottages. As technology improves in electronic monitoring that would further improve the abilities of detecting and preventing sexual harassment and sexual abuse, it would be beneficial for the Residential Cottages to take advantage of such improvements. For instance, improved surveillance equipment in the parking lot would benefit the Residential Cottages especially since there is constant movement of residents between the buildings. Concerns regarding blind spots were further investigated in email communications between administration and the surveillance company, it was found that corrective measures would not improve visual field for recorded media, but rather create significant distortions.</p> <p>Based on the onsite audit tour, the interviews, and the documentation provided, the</p>

Residential Cottages meet the standard in upgrades to facilities and technologies.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed:</p> <p>Policy 2.13.D Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault Institutional Abuse Procedures Manual Memorandum of Agreement Between the DYRS and Survivors of Abuse in Recovery (SOARS), Inc. Affirmation of Compliance with Investigative Standards for Sexual Assaults Memorandum 8/24/10- Incident Investigation Protocols for Situations Involving Department Employees Division of Family Services Policy Manual p.232 Institutional Abuse Division of Family Services Intake Protocol: Referral Response DYRS Policy 5.20.IV</p> <p>Interviewed:</p> <p>Mental Health Professional Medical Professional</p> <p>According to the interviews with IA, PREA Coordinator, and the PREA Compliance Manager, all allegations of sexual harassment and sexual abuse are reported to the Abuse Hotline. At that time, IA is dispatched. Per Policy 2.13, allegations that are not accepted by IA for investigation, will receive an internal administrative review. IA follows the Division of Family Services Policy Manual for the protocols for investigating institutional abuse cases. Also, the memorandum "Incident Investigation Protocols for Situations Involving Department Employees" specifically outlines the protocols for the IA in the allegations of employee involvement. For matters that could result in criminal action, IA will conduct a joint investigation with the Delaware State Police (DSP). There exist an Affirmation of Compliance with Investigation Standards for Sexual Assault between DYRS and the DSP.</p> <p>In the cases of sexual abuse, residents are provided offsite forensic examinations by the Christiana Care Hospital. There is a Memorandum of Agreement between DYRS and the Christian Care Hospital which entails the hospital providing SANE/SAFE nurses to provide medical services. In the event a SANE/SAFE nurse is not available; a qualified medical staff would be made available. In as far as victim advocacy services, there is a document entitled Memorandum of Agreement between the Division of Youth Rehabilitative Services and the Survivors of Abuse in Recovery, Inc. (SOARS). This memorandum specifically designates that the agency will provide victim advocacy services which will include outreach, advocacy, assessment, and psychotherapy services to the residents of the Residential Cottages. After meeting with the medical and mental professional, it was found that they were knowledgeable of the memorandum and agreements and memorandum of understanding for both forensic investigations and victim advocacy and counseling.</p> <p>During documentation review, there was found several memorandums of agreement as well as affirmations of compliance between several entities. Additionally, the interviews confirmed</p>

that the investigators follow the protocols established. The existence of agreements for forensic and victim advocacy/ counseling was confirmed through interview as well. The Residential Cottages meets the standard of following evidence protocol and providing forensic examination.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Affirmation of Compliance with Investigative Standards for Sexual Assaults PREA Policy 2.13 Investigation (1) & (2) Policy 208 Institutional Abuse Title 16 Investigations of Abuse and Neglect Documentation of Founded Sexual Abuse Non-Critical Reportable Event Form</p> <p>Interviewed: Investigators</p> <p>Onsite Audit: Reviewed Documentation of a Substantiated Sexual Abuse Incident Resident on resident</p> <p>Items reviewed contained the protocols and the agreements to ensure that investigations are handled in a consistent manner. According to Policy 2.13.IV.1.b-e the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. Further the policy details that incidents not of a criminal nature are reported to Child Abuse Hotline. All allegations of sexual harassment and sexual abuse are documented on incident reports and the Non-Critical Reportable Event Form. Additionally, the policy pertaining to PREA is published on the website.</p> <p>After reviewing policy and conducting interviews, it has been determined that there are three investigative bodies involved with investigating sexual harassment and sexual abuse at the Residential Cottages. Those investigative entities are the administration of the Residential Cottages, IA, as well as the DSP. IA investigations are civil and the DSP investigations are criminal. At times, they are required to work jointly on investigations. Policy 208 dictate the protocols for civil investigations, and the Affirmation of Compliance with Investigative Standards for Sexual Assaults is the protocols followed by DSP. This affirmation specifically speaks to DSP employing the PREA Standards for conducting investigations. Also, the document requires that DSCYF is required to cooperate with DSP investigations. Interviews with investigators substantiated the practice, policy, and roles of these investigators. DYRS policies and established Affirmation of Compliance meets the standard in ensuring referrals of allegations for investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: DRYS Policy 2.13.IV.A.1.a.b.3.4 Random Staff Files with signed confirmation of receipt and understanding of PREA Training Log of Completed Staff Trainings for All PREA Related Trainings Instructor Lead PREA Training Curriculum</p> <p>Interviewed: Random Staff Training Coordinator PREA Coordinator</p> <p>All staff members received initial training for PREA as well as the staff refresher training within the 24 months designated by PREA mandates. It should be noted that the facility provides refresher training within 18 months. After reviewing the PREA curriculum, it was determined that staff was trained in all 11 components of the PREA Standard 115.331. There is verification of attendance from employee signature as well as electronic verification of online professional development. Upon reviewing 5 employee training documents, it was found that staff signed for both attendance to the trainings as well as understanding of material.</p> <p>According to PREA Compliance Manager, Training Coordinator, and randomly selected staff, all employees are trained to work in both the male and female cottages.</p> <p>During the interview with the Manager of the Center of Professional Development, it was stated that the curriculum was developed by the agency. Materials from the Moss Group was used in the development of the curriculum. In the PREA Standard 115.331 for employee training, the documentation and interviews substantiated the determination of meeting the standard.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Reviewed Volunteer Training logs PREA Policy 2.13 #3 Definition of Staff</p> <p>Interviewed Compliance Manager Contractor via Telephone</p> <p>Volunteers and contractors are provided the same training as compensated staff. The volunteers/contractors are informed of the zero-tolerance policy of sexual harassment and sexual abuse during the PREA Training. Volunteers and contractors are defined by Policy 2.13 as staff so they are provided the entire PREA Training and Refresher Courses as DYRS employees. The training is provided by an administrative staff. The training is provided either by Instructor Lead Training (ILT) or online.</p> <p>According to the contractor, the required training consisted of the initial 3 hour ILT and the online refresher. In addition, the facility requires a signed acknowledgement of understanding and expected compliance to DYRS Policy 2.13 PREA. This document is maintained by the PREA Compliance Manager.</p> <p>Based on the documentation, policy, and the interview via telephone with contractor, the facility meets the standards of providing training to volunteers and contractors.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed:</p> <p>Policy 2.13.IV.A.2 Resident Handbook English and Spanish Phone Instruction Poster Translation Services by Language PREA Posters in English and Spanish Brochure "What is Sexual Harassment?" in English and Spanish Brochure "Resident Safety " in English and Spanish</p> <p>Interviewed:</p> <p>PREA Coordinator PREA Manager Random Staff Random Resident</p> <p>Onsite Audit:</p> <p>PREA Posters Random Resident Files for Documentation of Receipt of Resident Handbook, PREA Orientation, and PREA Video Availability of PREA Materials</p> <p>The education of the Agency's zero-tolerance position is provided in multiple ways. Policy 2.13.IV.A.2.a-b explicitly states that youth in secure care shall receive PREA orientation and/or training. During intake, residents shall receive information explaining the agency's zero-tolerance rule and how to report incidents or suspicion of sexual harassment and sexual abuse.</p> <p>According to residents and staff, upon intake into the Residential Cottages, residents are informed of the agency's Zero-Tolerance for Sexual Abuse or Sexual Harassment Policy as well as how to report any incidents. Per residents, they may have received the training at a previous institution, but they are still given PREA Training at the Residential Cottages.</p> <p>According to interviews from staff and residents, there is a more comprehensive training given within 10 days. Upon review of random resident records, there was signed documentation by residents confirming they had in fact received PREA orientation, the resident handbook, and viewed the PREA video. The more comprehensive training includes a video for residents to watch.</p> <p>Though there has not been any students within the last year with limited English proficiency, there is contracted interpreter services available for both resident and parent/guardian if there is a need. Also, there are posters, brochures, resident handbooks in Spanish. All written items are at about the 4th grade level.</p>

