

PREA Facility Audit Report: Final

Name of Facility: The Anchor of Hope House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/14/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon R. Shaver	Date of Signature: 06/14/2024

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/29/2024
End Date of On-Site Audit:	04/29/2024

FACILITY INFORMATION	
Facility name:	The Anchor of Hope House
Facility physical address:	399 North Main Street, Blakely, Georgia - 39823
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	DeWana Fields
Email Address:	dewanaf@anchorofhopehouse.com
Telephone Number:	2293080761

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

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	4
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	15-18
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with	11

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	The Anchor of Hope House, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	399 North Main Street, Blakely, Georgia - 39823
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	DeWana Fields	Email Address:	dewanaf@anchorofhopehouse.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.313 - Supervision and monitoring
- 115.333 - Resident education

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-29
2. End date of the onsite portion of the audit:	2024-04-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pataula Center for Children (Advocacy); Early Medical Center (ER; FMEs); Lily Pad SANE Center, Albany; GNESEA.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	6
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	6
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>This is a group home and not a secure facility.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>11</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	2
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	All residents (6) assigned to the facility were interviewed. There were (2) random; (2) cognitive disabilities; and (2) prior victims.

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>All residents (6) assigned to the facility were interviewed. There were (2) random; (2) cognitive disabilities; and (2) prior victims.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>The PREA Auditor's Handbook required at least (10) residents be interviewed; however, there were only (6) residents assigned to the facility and all were interviewed.</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor met no barriers with conducting and 100% of the resident population was interviewed.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>6</p>

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents (100%) assigned to the facility and found that none met this targeted category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor met no barriers in completing resident interviews. The auditor interviewed all residents (100%) assigned to the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input checked="" type="checkbox"/> Other</p>
<p>If "Other," explain:</p>	<p>The auditor interviewed 100% of the staff employed by the facility. All staff were not present during the site visit and the auditor interviewed (7) staff by phone.</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor met no barriers to completing the interviews with staff and interviewed 100% of the staff employed by the facility. All staff were not present during the site visit and the auditor interviewed (7) staff by phone.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>2</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The facility is a group home and currently has 11 staff, which includes the Executive Director. The Executive Director is also the PREA Coordinator. Additionally, she performs the majority of the specialized staff duties at this time since she has a vacant Human Service Provider position. The facility uses no contract employees and does not allow volunteers into the home at this time.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

This was the facility's first PREA audit and required as a result of the contractual agreement with the Georgia Department of Juvenile Justice (DJJ). The facility has newly established policy, protocols, and practices to comply with the PREA. In addition to development of its own body of policies, the facility is subject to the requirements of DJJ policies and procedures, where applicable to their type of facility. The facility is a group home and not a secure facility. Community service providers are used for many of the services required of the PREA and are coordinated through and with assistance of DJJ when needed. Facility staff do not conduct body searches of residents of any kind. The auditor observed camera views which were located only in common areas where residents are expected to be fully dressed. There were no views accessible in the resident rooms or in the bathrooms. The auditor placed calls to the reporting numbers posted at the facility and found they all worked. The facility consists of (4) resident rooms with (3) beds each; a multi-purpose area with a large table for meetings, group activities and meals; a kitchen that is off-limits to residents; a room for visitation purposes and quiet time; a TV room; and (2) offices. The facility is located in a residential area. The auditor toured all areas of the home and the outside grounds. Based on interviews with the residents they are happy to be The Anchor of Hope and highly respect the Director. They all conveyed to the auditor feeling safe in this environment, that they feel comfortable talking to the Director, and that she is available/accessible to them on a daily basis.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor met no barriers to obtaining the required documentation to properly assess compliance with the PREA Standards. The Anchor of Hope House contracts with the Georgia Department of Juvenile Justice (DJJ) for housing female youth between the ages of 12-18. As these residents are still under DJJ supervision, the facility must adhere to the DJJ policies and procedures. However, many of the procedures required are not applicable at The Anchor of Hope House due to it being a group home and is a non-secure facility. The Anchor of Hope House created their PREA policy based on applicable policies from DJJ. The Anchor Hope House has one PREA policy which was supplemented by DJJ policies. The auditor referenced applicable policies reviewed in the body of each narrative within this report. The following is a list of documents requested and reviewed to assess compliance.

- Facility PREA Policy
- Facility Flow Chart
- Anchor of Hope House Staffing Plan
- Schematic of Camera Locations
- The Anchor of Hope House Annual Report
- 15-Minute Logs
- Direct Care Worker Job Description
- House Manager Job Description
- Human Service Professional Job Description
- Program Director Job Description
- Unannounced Rounds Logs
- Employee Personnel File Records
- Resident Education and Facility File Records
- DJJ Training Curriculum
- Risk Screening Instrument
- Resident Education
- Youth Safety Guide for Community Residential Facilities
- The Anchor of Hope House Coordinated Response Plan
- MOU for Emotional Support Services
- CSEC Response Contact Sheet &

Information

- CHOA, Stephanie B. Blank Center
- DJJ 2.10, Payment of Youth Medical Expenses
- DJJ 23.1, PREA
- DJJ 23.2, Sexual Assault
- DJJ 3.52, Background Investigations
- DJJ 4.1, Training Program
- DJJ 4.5, Staff Training Requirements
- DJJ 5.1, Records Management
- DJJ 8.5, Special Incident Reporting
- DJJ 8.9, Child Abuse Reporting
- DJJ 8.42, Crime Scene Preservation
- DJJ 14.3, Citizen & Volunteer Involvement
- DJJ 15.3, Youth Access to Courts
- DJJ 15.4, Viewing, Listening, and Reading Materials
- DJJ 15.9, Ombudsman
- DJJ 15.10, Language Assistance
- DJJ 20.1, Community Quality Assurance Monitoring
- DJJ 20.12, Community Based Services
- DJJ 20.20, Screening and Placement of Youth
- DJJ 20.24, Community Residential Programs
- DJJ 22.3, Internal Investigations
- DJJ 22.5, Polygraph Examinations
- DJJ 23.3, LGBTI
- Retaliation Monitoring Form, DJJ Attachment L
- Notification of Investigation Outcome, DJJ Attachment I
- Sexual Abuse Incident Review Team Meeting Minutes Template, DJJ Attachment J

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations of sexual abuse or sexual harassment. This was confirmed through interviews with staff and DJJ PREA Unit Investigations Supervisor.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no allegations of sexual abuse or sexual harassment. This was confirmed through interviews with staff and DJJ PREA Unit Investigations Supervisor.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Identify the entity by name:

GA Department of Juvenile Justice

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 23.1, 23.2; Facility Flow Chart; Information Obtained from Interviews.</p> <p>115.311(a): The Anchor of Hope House (AHH) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. This policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Anchor of Hope House (AHH) policy contracts with the Georgia Department of Juvenile Justice (DJJ) to house residents from ages 12-18. As a result, the facility is subject to the DJJ policies and procedures. The facility has zero tolerance towards all forms of sexual abuse and sexual harassment of residents in DJJ custody. The facility strictly prohibits any form of sexual activities involving residents with other residents and residents with staff, visitors, contractors, volunteers, and interns as defined by DJJ Standards, Georgia State Law, and DJJ policies. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition, the facility and DJJ take appropriate actions to reduce the risk of sexual abuse and sexual harassment within</p>

	<p>its facility by implementing the PREA Standards established by the United States Department of Justice (DOJ). The facility provided their policy with their PAQ during the Pre-Audit Phase. After the auditor's review and site visit some revisions were recommended. The facility completed these revisions and provided a current version of the policy which was uploaded as The Anchor PREA v.May2024.</p> <p>115.311(b)(c): AHH is a single facility operation and employs an upper-level PREA Coordinator, DeWana Fields who is the Owner/Director of the facility. Based on an interview with the PREA Coordinator, she has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at the facility. She also involves all facility staff in the PREA implementation and compliance efforts, as appropriate.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained During Interviews.</p> <p>115.312(a)(b): Based on an interview with the Director, the Anchor of Hope House does not contract with other entities for the confinement of residents assigned to them; therefore, this standard is not applicable.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.20, 20.24, 23.1; 23.1 Attachment A, The Anchor of Hope House Staffing Plan Template; Anchor of Hope House Staffing Plan, March 2024; Camera Locations; 15-Minutes Logs Samples; Direct Care Worker Job Description; House Manager Job Description; Human Service Professional Job Description; Program Director Job Description; Unannounced Rounds Logs; Information Obtained from Interviews; Personal Observations During Site Visit.</p>

115.313(a)(b)(d): The Anchor of Hope House policy states that all adolescents are supervised on a 24-hour basis, 7 days a week and 365 days per year. This means that Direct Care Workers (DCW) work night-awake shifts. DCW's are aware of the adolescents' whereabouts at all times. DCW's should have residents in their line of site at all times whether they are out on an outing or in the group home. The Anchor of Hope House will develop, implement, and document an approved staffing report that provides for adequate level of staffing, and video monitoring, to protect the residents against sexual abuse. If the plan is not followed, The Anchor of Hope House will document and justify all deviations from the staffing plan and complete the Facility Annual Staffing Report and submit it by the 10th of December with the required signatures to the Department of Juvenile Justice PREA Coordinator. The Anchor of Hope House will have no more than three residents per bedroom. Each resident shall be provided with a bed of her own, appropriate bedding, and a dresser or chest of drawers for clothing and personal items. All residents who share a bedroom must be within 2 years of age of each other. Exceptions must be approved by the DJJ. For residents with developmental disabilities, their developmental age will be considered. 24-hour awake supervision will be provided. Any unsupervised time in the community must be approved by the DJJ and take into consideration age, maturity, current functioning, and development of the resident. The Anchor of Hope House staff will document sign in and out time, approved destination, and staff responsible in order to ensure resident's whereabouts are documented during unsupervised time. The Anchor of Hope House will include a ratio of not more than five (5) residents to one (1) staff during peak hours. Peak hours shall be defined as 3:00 p.m. to 11:00 p.m. on school days and 8:00 a.m. to 11:00 p.m. on non-school days. The Anchor of Hope House will have an identified supervisor on-call at all times. Staffing levels will support the ability to ensure resident participation in varying individual community activities including mental health appointments, visitation, recreation activities, employment, etc. A review of the facility staffing plan verified the last review date was conducted on March 28, 2024.