PREA related materials are continuously and readily available to residents through posters, resident handbooks, and brochures.

The Residential Cottages meets the standard of providing the mandated PREA training to residents.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: PREA Policy 2.13.IV.A.1.c Certificates</p> <p>Interviewed: Investigators</p> <p>The investigators responsible for responding to sexual abuse and sexual harassment allegations include an administrative investigator and the Institutional Abuse Investigators. Policy 2.13.IV.A.1.c requires that all staff receive PREA Training, and the training will include, but not limited to complaint recipient responsibility, how to report an incident, investigations, and how to access victim services.</p> <p>Upon review of certifications and interviews, it was found that the investigators have completed all necessary PREA Training and specialized training. The investigators completed the online specialized training for Investigating Sexual Abuse in Confinement Settings by the National Institute of Corrections. In accordance with PREA Standard 115.334 requiring Specialized Training: Investigations, it was determined that Residential Cottages meet the standard based on the interview, policy and certificates of completion of specialized training.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: PREA Policy 2.13.IV.A.1.c Certificates Training Logs</p> <p>Interviewed Medical Professional Mental Health Professional</p> <p>After reviewing all certifications and signature sheets, the medical and mental health professionals employed at the Residential Cottages have completed all mandated specialized trainings for their positions as well as completed the PREA training required for all employees. During the interview with both the medical and mental health professional, it was found that they had completed required PREA Training and specialized training.</p> <p>Policy 2.13.IV.A.1.c requires that all staff receive PREA Training, and the training will include, but not be limited to complaint recipient responsibility, how to report an incident, investigations, and how to access victim services. The medical and mental health professionals completed the 3-hour specialized training in Medical Health Care of Sexual Assault Victims in a Confinement Setting which was offered by the National Institute of Corrections.</p> <p>Based on the interview, policy, and certificates of completion of specialized training, it was determined that compliance was met in the PREA Standard 115.335 Specialized Training: Medical and Mental Health.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Records and Policy Reviewed PREA Policy 2.13.B.2 Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and Division of Youth Rehabilitative Services (DPBHS) PREA Risk Assessment Reviewed Intake Records - Initial Supervisor Review, - Initial Psychological Review - Initial Medical Review</p> <p>Interviewed Mental Health Professionals Medical Professional PREA Compliance Manager</p> <p>There is Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and Division of Youth Rehabilitative Services which specifies the compliance to the PREA Standards. Specifically, the goal is to identify youth at risk for being sexually victimized as well as the risk for victimizing others. Residents at the Residential Cottages will be seen by a mental health professional within 1 business day of arrival. At that time, a combination of tools will be utilized to ascertain information regarding the resident. There is the preparation of the risk assessment as well as a review of the database system FACTS (Family Child Tracking System) for obtaining any prior information that would assist in determining factors for being a victim or victimizer of sexual harassment and sexual abuse. Also, this meeting will allow for indication of flags that would necessitate the need for a higher level of supervision and precautions. Upon admission, residents are administered the following by the mental health professionals:</p> <ol style="list-style-type: none"> 1. MAYSI-2 Questionnaire 2. UCLA PTSD Index for DSM IV 3. APS-SF Adolescent Questionnaire 4. DYRS PREA Risk Assessment <p>The practice of completing the above documentation was confirmed by administrative staff and medical/mental health professionals. In accordance with Policy 2.13.B.2 refers to the utilization of an assessment tool. The required PREA Risk Assessment was reviewed for a sampling of students. Intake Records were reviewed as well as follow-up notes were reviewed which aligned with the staff practice, interviews, and Memorandum of Understanding. It should be noted that all 11 elements required by PREA Standard 115.341 was contained in the Risk Assessment. The assessment is completed and maintained with the mental health professional. The dissemination of the information ascertained from the risk assessment is</p>

provided to select administrative staff. Information that is necessary for appropriate housing, heighten level of supervision, safety precautions, and separation from particular youth are supplied to staff in order to make appropriate placement decisions for staff to prevent potential sexual harassment or sexual abuse of youth within the Residential Cottages. Based on documentation and interviews, the Residential Cottages meets the standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: DYRS Policy 2.20.E.1.d DYRS PREA Policy 2.13.IV.B.2 PREA Risk Assessment</p> <p>Interviewed Random Staff Random Residents</p> <p>During the tour of the facilities and interviews with staff and residents, isolation rooms or cells are not utilized in the Residential Cottages. It should be noted that the Residential Cottages are deemed to be class IV staff-secured housing units in which there are no isolation rooms in this type of facility.</p> <p>In accordance with the PREA Standard 115.342 the DYRS Policy 2.20.E.1.d, requires that the Residential Cottages must utilize information from intake, referral documentation, and mental health assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual harassment and sexual abuse. The policy further states that residents that identify as LGBTQI shall not be placed in particular housing, bed or other assignment solely on the basis of such identification nor shall DYRS consider lesbian, gay, bisexual, transgender, or intersex identification a status as an indicator of likelihood of being sexually abusive. At the time of audit, there were no residents at the Residential Cottage that identified as LGBTQI.</p> <p>On a case by case basis, the policy states that in the case of a decision whether to assign a transgender or intersex youth to a facility for male or female, and other program assignments, DYRS shall consider whether the placement would ensure the youth's health and safety. Additionally, whether that placement would present management or security problems. Further, the policy states that placement and programming assignments for each transgender or intersex youth shall be reassessed by the interdisciplinary team at least twice each year to review any threats to safety experienced by the youth. Also contained in the policy, transgender or intersex youth's views with respect to his or her own safety shall be given serious consideration. The policy also takes into consideration in the instances of the utilization of the bathroom and showers in the Residential Cottages. Transgender and intersex youth shall be given the opportunity to shower and to use the bathroom separately from other youth.</p> <p>Based on the interviews of staff and residents, documentation, and policy, the Residential Cottages meets the standard for the placement of residents within the facility.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document and Policies Reviewed: PREA Policy 2.13.IV.C.2.a-h Resident Handbook English and Spanish Brochure Residential Cottages Safety Guide English and Spanish PREA Phones Purchase Order Emergency Grievance Form Policy 208</p> <p>Interviewed: Random Staff Random Residents</p> <p>Onsite Audit: Grievance Box Abuse Hotline Phones</p> <p>The Residential Cottages provides numerous means by which a resident can report incidents of sexual harassment and sexual abuse. Policy 2.13.IV.C.2.a-h, unambiguously details the means by which residents can report incidents of sexual harassment and sexual abuse.</p> <p>According to residents and staff interviews, an incident of sexual harassment and sexual abuse can be reported via the Child Abuse Hotline which many times is referred to by both resident and staff as the PREA Hotline. In addition, it was expressed by residents that there is a Special Emergency PREA Grievance Form that could be completed and given to staff or placed in the grievance box. Grievance boxes were located in every building of the Residential Cottages. On the top of each box or close proximity, there was the forms and a writing utensil. Also, residents can speak to staff in regards to sexual abuse and sexual harassment incidents. In addition, staff and residents stated that residents could choose to disclose sexual harassment and sexual abuse to a third-party such as parent, probation officer, attorney, or any of the like. Both the resident handbook and the available brochures contain information that reiterates the various means that a resident can report sexual harassment and sexual abuse.</p> <p>There is a link on the DYRS website that gives third party reporters a means to report the incidence of sexual harassment and sexual abuse. Residents stated that in fact calls could be made anonymously to the Child Abuse Hotline. In each of the 4 buildings, there was at least 1 designated PREA Hotline Telephone.</p> <p>During the tour, the Auditor observed several phones upstairs and downstairs of each cottage. Phones designated as PREA Hotline are programmed to call directly to the Child Abuse Hotline. The other phones that were available had the Child Abuse Hotline phone number posted on the wall above the phone or in close proximity.</p>

During interviews, staff reported that they could privately report to the Child Abuse Hotline any allegations of sexual abuse, sexual harassment, and retaliation.

On the second day of the onsite audit, the Auditor contacted the Child Abuse Hotline commonly referred to as the PREA Hotline. Within about 45 seconds, a person introduced themselves and the auditor proceeded to explain that it was a test of the working order and accessibility of the hotline to youth within the Residential Cottages. The operator was asked to document the telephone call of the PREA Auditor.