During the site visit the auditor compared the written staffing plan against the facility's staffing schedule and the available staff onsite and found them in alignment. Based on the auditor's observations, staffing and electronic monitoring needs have been adequately met to provide a safe environment for the residents and staff. There have been no deviations from the staffing plan based on a conversation with the Director and interviews with the residents. When a staff member calls out another staff member will be called in from a standby list and if there is no one available, the Director will cover the shift. During the site visit the auditor observed the placement and views of the (10) cameras installed at the facility. Cameras are not installed in the bedrooms or bathrooms. There are (4) cameras outside to monitor the front and back entrances. Additional cameras are placed in strategic areas of the house to maximize viewing of the residents and staff. Cameras are not placed in the resident rooms or bathrooms. Cameras observe the television (TV) room, main hallway adjoining all the resident rooms, Director's office, HSP's Office, hallway off the TV room, dining room. The TV room provides individual rocker recliners for each of the residents so they may comfortably enjoy leisure time in their own personal space. Camera placements allowed direct line of

sight for the Director and HSP to observe staff and resident interactions unobstructed. There were no blind spots observed. The kitchen is the only area that residents are not allowed and there was a sign displayed on the door. Camera views capture the entry to the kitchen. There were (6) residents onsite during the site visit and (2) staff present during peak hours and (1) at night. The facility staffing positions include the Executive Director (1), Human Services Provider (HSP) (1/ currently vacant), House Manager (1), Direct Care Workers (DCW)(9).

115.313(c): The staffing plan indicates a 1:5 ratio during waking and sleeping hours, which exceeds the standard requirement of 1:8 during resident waking hours and 1:16 during resident sleeping hours. During interviews with (6) residents, they corroborated that there are always (2) staff members with them during the day and overnight there is (1), but sometimes the Director comes in to check on them. The auditor interviewed (9) direct care staff and found they are aware that the 1:5 and 1:8 ratios must be maintained at all times. They explained that if an issue arises that may create a deviation from this requirement they must contact the Director immediately. They further explained they knew of no time when the facility was not compliant with this requirement.

115.313(e): The Anchor of Hope House policy statement commits to comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et seq.), and with all applicable PREA Standards, Department Policies related to PREA and Department Standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within Department Facilities/Programs/ Offices owned, operated or contracted. As part of the contract with GA DJJ, the facility implemented self-monitoring requirements and the Department of Juvenile Justice conducts announced or unannounced, compliance monitoring to include "on-site" monitoring. The Anchor of Hope House policy states that staff will conduct unannounced rounds to identify and deter staff sexual harassment and sexual abuse. The unannounced rounds will cover all shifts and all areas of the facility. Staff are prohibited from alerting other staff of such rounds. DCWs make full rounds at the facility every 15 minutes and document on a log. The auditor reviewed a large sample of these 15-minute rounds and confirmed that this practice is well-implemented. To meet the requirement of upper-level management rounds, the Director makes regular unannounced site visits and varies the days and hours and has the capability to observe the camera views from her mobile device 24/7, which she does so regularly. These rounds are documented and maintained in a binder for PREA audits. The facility provided the auditor with the binder for review and the auditor observed evidence of unannounced PREA rounds being conducted between February 28, 2024-April 8, 2024. This provision is applicable only to secure facilities and this facility is not a secure facility but consistently documents the required unannounced rounds; therefore, the facility exceeds this provision.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard. Additionally, the facility exceeds provisions (c)(e) of this standard by requiring a 1:5 ratio at all times, and by conducting unannounced rounds, which is not a required standard for non-security facilities.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(e)(f): The Anchor of Hope House policy establishes that residents will not be subject to discrimination based on race, religion, national origin, gender, sexual orientation, disability, or political views. Staff members of the opposite gender are required to announce their presence when entering a resident's private area. The Anchor of Hope House will not conduct any pat searches or unclothed body searches of residents. This is a group home and not a secure facility. Should the need arise for a pat search or unclothed body search of a resident, the local law enforcement would be contacted for assistance. Interviews with (9) direct care staff confirmed that no searches are ever conducted.</p> <p>115.315(d): Facility PREA Policy states, with the exception of a medical examination or urine drug screen, staff will not view residents while showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine checks. During interviews with the Director and House Manager the auditor was advised that when a resident is subject to a urine drug screen, the resident will be supervised by a manager level staff at which time the staff simply accompanies the resident while the resident collects the sample but provides the resident as much privacy as possible; only same gender staff are allowed to supervise this process. If a resident requests a staff member accompany them during a medical examination it is permissible provided the staff member is the same gender as the resident. Interviews with (9) direct care staff confirmed they do not enter the restroom area when occupied by a resident; if a resident is behind the door for an extended period of time, they knock and announce and would only enter if there was an emergency.</p> <p>115.315(f): Facility policy establishes that the Anchor of Hope House will complete the required PREA training through GA DJJ online training and each staff member must complete the online PREA Training series within thirty (30) days of hire; for existing staff, each staff member must complete the training within thirty (30) days of contract execution. An interview with the Director and the DJJ PREA Coordinator verified that the Anchor of Hope House staff is subject to the same computer-based PREA training provided to GA DJJ employees. They are exempt from searches training as they do not conduct searches.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.316	Residents with disabilities and residents who are limited English proficient
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 15.10, 20.20, 20.24, 20.12; 23.1; DJJ Language Assistance Services; Posters/Pamphlets; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a)(b): The facility's PREA Policy states that accommodations will be made in accordance with DJJ Policy 15.10 Language Assistance Services to ensure that resident who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology. There were (2) residents with cognitive disabilities assigned to the facility and the auditor interviewed them both. There were no other disabled or LEP residents housed at the facility at the time of the site visit, nor in the last 12 months. The residents conveyed to the auditor during their interviews that they had a solid understanding of the PREA, their rights under the law, and how and to whom to make a report of sexual abuse or sexual harassment. Based on these interviews and review of the residents' file documentation, no accommodation was required in order to provide PREA education. The facility displays the Blue and White Large DJJ Sexual Abuse and Sexual Harassment How to Make A Report Poster in the common areas of the facility in both English and Spanish. An interview with the Director learned that a pre-screening of all residents is conducted and if a resident with a disability is accepted for admission, any accommodations would be arranged through the DJJ Field Services Office and/or the resident's school resources.</p> <p>115.316(c): The Anchor of Hope House prohibits the use of resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. All exigent circumstances will be documented. Residents requiring interpretation services will receive services in accordance with DJJ 15.10, Language Assistance Services. The Anchor of Hope House Director will ensure that the contact information for interpretive service provider will be posted in the common area of the facility and the Director office.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.317	<p>Hiring and promotion decisions</p> <hr/> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 3.52, 14.3, 23.1; 23.1 Attachment D; Personnel File Records; Initial Applications; Verification of Background Checks (GCIC/FBI); Sex Offender Database Search Results; Parolee Search Results;</p>
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Observations During Site Visit; Information Obtained During Interviews.