It should be noted that residents are not held at the Residential Cottages for civil immigration purposes. The PREA provision that requires providing access to relevant consular officials and relevant officials of the Department of Homeland Security to report sexual harassment and sexual abuse do not apply. The facility meets the standard in resident reporting. Based on the interviews, documents, and policies, the facility meets compliance.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Not Applicable</p> <p>In the DYRS Policy 2.13, it explicitly expresses that, "All staff are required to report any allegations and instances of Non-Consensual Sexual Acts, Abusive Sexual Contact, and Sexual Harassment to the Child Abuse Hotline.</p> <p>Upon notification of a report of sexual harassment and sexual abuse by either resident, staff, anonymous or third party, the Child Abuse Hotline will immediately contact IA which will proceed with an investigation.</p> <p>According to information obtained through interview, if there is an Emergency PREA Grievance of allegations of sexual harassment and sexual abuse submitted by a resident of the Residential Cottages, the grievance is no longer in the grievance process, and it is automatically reported to the Child Abuse Hotline. The process of handling the sexual harassment and sexual abuse grievance in this manner is in alignment to the Policy 2.13.IV.C.1.b</p> <p>All staff interviewed stated that they understood their role as mandatory reporters. In addition, it was also stated by medical and mental health staff that they were mandatory reports, and they make residents aware of the limitations of confidentiality.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed:</p> <p>PREA Phones Purchase Order</p> <p>Brochure Sexual Abuse, Assault and Harassment</p> <p>Resident Handbook</p> <p>Memorandum of Understanding between Prevention and Behavioral Health Services and Division of Youth Rehabilitative Services</p> <p>Memorandum of Agreement between Division of Youth Rehabilitative Services and Survivors of Abuse and Recovery, Inc.</p> <p>Policy 2.13 IV.C.2.a</p> <p>Interviewed:</p> <p>Random Residents</p> <p>Random Staff</p> <p>Residents recalled in their interviews, that they received a handbook and a brochure which has information about PREA. Upon review of the resident handbook, it was found to contain the definition of PREA, the facility's zero-tolerance for sexual harassment and sexual abuse, and the various ways to report incidents of sexual harassment and sexual abuse. Also, residents are provided a brochure titled, "What You Need to Know About Sexual Assault, Harassment, and Abuse. The brochure contains the definition of sexual abuse and sexual harassment, what to do in case you are sexually abused, sexually harassed, or sexually assaulted. There are also sections that are specific to confidentiality, counseling, medical services provided, and avoiding sexual abuse, harassment, and assault. On the back panel of the brochure, there are 5 agencies with contact information listed that provide victim support. Also, there were posters in all buildings that contained information on victim advocacy.</p> <p>The facility does not detain residents solely for immigration purposes.</p> <p>A Memorandum of Agreement exists between DYRS, Division of Prevention and SOARS in order to connect mental health professionals and advocates from a community-based organization. The organization would provide services to sexual trauma victims serviced by DYRS that have been, or may have been the victims of sexual abuse. During the random interview of residents, it was found that they were in receipt of both the handbook and brochure that list the services of the MOA, but a few of the residents could not recall the details of the availability of advocacy in the case of victimization of sexual harassment and sexual abuse.</p> <p>During interviews with residents they were aware of the mandatory reporting of abuse by staff.</p> <p>Residents stated during interviews that they were granted confidential meetings with their legal representation, and they were given reasonable access to visit with their parents/guardians.</p>

Based on agreements with outside agencies, documentation provided to residents, and interviews, the standard of residents having outside access to confidential support services and legal representation was in compliance.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed:</p> <ul style="list-style-type: none"> DSCYF Website Policy 208 Institutional Abuse DSCYF Child Abuse/Neglect Mandatory Reporting Form PREA Phones Purchase Order Brochure "What is Sexual Abuse, Harassment, and Assault?" <p>Interviewed:</p> <ul style="list-style-type: none"> Random Staff Random Residents <p>The DYRS has established means of receiving third-party reports through the Child Abuse Hotline. Additionally, third-party reporters can locate information on reporting through the agency's website http://kids.delaware.gov/yrs/yrs.shtml. Third-party reporters can also report incidences of sexual harassment and sexual abuse online through the agency's website. Also, DSCYF has the Child Abuse/Neglect Mandatory Reporting Form available to third-party reporters.</p> <p>Policy 208 explicitly details the procedures by which to report child abuse which encompasses sexual harassment and sexual abuse. Located in areas where visitors frequent, there are brochures that detail how to report sexual harassment and sexual abuse. Additionally, there are posters visible that contain contact information to the Child Abuse Hotline. Additionally, there are PREA Phones available throughout the facility. In speaking with residents and staff, they were aware of ways that third party reporters could report allegations of sexual harassment and sexual abuse. The Residential Cottages met the standard of third-party reporting through documentation, interviews, and policy.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.IV.C.1.b.c Policy 208 Institutional Abuse Policy 2.2 Code of Ethics State of Delaware Confidential Agreement Title 16 Chapter 9 Memorandum of Understanding between Division of Services for Children, Youth, and Their Families, Delaware Children's Advocacy, Department of Justice, and Delaware Police Departments</p> <p>Interviewed: Investigators</p> <p>After review of the Policy 2.13 IV.C.1.b.c, it is evident that the staff is required to report allegations and instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the Child Abuse Hotline.</p> <p>Interviews with the Superintendent and the Assistant Superintendent reported that they are obligated by law and DYRS policy to report all allegations of sexual harassment, sexual abuse, and retaliation promptly to the Director of the Division and the Child Abuse Hotline. The alleged victim's parent(s) or legal guardian. In the case of residents that are under the jurisdiction of the child welfare system or the juvenile court, notification will be made to their attorney, case worker, or probation officer.</p> <p>Interviews of staff revealed that they understood their role as mandatory reporters. Further, the staff recalled that there is a requirement as a mandatory reporter to report all allegations and instances of sexual harassment, sexual abuse, and retaliation to the Child Abuse Hotline. Additionally, medical and mental health staff reported that prior to services residents are advised that there are limitations of confidentiality. Lastly, staff reported that they are prohibited from communicating information about any sexual abuse report unless required for the purposes of security, treatment, and/or administrative purposes. Based on interviews and policy review, the standard of staff and agency reporting has been met.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13 IV.C.2.e</p> <p>Interviewed: Residential Cottages Superintendent PREA Compliance Manager</p> <p>Based on information obtained from Policy 2.13 IV.C.2.e and the interview with the Superintendent, cases of imminent sexual abuse are in alignment. During the interview, the Superintendent corroborated with the policy that in the event of substantial risk of imminent sexual abuse, immediate action is taken to remove resident who fears for their safety. According to policy, if it is deemed that a youth's safety is in jeopardy by a superintendent or designee, there is authority to temporarily relocate youth to another location. The agency has proven that it meets the standard in the area of protection duties.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.C.3.b List of Child Abuse Hotlines for Contracted Facilities DSCYF Online Reporting DSCYF Child Abuse/Neglect Mandatory Reporting Form DYRS Sexual Abuse and Sexual Harassment Records for the previous 5 years</p> <p>Interviewed: PREA Coordinator PREA Compliance Manager</p> <p>Onsite Audit: Reviewed Sexual Harassment and Sexual Abuse records from previous 5 years</p> <p>Within the policy 2.13 IV.C.3.b, there is language that states that upon the receipt of an allegation that a youth was sexually abused while confined to another facility, the administrator of the facility shall notify the administrator of the facility of the alleged abuse or appropriate office of the agency and the appropriate investigative agency. The notification shall be provided as soon as possible, but no later than within 72 hours after receiving the allegation. Additionally, the facility administrator shall document that notification of both the other agency administrator and the investigative agency. Documentation must also show the Division Head and the Division's PREA Coordinator have been notified.</p> <p>As of yet, there has not been any sexual abuse allegations that have occurred in another facility. In interviews with both the PREA Coordinator and the PREA Compliance Manager, detailed steps were given in the handling of a report of a resident being sexually harassed or sexually abused at another facility. Since there are no documented incidents of this nature to base practice, the policy meets the compliance based on the policy and interview of PREA Coordinator and PREA Compliance Manager.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.IV.C.1.b Document of reported incident-resident on resident sexual abuse</p> <p>Interviewed: Random Staff</p> <p>In the randomly selected staff records, there contained staff acknowledgement that staff received and understood their responsibilities as mandatory reporters as well as a first responders. Also, the agency’s curriculum for PREA contains the responsibilities of being a first responder. The Residential Cottages meets the standard in staff first responder duties in providing necessary training and insuring staff receive the training. In the random staff interview of the audit, many of the randomly selected staff were abreast on the duties and steps in the instance of a resident reporting sexual harassment or sexual abuse. There was some staff that had some difficulty recalling the steps prior to or following contacting the Child Abuse Hotline. It is surmised that since these skills have been infrequently utilized that measures should be put in place to assist the recall of staff. For example, small wallet size card that is easily accessible for reference or posting enlarged copies of the facility's Coordinated Response Flow Charts in areas that are frequented only by staff.</p> <p>In as far as the curriculum, all elements of the PREA mandates were covered for the role of mandatory reporter and first responder. Additionally, it was suggested that the curriculum have an open-ended assessment to further measure the understanding of the material learned.</p> <p>After receiving documentation of a sexual abuse incident that occurred within the last 12 months, it was found that staff had followed procedures set by the Policy 2.13.IV.C.1.b. The victim was separated from abuser. Immediately the victim contacted the abuse hotline. After reporting the incident, the victim was escorted to the medical and mental health personnel. First responder was a security staff member. Based on policy, interviews of random staff, and the practice, the facility was found to be in compliance of the standard.</p>