115.317(a)(b)(c)(e)(f)(g): Facility PREA Policy establishes that during the interview process for a new applicant, the Anchor of Hope House will ask all applicants and prospective employees about previous sexual abuse, misconduct, and/or sexual harassment, any information that deemed false will be grounds for immediate termination. The Anchor of Hope House will not hire or promote anyone who has been found guilty of sexual harassment, sexual abuse, and/or sexual misconduct. All new hires and employees considered for promotion will have a background check investigation completed in accordance with DJJ 3.52, Background Investigations and check of the child abuse registries. The Anchor of Hope House will conduct a criminal background record check at least every five years of current employees and contractors who may have contact with the residents. Documentation of background record checks of current employees and anyone involved with resident care will be updated every five years. The Anchor of Hope House will have all personnel sign a PREA Staff Acknowledgement Statement and keep the signed form in the employee's file. Each staff member must sign their PREA Acknowledgement form within five (5) business days of hire; for existing staff, training and signature must be obtained within 72 hours of contract execution. The Anchor of Hope House staff who engage in sexual abuse will be prohibited from contact with residents and will be reported to the law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. The Auditor reviewed (11) completed hiring packets and found they contained evidence of the following: Child Abuse Acknowledgement Statements; Criminal BG Checks; National Sex Offender Checks; PREA Misconduct Statements; PREA Acknowledgement Statements; Confidentiality Statements; Orientation Statements; Annual Refresher Training; Annual Sexual Harassment Prevention Training; False Statement Acknowledgment; and Effective Communication Training. The auditor conducted an interview with the Director who explained the hiring process. The Director explained, which was also corroborated by the documentation review in Personnel files, there were no staff hired in the audit period who worked in an institutional setting so there were no prior institutional employer checks conducted. She also explained that she did ask all applicants about previous sexual misconduct during the interviews but had not previously documented it. To provide documentation going forward, the Director created a questionnaire to address the misconduct questions that must be asked pursuant to provision (e) and had all current employees complete the form. She explained that it will be a part of the hiring packet going forward for all new applicants.

115.317 (d): The facility indicated that there were no contracts for services where criminal background record checks were required. Additionally, any contractor that is solicited to perform work onsite will always be scheduled when the residents are away from the facility or will be under direct supervision away from the work area of the contractor.

115.317(h): An interview with the PREA Coordinator confirmed that if a prospective employer requests information involving substantiated allegations of sexual abuse or sexual harassment involving a former employer the required information would be provided if available or the request would be forwarded to DJJ Office of

	<p>Investigations for them to provide a response. An interview with the DJJ Office of Investigations PREA Supervisor confirmed that this would be the proper procedure to follow and that his office would provide a response.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence: Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.318(a): The facility indicated they have not acquired a new facility or made a substantial expansion or modification to existing facilities since inception of the contract with GA DJJ. This is the first year that the facility is required to be PREA compliant in accordance with the contractual agreement with DJJ.</p> <p>115.318(b): The facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since inception of the contract with GA DJJ. This is the first year that the facility is required to be PREA compliant in accordance with the contractual agreement with DJJ. Camera placements were designed to ensure maximum safety for all residents based on an interview with the Director.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24; 22.3, 23.1, 23.2; Pataula Center for Children MOU Attempt; Lily Pad MOU Attempt; CSEC First Responder Information; EMTALA; CHOA/Stephanie V. Blank Center; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): The Anchor of Hope House does not conduct administrative or criminal investigations. All allegations of sexual abuse involving residents under DJJ supervision, including third party and anonymous reports, will be administratively and/or criminally investigated by DJJ Office of Investigations. All investigations must</p>

comply with DJJ 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. An interview with the Office of Investigations PREA Unit Supervisor confirmed that his office is the investigating authority for sexual abuse/harassment allegations reported at Anchor of Hope House.

115.321(c): Based on an interview with the DJJ PREA Coordinator and facility Director, all residents who experienced sexual abuse have access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at an outside facility. The resident will be transported to the hospital emergency room, Early Medical Center, for immediate care and then may be referred by those providers to a children's hospital if indicated. An interview with the DJJ Regional Treatment Specialist learned she would refer a resident needing a SANE exam to the Lily Pad SANE Center in Albany. Anchor of Hope House will follow guidance from DJJ policies and procedures and coordinate these services with the assistance of the Regional Treatment Services Specialist and the DJJ Office of Investigations. Furthermore, the DJJ partnership with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team indicates that a SAFE/SANE will be made available to conduct any forensic examination and to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. There were no forensic medical examinations conducted during the audit period. Additionally, the Emergency Medical Treatment and Labor Act (EMTALA) guarantees access to emergency medical services for individuals who present to a hospital emergency department regardless of an individual's ability to pay.

115.321(d)(e)(h): Anchor of Hope House currently uses Pataula Center for Children in Blakely as an advocate service provider. The Director explained that she has reached out to the Pataula Center for Children in Blakely to obtain an agreement for services but was told by the Director that they are unable to enter an agreement at this time. The Pataula Center explained to the Director that if services are needed she can make a request through the Blakely Police Department, and they can send a referral. The Director explained that if services are needed she would obtain authorization from DJJ Office of Investigations PREA Unit to contact the local police department and make the request for a referral. The Director also advised that she had in working with the Executive Director at Lily Pad in Albany to enter into an agreement for both SANE and Advocate services. The auditor contacted the Executive Director at Lily Pad in Albany found that they provide support services to the Pataula Center for Children and that they can provide both forensic medical examinations and provide advocate services to the residents assigned to the Anchor of Hope House. She confirmed that she is working with Anchor of Hope on an agreement.

Additionally, the facility is covered with access to the other statewide resources available through DJJ contracts and agreements for these services. DJJ Policy 23.1

	<p>establishes that DJJ will enter into agreements with local rape crisis centers or community service providers that are able to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. As requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals which will be coordinated with the DJJ Regional Treatment Services Specialist. DJJ Policy 23.1 establishes victims of sexual abuse will have timely, unimpeded access to emergency medical treatment, crisis intervention services, and victim advocacy, the nature and scope of which are determined by medical services staff and mental health practitioners according to their professional judgment. DJJ has MOUs with the Child Advocacy Centers (CAC) across the state to provide community advocacy services for sexual abuse victims in their custody or under their supervision. The auditor also spoke with the DJJ Regional Treatment Specialist and the DJJ PREA Coordinator who explained that all the advocate resources available through DJJ agreements are available to the residents assigned to Anchor of Hope.</p> <p>115.321(f): Anchor of Hope House is not responsible for investigating administrative or criminal allegations of sexual abuse. Allegations will be referred to and investigated by the DJJ Office of Investigations. Based on the auditor's review of their investigative policy and interview with the PREA Investigations Supervisor, the requirements of paragraphs (a) through (e) of standard 115.321 are followed.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.5, 22.3, and 23.1; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.322(a)(b)(c)(d)(e): The Anchor of Hope House policy states that all allegations of sexual abuse and sexual harassment in community residential programs will be administratively and/or criminally investigated by DJJ Office of Investigations. Anchor of Hope House is subject to all requirements of DJJ investigative policies and procedures. The DJJ Investigative Policy and PREA policy is published on the DJJ website at https://djj.georgia.gov/prison-rape-elimination-act-prea. An interview with the Director confirmed that all allegations are reported to the Office of Investigations PREA Unit Supervisor. The auditor observed the PREA Unit Supervisor's name and contact number posted in common areas of the facility and in each resident's file under emergency contact - PREA. An interview with the PREA</p>

	<p>Unit Supervisor confirmed that this unit is responsible for investigating sexual abuse/harassment allegations at the contract facility and that there have been no allegations reported within the audit period. The facility indicates there were no sexual abuse allegations reported at the facility within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 4.1, 4.5, and 23.1; PREA 2020 Training PowerPoint; Modules 1-6 PREA Training Curricula; Completed Staff Acknowledgement Forms; Employee Training Certificates; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.331(a)(b)(c)(d): The Anchor of Hope House staff will be required to complete PREA training. The PREA training may be completed through the parent company as long as the training meets all the requirements listed in Juvenile Facility Standards United States Department of Justice Final Rule 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-AB34 standard. All employee training is documented. The Anchor of Hope House will complete the required PREA training through GA DJJ online training. Each staff member must complete the online PREA Training series within thirty (30) days of hire; for existing staff, each staff member must complete the training within thirty (30) days of contract execution; DJJ will provide an online PREA refresher training course every two years; all staff members are required to complete the online refresher training as designated by DJJ's PREA Coordinator. The Anchor of Hope House staff is subject to the same PREA training requirements outlined in DJJ Policy 23.1 for agency employees. The facility ensures all employees are trained on how to fulfill their responsibilities under the DJJ's sexual abuse prevention, detection, and response policies and procedures; dynamics of sexual abuse and sexual harassment in residential facilities; common reactions of juvenile victims of sexual abuse and sexual harassment; 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; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; on relevant laws regarding the applicable age of consent. The training is inclusive of gender specific topics.</p> <p>The Director explained during her interview that all Anchor of Hope House employees must complete the DJJ training before they can have contact with</p>