115.365	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Coordinated Response Flowchart Non-Critical Reportable Event Form First Responder Checklist</p> <p>Interviewed: PREA Coordinator PREA Manager Random Staff</p> <p>DYRS has completed a coordinated response flow chart that demonstrates the responsibilities of the various staff that service the youth at the Residential Cottages. The Coordinated Response Flowchart can be best described as a graphic organizer of realistic scenarios. By following the chart that best fits the sexual harassment or sexual abuse scenario, the staff and agency can successfully navigate the intricacies of providing all required and necessary services to youth that have been sexually harassed or sexual abused.</p> <p>There is a First Responder Checklist that staff can utilize in the event of an allegation of sexual abuse. Staff can utilize the checklist as a worksheet to assist with completion of necessary tasks. During the interview with the PREA Coordinator and the administrative team at the Residential Cottages, it was stated that the Coordinated Response Flowchart and the First Responder Checklist are utilized in both staff and administrative meetings to discuss improvements in detection, prevention, and responding to incidents of sexual harassment and sexual abuse. Based on the tools that have been put in place to insure that appropriate measures are taken to respond to an incident of sexual abuse and sexual harassment, the facility receives exceeds standards.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: DSCYF Policy 309</p> <p>Interviewed: Director of DYRS PREA Coordinator</p> <p>According to DYRS Director, there has not been a collective bargaining agreement or negotiations since the last PREA audit in June 2015. Though there has not been an agreement to solidify the PREA Standard 115.366, Policy 309 maintains that the agency's ability to remove staff with allegations of sexual harassment or sexual abuse. In the case of sexual harassment or sexual abuse allegations by an employee, the policy requires removal from contact with any residents pending the outcome of an investigation or until a determination of whether and to what extent discipline is warranted including possibility of termination. Interview with PREA Coordinator confirms the practice of employee removal until resolution. It is determined that the facility meets the standards through policy, practice, and interview.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Policy 2.13 IV.C.2.f Policy 2.2 Code of Ethics A.10 & 21 Policy 305 Conditions of Continued Employment Policy 309 Removal of Employees from the Workplace</p> <p>Interviewed: PREA Coordinator PREA Compliance Manager Residential Cottages Superintendent</p> <p>The PREA Compliance Manager reported that all concerns of retaliation by resident and staff are monitored by this position. According to the information obtained from the interview, residents and staff are monitored more frequently than 90 days as required by PREA mandates. If retaliation was reported the PREA Compliance Manager stated that he would meet with resident as well as observe for any changes in demeanor, behavior, as well as review documentation that would substantiate retaliation. In the case of founded retaliation, resident could be moved or perpetrator of the retaliation could be moved into another location. In the incidents of staff retaliation, the staff could be placed on suspension until the outcome of an investigation. If the staff is retaliated against by a resident or coworker, the staff could be relocated to another post to insure no contact with perpetrator, moved to another shift, and possibly moved into another facility temporarily.</p> <p>This practice that is followed at the Residential Cottages is further supported with Policy 2.13.IV.C.2.f which paraphrased, states that any retaliation from youth or staff will result in disciplinary action as well as sanctions and/or criminal prosecution. Based on the agency's response to protecting against retaliation and the policy, the facility meets standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Not Applicable This standard does not apply to the Residential Cottages, because there is no segregated housing or isolation in a level IV staff-secured facility.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 208 Institutional Abuse Title16 Chapter 9 Policy 2.13 (D)(1) & (2) Certificates from PREA Investigation Training 8/24/10 Memorandum Incident Investigation Protocols for Situations Involving Department Employees</p> <p>Interviewed: Investigators Data Analyst</p> <p>Onsite Audit: Reviewed all documentation of sexual harassment and sexual abuse</p> <p>The Residential Cottages investigative services are provided by the DSP and the IA which is a unit within DSCYF. The investigators have been certified in all required specialized training for investigators that are required by PREA Standards for investigators. There exists a Memorandum of Understanding between DSCYF and the DSP that provides the protocols in the incidence of sexual abuse of residents.</p> <p>During the interview with the two investigators they confirmed that investigations that are alleged to be criminal are handled by the DSP. In those cases, the DSP will work with the prosecutor's office to process the case. In further discussion, the investigators explained that if an alleged victim recants their allegations of sexual abuse or no longer resides at the facility that does not necessarily terminate the investigation. In addition, it was found that residents are not required to take a polygraph exam in order for the investigation to proceed. The DSP and the IA work together when investigating cases of sexual abuse in DYRS facilities. Based on the information obtained from interviews, any interviews done by DYRS must be approved by either DSP or the prosecutor. Investigations pertaining to sexual harassment are generally not investigated by the DSP or IA, but rather by the identified investigator at DYRS. The administrative investigator at DYRS have been certified to investigate in accordance with the PREA Standards. According to the investigators, all investigations are documented and stored, maintained, and disposed in accordance with the states retention, storage, and disposal schedule for investigative documentation. Based on documentation and interviews pertaining to the criminal and administrative investigations, the facility meets the standard.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Affirmation of Compliance with Investigative Standards for Sexual Assault-Delaware State Police Policy 208 Institutional Abuse title 16 Chapter 9</p> <p>Interviewed: Investigators</p> <p>Policy 208 states that IA investigator's evidentiary standard is the preponderance of the evidence. In Title 16 Chapter 9, the standard utilized by DSP is beyond a reasonable doubt. IA investigators corroborated with the policy that there was a difference between DSCYF and DSP in the standard of determination of allegations for sexual harassment and sexual abuse. They further explained that DSP which is a criminal investigation standard of determination is "beyond a reasonable doubt", and IA which is a civil investigation uses the standard "preponderance of the evidence." In the case of administrative investigations the standard is "just cause." Based on policy and the interviews with investigators, the facility meets the PREA Standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Notifications of Investigation Status Policy 2.13.IV.D.1.i</p> <p>Interviewed: PREA Compliance Manager</p> <p>Onsite Audit: Reviewed Documentation of Sexual Abuse Incident</p> <p>Policy 2.13.IV.D.1.i specifically states that the facility administrator will provide notification to the youth of the outcomes of investigation through the notification forms. The PREA Compliance Manager communicated that outcomes of sexual harassment and sexual abuse investigations are released to the victim by an administrative staff or designee. In accordance with PREA Standard 115.373, the DYRS utilizes the form "Notification of Investigation Status." This form documents whether the allegations were substantiated, unsubstantiated, or unfounded. Correspondingly, the form provides selections regarding the actions or discipline taken against the abuser.</p> <p>Within the last 12 months, there was one substantiated sexual abuse allegation. The allegation was handled administratively. The form was completed, and reported to the victim.</p> <p>Based on the practice, interview, and resident notification documentation, the facility meets the standard.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Policy 2.13.IV.D.1.e Policy 309 Removal of Employees from Workplace</p> <p>Interviewed: PREA Coordinator PREA Compliance Manager Residential Cottages Superintendent Random Staff Interviews</p> <p>Onsite Audit: No incidents of staff sexual misconduct</p> <p>Within several sections of Policy 2.13.IV.D.1.e, there are provisions to discipline staff for sexual harassment and sexual abuse. The policy speaks to in the instances of staff sexual misconduct which is to be handled by reporting to the Child Abuse Hotline. This process addresses staff action that may not be of a criminal nature, but still violates policy for example, conversations or correspondence of a romantic nature. In these types of instances, the policy allows for DYRS to pursue personnel actions that honor due process and decision making that is in the best interest of the child. Upon the completion of an investigation, the facility administrator would make a recommendation for training and/or disciplinary action, if necessary, but this would be done after a consultation with the Human Resources Unit.</p> <p>Staff interviewed stated that sexual harassment and sexual abuse were grounds for termination. Within the last 12 months there has been no allegations of staff sexual misconduct.</p> <p>Policy 309 outlines the guidelines in the removal of staff from the workplace. It states that the decision of DSCYF is separate from any criminal decision or investigation. An administrative investigation by DSCYF must be completed in order to determine "just cause." It should be noted that the just cause standard is much lower than the criminal standard for conviction. In accordance with Policy 309, instances of substantiated cases of sexual harassment and sexual abuse, DSCYF can terminate employment.</p> <p>In as far as the policy of disciplinary sanctions for staff, the facility meets the standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policies Reviewed: Policy 2.13 Definition of Staff Policy 309</p> <p>Interviewed: Volunteer- via Telephone</p> <p>Onsite Audit: There were no allegations of volunteer sexual misconduct.</p> <p>All provisions of Policy 2.13 applies to all volunteers and contractors as it would apply to a compensated employee of DYRS. Specified in Policy 2.13 Definition of Staff: For the purpose of this policy, staff is defined as any department employee, volunteer, contractor, official visitor, or other agency representative. DYRS policy has met the standard for corrective action for contractors and volunteers. Further the policy, specifies the procedures to discipline staff of sexual harassment or sexual abuse which would apply to volunteers and contractors since they are defined as staff. Additionally, Policy 309 outlines the procedures of removal of employees from the workplace. In speaking with the volunteer, it was found that volunteers are made aware that their services could be terminated in instances of sexual harassment and sexual abuse. From information obtained in the interview and the policies, the facility meets the standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.IV.2.f.h.i</p> <p>Interviewed: PREA Compliance Manager Random Residents</p> <p>Onsite Audit: Reviewed Incident of Sexual Abuse-Sexual Violence Incident Form: Youth Perpetrator Evidence of Cognitive Behavior Treatment Program (CBTP) within Residential Cottages- Rubric Board</p> <p>In accordance with Policy 2.13.IV.2.f.h.i, if a program administrator determines that a resident has either filed a grievance in bad faith and/or reported a PREA incident in bad faith, the resident may be disciplined using the Cognitive Behavior Treatment Program (CBTP). In addition, the documentation of these instances will be maintained by both the PREA Compliance Manager and the PREA Coordinator. Upon reviewing documentation from a sexual abuse incident, it was found that the sexual abuse incident was sanctioned using CBTP. Additionally, the offending resident received mental health services.</p> <p>There are no isolation rooms at the Residential Cottages.</p> <p>There has been no sexual contact with staff by residents.</p> <p>In accordance with Policy 2.13.IV.C.2.i, residents are sanctioned if an allegation is made in bad faith.</p> <p>Policy 2.13 also states that there is no consensual sexual activity between youth.</p> <p>For the standard that addresses interventions and disciplinary sanctions for residents, it is determined that Residential Cottages meets the standard through policy and the utilization of the Cognitive Behavior Treatment Program.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed:</p> <p>PREA Risk Assessment Initial Supervisor Notes Initial Psychological Notes Initial Health Screening Memorandum of Understanding (MOU) between Division of Prevention and Behavioral Health Services (DPBHS) and DYRS Policy 2.13 IV.B.2.a PREA Risk Assessment</p> <p>Interviewed:</p> <p>Medical Health Personnel Mental Health Personnel</p> <p>Onsite Audit:</p> <p>Random Resident Intake File</p> <p>During the onsite visit, there were no students that were identified for risk of victimization or perpetrator. In accordance with the established Memorandum of Understanding (MOU) between Division of Prevention and Behavioral Health Services (DPBHS) and DYRS, all residents upon intake are to be seen within 24 hours of intake by mental health staff. There was a review of the initial notes from the supervisor, medical, and mental health. Additionally, there was a review of a random resident's PREA Risk Assessment. During intake if a determination has been made that resident has a history of prior sexual victimization, the resident is seen within the stipulated 24 hour period by the nurse and psychologist. In the case of the perpetrator, the resident would be seen within 72 hours. Based on the interview with medical staff and reviewed documentation, residents are seen by medical staff within 24 hours of intake. It was disclosed in the interview, that medical and mental health staff do not obtain the consent of residents when prior victimization has been reported. Through practice and MOU with DPBHS, the Residential Cottages meets the standard of providing medical and mental health screenings of residents that may have a history of sexual abuse.</p>