	<p>residents. Employees take the computer-based training consisting of the same six modules that all DJJ staff must complete. The Anchor of Hope House must also complete PREA training annually. The most recent annual refresher completed by staff is the PREA 2020 Training. The auditor reviewed (11) employee personnel files and found evidence of completed initial training and the current annual refresher as well as signed acknowledgement forms. Interviews with (11) staff confirmed they had received the required training and were familiar with the terms, definitions and what to do in the event of an incident. Additionally, they explained the importance of setting professional boundaries with the residents and communicating effectively. They were all aware of the reporting methods that can be used to report sexual abuse, sexual harassment, and retaliation. They further understood their obligations as a mandated reporter and how to fulfil those responsibilities in accordance with Georgia mandatory reporting laws dealing with juveniles. They were also able to explain common reactions of juvenile victims of sexual abuse. The auditor reviewed the training material provided to staff and found that it contained all topics required of 115.331.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 14.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.332(a)(b): The Anchor of Hope House Director will ensure that all volunteers who have contact with residents be trained in their responsibilities under the sexual abuse prevention, detection, and response policies and procedures. The training will be determined by the services they provide. The Director will let them know that The Anchor of Hope House has a zero-tolerance policy regarding sexual harassment and sexual abuse and how to report it. Each volunteer must complete the online PREA Training series within thirty (30) days of contract execution in accordance with DJJ requirements and complete an online PREA refresher training annually as designated by DJJ's PREA Coordinator. The Anchor of Hope House will require all volunteers who have contact with the residents sign a PREA Staff Acknowledgement Statement and which will be kept in the volunteer file as evidence they are aware of the facility's zero-tolerance policy and how to report sexual abuse and sexual harassment.</p> <p>An interview with the Director and House Manager learned that the facility uses no contractors to provide services to residents and currently has no approved volunteers who provide services at the facility. The Director explained that the</p>

	<p>residents are allowed to go into the community and participate in community related activities, programs and services and there is no need to bring volunteers into the home. The residents' needs are met through the use of community service providers as this is not a secure facility. Any service contractors who are hired to perform work at the facility will be scheduled when the residents are away from the facility or will be directly supervised by direct care staff in another part of the house while the contractor is on premises to ensure there is no contact. Interviews with (6) residents confirmed that they had no contact with anyone at the house other than staff or visits from their family or Probation Officer.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 15.1, 15.3, 15.4, 15.9, 23.1; Sexual Abuse and Sexual Harassment Reporting Posters; Anchor of Hope Acknowledgement Statement; DJJ Acknowledgement Statement; Resident Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.333(a)(b)(c)(e)(f): During the intake process, the Anchor of Hope House residents will receive at a minimum, age-appropriate information, explaining the facility zero tolerance policy regarding sexual abuse, sexual harassment, and sexual misconduct. The Anchor of Hope House will have all residents upon admission and in their care, sign a PREA Youth Acknowledgement Statement and keep the signed form in the resident's file. Each admitted resident must sign their PREA Acknowledgement form within 72 hours of placement or contract execution. Anchor of Hope House is a single facility, and residents are provided comprehensive PREA training even if they have received it at another facility prior to their arrival. Within 72 hours of intake, the resident will receive a comprehensive age-appropriate orientation to the facility, with the staff advising the resident of their right rights to be free from sexual abuse, sexual harassment, and/or retaliation for reporting such incidents. The Anchor of Hope House will maintain documentation of each resident's participation in the orientation, and the facility case manager will document the resident's participation in the PREA communication note. In addition to providing orientation, the Anchor of Hope House Director will ensure that key PREA information is continuously available or visible to residents through posters, student handbooks, or other written communication. Education staff will provide residents under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the Anchor of Hope House efforts to prevent, detect, and respond to sexual abuse, sexual harassment, and/or sexual misconduct. The orientation checklist is verification of the resident's</p>

participation in the comprehensive PREA training. The checklist includes a signature acknowledging the residents' understanding of how and whom to report abuse; the zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents and suspicions of abuse, neglect, or sexual harassment; and The Prison Rape Elimination Act. During the site visit, the auditor's review of (7) resident files confirmed completion of signed orientation checklists; informed consent; bullying acknowledgement; residential emergency phone list (to include the direct number to the facility PREA Coordinator); limits to confidentiality; grievance policy acknowledgements; rights of residents; Sexual Behavior Contract; and the PREA Acknowledgement Statement. The facility had a new admission during the post audit period and the auditor requested the resident's file records related to PREA education which was provided promptly. Upon review, the auditor found that the resident was provided the comprehensive PREA training on the same day of arrival to the facility during the orientation, satisfying provisions (a)(b) and supporting that the intake/orientation process implemented in January 2024 is fully implemented.

115.333(d)(e): Education staff will provide residents under the Individuals with Disabilities Education Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the Anchor of Hope House efforts to prevent, detect, and respond to sexual abuse, sexual harassment, and/or sexual misconduct. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Prior to a resident being assigned to Anchor of Hope House, decisions are made in collaboration with the Regional Treatment Services Specialist based on the needs of the resident and if assignment to this facility will be a good fit. Any accommodative services required to meet the needs of a resident who may be hearing, visually, or cognitively impaired would be coordinated with DJJ and utilizing services obtained through DJJ and following DJJ Policy 13.32, Special Education Services, through coordination with the local school system, or through use of other available community resources. Policy 15.10, Language Assistance Services, may be used to ensure that resident who are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology. DJJ Policy 23.1 states that the facility will use DJJ Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to residents as required. An interview with the Director confirmed that there have been no residents admitted to their facility requiring any special needs accommodation during the delivery of PREA training. Additionally, an interview with the Regional Treatment Services Specialist confirmed that special accommodation would be made available to residents as needed.

During interviews with the Director and House Manager the auditor found that the Director is always present upon the arrival of a newly admitted resident. She

welcomes them to the house and brings them directly into the office for their orientation. The Director explained that generally, the resident's Probation Officer transports them to the facility and participates in the orientation with the resident. They inventory the resident's property together and provide the new resident with a tour of the facility. During the tour they receive a verbal orientation about expectations, their bedroom and belongings, and respecting personal space. Then they return to the HSP's office and begin going over the paperwork which includes the direct one-on-one comprehensive training on PREA. The Director speaks with the new resident directly and explains that any form of sexual activity between residents, staff, contractors, volunteers, or interns is prohibited; that the facility has a zero-tolerance policy toward sexual abuse and sexual harassment; that the resident has a right to be free from sexual abuse and sexual harassment. She covers with the new resident the various methods that can be used to report sexual abuse and sexual harassment and retaliation for making a report. Additionally, she covers the Sexual Behavior Contract. The Director explained that she uses age-appropriate words and speech when she is talking with the girls about this training and encourages them to ask questions. Once she observes that they understand the education that has been delivered she has them sign the PREA Youth Acknowledgement Statement which is then retained in the resident's file. The Director also said that each time a new resident comes there is a house meeting where all residents meet the new residents and during that meeting she provides a reminder about sexual safety and expectations. The initial and the comprehensive training required by provisions (a)(b) is delivered to each resident on the same day of arrival, which exceeds the requirements of this standard.

There were (6) residents assigned during the audit. The facility houses only female residents. All residents are referrals from DJJ and have conditions of their assignment to the facility that must be met during their stay. The residents have regular contact with their CCS/Probation Officer. Because there were only (6) residents at the facility interviewed them all. Of these residents (2) were noted to have a cognitive disability, and (2) had reported prior victimization during the risk screening. There were no other targeted categories that applied to the assigned residents. The auditor asked the questions from the PREA Compliance Audit Instrument - Interview Guide for Residents to all (6) residents, and the supplement questions from the Disabled and Limited English Proficient Residents and Residents Who Disclosed Prior Sexual Victimization During Risk Screening instruments to the residents who met those targeted categories. These interviews revealed that each resident was informed of the zero-tolerance policy and how to report incidents of sexual abuse or harassment during intake upon arrival at the facility by the Director. This information was explained to them in a one-on-one setting in the HSP's office. The residents explained that the Director read over and verbally covered all of the orientation paperwork just after receiving a tour of the house. The Sexual Behavior Contract and the DJJ Youth Acknowledgement Statement include prohibited behaviors, staff's expectation of the residents, and all elements of PREA that are required by provision (b) are two documents that were covered in detail with each resident. The residents said that the Director made it very clear that no sexual behavior/contact is permitted during their stay. After covering these two forms in

depth, and asking if they had any questions, they were asked to sign the form indicating that they understand the training they have received. Each resident also told the auditor that they had also learned about PREA during their stay in a DJJ RYDC. Each resident had a good understanding of their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. They all understood how to make a report and that there are services available in the community that they can talk to if needed. Additionally, they understood the facility rules about PREA and what would happen after they reported an incident.

An interview with the Director confirmed that any resident with a disability that required special services, included a LEP resident, would have these services known about prior to the resident's arrival and arrangements would be made to have them available. Intakes are controlled and scheduled so there would be no new resident arrival without advance notice and prior agreement by the Director. She explained that she has a good working relationship with the local school system and would be able to utilize interpretive services through them if needed. Also, she has access to all service providers that are available to DJJ and would coordinate with the Regional Treatment Specialist about needed services. The auditor spoke with the Regional Treatment Specialist and confirmed that necessary accommodation for a resident with disability or LEP would be coordinated using community service providers in the area.