115.382	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents and Policy Reviewed: Policy 2.13.IV.E.2 Resident Handbook Brochure "What is Sexual Abuse, Harassment, and Assault?" Memorandum of Agreement between DYRS and Christiania Care Hospital</p> <p>Interviewed: Medical Personnel</p> <p>Onsite Audit: Checked availability of brochures for residents</p> <p>In accordance to Policy IV.E.2, resident victims of sexual abuse are to receive emergency medical treatment and emotional support services. DYRS has a Memorandum of Agreement (MOA) with the Christiania Care Hospital for medical services in the event of sexual abuse as well as an established Memorandum of Understanding with SOARS for emotional support for residents experiencing sexual abuse. The MUA with Christiania Care outlines the forensic examinations by SANE/ SAFE staff at no cost to the victim. Christiania Care Hospital will provide information in a timely manner as well as access to emergency contraception and sexually transmitted infections treatment. There is no restrictions or cost impeding victim from medical services whether there is or is not cooperation in the investigation. The MOA specifies that the resident will receive emergency contraception and sexual transmitted infections prophylaxis. Additionally, all services will be provided without cost to the victim. The MOA also makes available emotional support services through a victim support agency. Through the MOA with Christiania Care Hospital, the Residential cottages meet the standard of providing access to emergency medical and mental health services.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.IV.E.2 Memorandum of Agreement between of DYRS and Christiana Care Hospital</p> <p>Interviewed: Medical Personnel</p> <p>DYRS has a Memorandum of Agreement (MOA) with the Christiana Care for medical services in the event of sexual abuse as well as an established Memorandum of Understanding with SOARS for emotional support for residents experiencing sexual abuse. The MUA with Christiana Care Hospital outlines the forensic examinations by SANE/SAFE staff at no cost to the victim. Christiana Care Hospital will provide information in a timely manner as well as access to emergency contraception and sexually transmitted infections treatment. There is no restrictions or cost impeding victim from medical services whether there is or is not cooperation in the investigation. The MUA also makes available emotional support services through a victim support agency. Per Policy 2.13 residents are provided medical and mental health treatment during detainment and after release. Through the MOA with Christiana Care Hospital, the Residential Cottages meet the standard of providing access to emergency medical and mental health services.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 2.13.IV.D.4.a-f Completed Incident Review Documentation Non-Critical Reportable Event Form Administrative Report Sexual Violence Incident Form: Victim Sexual Violence Incident Form: Youth Perpetrator DYRS Notification of Investigation Status</p> <p>Onsite Audit: Incident Reports of sexual abuse incident resident on resident</p> <p>In accordance with DYRS Policy 2.13.IV.D.4.a-f, there is to be a sexual abuse review of sexual abuse investigation within 30 days or when directed if investigation is extended beyond 45 days. In the cases that IA decline to investigate and an administrative investigation is conducted, the team will review the administrative investigation. After review of documents and interviews, there was 1 incident of sexual abuse within the last 12 months. After review of files and interviews with PREA Coordinator and PREA Manager, it was found that all documentation was completed in accordance with policy. Since incidents of sexual harassment and sexual abuse are very rare at the Residential Cottages, the facility has implemented a process of having mock team reviews of sexual harassment and sexual abuse incidents. These team reviews consist of the PREA Coordinator, PREA Manager and other upper level management. There is input from other departments within the facility such as medical, mental health, and supervisors.</p> <p>In the substantiated incident of sexual abuse, the team met in accordance to policy. Documentation of meeting was done in accordance to policy. The facility's practice and policy meets compliance with the PREA Standard.</p>

115.387	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents and Policy Reviewed: Policy 2.13.IV.F.1-5 Non-Critical Reportable Event Form DYRS List of PREA Allegations</p> <p>Interviewed: Data Analyst</p> <p>Onsite Audit: Reviewed aggregated sexual abuse data from state operated and contracted residential providers</p> <p>Review of documentation, it was found that the DYRS collects accurate information, and uniform data for allegations of sexual abuse at facilities under its control. During the onsite visit, a standardized instrument is utilized with a set of definitions. The instrument that the agency uses for collection of data contains the following sections: Non-Critical Reportable Event Form, Sexual Violence Incident Form, Sexual Violence Incident Form: Youth Perpetrator, and Sexual Violence Incident Form: Adult Perpetrator. Annually, the aggregated information is uploaded to the agency's website. The information collected is an annual requirement for the Survey of Sexual Violence.</p> <p>DYRS has a procedure in which all documents of sexual harassment and sexual abuse are maintained, reviewed, and collected. The Data Analyst stated that all documentation from DYRS facilities and contracted facilities are received and then the obtained data is then aggregated. Once aggregated, the information is published and disseminated in quarterly reports.</p> <p>During the review of both aggregated data and files of allegations of sexual harassment and sexual abuse, there was 1 substantiated report of sexual abuse within the last 12 months of the audit.</p> <p>According to the Data Analyst, the Survey of Sexual Violence was submitted to the Department of Justice (DOJ) on June 23, 2017, and it was submitted for upload to the agency's website. It should be noted that report was due to the Department of Justice on June 30, 2017. The document was reviewed by auditor after submission to DOJ. DYRS exceeds the standard in data collection.</p>

115.388	Data review for corrective action
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1026 488">Documents and Policy Reviewed: Agency minutes with PREA Corrective Actions Dated 2/1/16 DSCYF Website- Annual Reports Affirmation by Data Analyst</p> <p data-bbox="252 539 491 613">Interviewed: PREA Coordinator</p> <p data-bbox="252 667 651 741">Onsite Audit: Reviewed 2016 Annual Report</p> <p data-bbox="252 837 1461 958">It is documented through meeting minutes that DYRS agency heads meet regularly to review data that is collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, response policy, practices and trainings.</p> <p data-bbox="252 1010 1461 1301">DYRS completes an annual report which details the number of incidences of sexual harassment and sexual abuse for state operated and contracted residential facilities that provide services to the DYRS. The annual report does not disclose the specifics of the comparison of the year prior and corrective action. The annual report is approved, signed by the agency head, and it is available to the public through the agency's website. Since the last audit in June 2015, the DYRS has published 2 additional reports for 2015 and 2016 that contained information for both state operated and contracted residential facilities.</p> <p data-bbox="252 1352 1477 1516">During the reporting year 2015, there were 2 substantiated allegations of sexual harassment in state operated facilities. In the same year in the contracted residential facilities, there was 1 substantiated allegation of consensual sex act, 1 unfounded allegation of abusive sex act, and 1 unfounded allegation of staff sexual misconduct.</p> <p data-bbox="252 1568 1457 1901">During the reporting year 2016, in the state operated facilities there was 1 substantiated allegation of abusive sexual act, 1 unsubstantiated allegation of sexual harassment, and 3 unfounded allegations of sexual harassment. In the same year in the contracted residential facilities there were 2 substantiated allegations of sexual harassment. In the recently revised Policy 2.13, the policy requires that all related PREA documentation is secured, retained and disposed of in accordance to PREA Standards. Though DYRS exceeds the standard in all provisions of this standard, it was recommended that this revision should be added to the policy instead of an affirmation by the Data Analyst. During the onsite audit, it was added.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation and Policy Reviewed: Policy 2.13.IV.F.5-7</p> <p>Interviewed: Data Analyst PREA Coordinator</p> <p>Onsite Audit: Reviewed State of Delaware Record Retention Table Personal identifiers were removed from data available to the public</p> <p>Policy 2.13 requires that all related PREA documentation is secured, retained and disposed of 10 years after collection in accordance to PREA Standards. In addition, the Management Analyst stated that he maintains records in a secured cabinet in his office that is only accessible by him.</p> <p>Aggregated sexual abuse data is readily available to the public through the following link http://kids.delaware.gov/yrs/prea-reports.shtml. Upon review of the website, there were no personal identifiers made public on the aggregated sexual abuse data.</p> <p>The agency through practice and policy exceeds the PREA standard in data storage, publication, and destruction.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 528">Since August 20, 2013, all DYRS state operated facilities have had a PREA Audit within the first phase of implementation of auditing. There was 1 contracted residential facility, that did not comply with the PREA Standards to be audited. In response to the non-compliance, DYRS does not refer any residents to that facility for services. The practice of not referring was confirmed through documentation.</p> <p data-bbox="252 584 1305 786">The state operated facilities were audited on the following schedule: Residential Cottages 6/16/15-6/18/15 (1st audit) and 6/26/17-6/28/17 (2nd Audit) Stevenson House 6/29/15-7/1/15 New Castle County Detention 6/1/16-6/3/16 Ferris School for Boys 5/23/16-5/25/16</p> <p data-bbox="252 842 1409 913">The agency has met the provision that at least a third of their facilities have been audited every year. See above audit schedule.</p> <p data-bbox="252 969 1461 1041">According to the PREA Coordinator, the following schedule will be followed for the 2nd phase of audits for PREA Compliance.</p> <p data-bbox="252 1097 711 1216">Stevenson House 2018 New Castle County Detention 2019 Ferris School for Boys 2019</p> <p data-bbox="252 1272 1485 1429">The auditor was given full and unimpeded access to the facility through the entire audit. In addition, the auditor was given access to all resident/personnel files, electronic stored files, and not limited to the databases. The auditor was also permitted to conduct random interviews with all DYRS staff and residents of the Residential Cottages, and an individual via telephone.</p> <p data-bbox="252 1485 1469 1686">The bulletin that the auditor would be onsite was posted in all the cottages and the multi-purpose building. Information contained on the bulletin was the name and contact information for the auditor and the date of the onsite visit. Interviews with staff and residents confirmed that the bulletin had been posted for several weeks. Also, there is video footage of the posted bulletin.</p> <p data-bbox="252 1742 1414 1861">Based on the adherence to completing all audits during the initial phase of PREA implementation and the plan for future audits of DYRS state operated facilities, the facility exceeds the standard in the frequency and scope of the audit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	All four DYRS state operated facilities have completed and published PREA Auditor Reports from 2015 and 2016. The reports are available to the public through the agency's website. The agency exceeds standard by making available additional PREA related reports to the website. Those reports include PREA Annual Report of Admissions Identified as a PREA Risk as well as the Report of Workers Trained in PREA.

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

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

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

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	no

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

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

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

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

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

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

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

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

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

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

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

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

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

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

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

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

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

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

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

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

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	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.)	na

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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

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

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

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

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

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

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

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

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

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

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	no

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no

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

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no

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

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

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

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

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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