The auditor observed the large blue and white sexual abuse and sexual harassment reporting poster placed throughout the facility in readily accessible and conspicuous locations, in both English and Spanish. The auditor observed all signage to be colorful and extra-large in size so they can be easily read/accessed by all residents from a distance. Signage is provided in English and Spanish and may be translated into other languages when needed. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the home. Informal conversations with staff and residents verified that signage is visible throughout the facility on a continuous basis and not just due to the audit.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard and exceeded by delivering the comprehensive education to residents during their orientation on the first day of arrival.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c)(d): Facility PREA Policy establishes that all allegations of sexual abuse at The Anchor of Hope House will be administratively and/or criminally investigated by the DJJ Office of Investigation. The facility conducts no administrative or criminal investigations of sexual abuse or sexual harassment. The auditor interviewed the Director and the DJJ Office of Investigations PREA Unit Supervisor and confirmed that the facility has no investigators and does not investigate allegations of sexual abuse. All investigations are conducted by the DJJ Office of Investigations PREA Unit by investigators who have completed the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting".</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.335(a)(b)(c)(d): The facility employs no medical or mental health staff. The auditor interviewed the Director and confirmed that Anchor of Hope House has no medical or mental health services provided by the facility. Community service providers are utilized to meet the needs of the residents housed at the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.24, 20.20, 23.1, and 23.3; Completed Initial Risk Screenings; Completed Follow-up Risk Assessments; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.341(a)(b)(c)(d)(e): The Human Service Professional (HSP) or Director will ask</p>

each resident in a private area, the following questions prior to being searched and showered: 1) "Have you been sexually exploited, assaulted, raped, and/or molested within the past 72 hours (3 days). If the resident answer YES, staff will immediately follow the protocol in DJJ 23.1, Prison Rape Elimination ACT (PREA), Section VIII. G. Preserve and Protect any Evidence and refer the resident for medical and mental health services within 72 hours and report the incident to Department of Juvenile Justice PREA Compliance Manager. If the resident answers NO, then normal intake procedures will be continued. 2) As soon as possible, but always within 72 hours of the resident's arrival to The Anchor of Hope House, the PREA Compliance Manager will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Anchor of Hope House Director, and the PREA Compliance Manager will review the PREA screening report to make the final determination of the resident's vulnerability for victimization. 3) The Anchor of Hope House will use a Youth vulnerability assessment. At a minimum the report will attempt to ascertain information about the following: Prior sexual victimization or abusiveness; Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse; Current charges and offense history; Age; Legal of emotional and cognitive development; Physical size and stature; Mental illness and mental disabilities; Intellectual or developmental disabilities; Physical disabilities; The resident's perception of vulnerabilities; Any other specific information about the individual resident that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other residents. The auditor reviewed the Anchor of Hope House PREA: Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form and found that it collects the necessary information to assess the resident and aligns with the information outlined in provision (c1-11). The auditor found the VSAB to be an objective instrument. During the site visit, the auditor reviewed completed risk assessments for (7) residents. The Director explained that she had previously not being using the current risk screening instrument prior to implementation on March 12, 2024. When it was brought to her attention that the screening method being used was not PREA compliant she immediately created an updated instrument and implemented its use. Once implemented, she conducted the periodic assessment for (2) of the residents who were already admitted to the facility over the past two months. Since implementation, the documentation provides clear evidence that the initial risk assessment is completed on day one of arrival. Four of the residents had not been at the facility long enough to have had their periodic assessment completed. One resident's file contained a rescreening the day after the initial screening based on new information that was presented by the resident's Probation Officer. The auditor observed during the site visit that the physical storage of the resident's files were maintained in a lock cabinet the Director's office which is only accessed by the Director, HSP, and House Manager; DCWs do not have access to the resident files. The facility received (1) new admission during the post audit period and the auditor requested the resident's admission and screening information which was promptly provided. The documentation provided indicated the risk assessment was completed on the date of arrival, consistent with the outlined procedures, verifying that the intake risk

assessment procedures implemented in March 2023 have been institutionalized.

DJJ Policy 20.20, Screening of Youth establishes that DJJ residents are assessed for placement at Anchor of Hope as an alternative to detention where the resident has restrictions or conditions placed on his/her liberties and freedom. The DJJ Community Case Manager (CCM) will make a referral for a psychosexual evaluation upon receipt of a commitment order for sexually harmful resident. Sexually harmful residents who are recommended for home placement will be referred to the Sexually Harmful Behavior Review Panel within 24 business hours of the screening. The CCM will complete a SHBIP Panel referral in accordance DJJ 20.36, Community Supervision of Sexually Harmful Youth. The ACS will notify the District Director and Regional Administrator of the recommendation and document the notification on the Screening Recommendation Form. The screening committee may determine that the resident's home is the most appropriate placement, or that the resident may remain at home pending residential placement in accordance with the screening recommendations.

There were no new admissions during the site visit, so the auditor asked the Director to provide a mock demonstration. The Director explained that she completes the risk screening process shortly after the resident arrives and during the orientation process. She currently has a vacant HSP position but when that is filled, the risk screening will also be a responsibility of that position. The screening occurs either in the Director's office or the HSP's office with the door closed and with no one else in the room to allow privacy. The Director explained that she asks the screening questions from the VSAB form during conversations with the resident in a conversational manner to make the resident feel more comfortable disclosing sensitive information. She also said that she phrases questions to a level that is appropriate for the resident's age and mental capacity to understand. During the assessment, the VSAB form is completed using information provided by the resident in response to questions, information from a review of the resident's prior charges and prior institutional history, and any other relevant information such as medical and mental health assessments. Additionally, the Director verified that the placement interview process is very transparent and if a resident is known to display sexually harmful behavior the information from the psychosexual evaluation is provided to her for review so that an informed decision can be made about whether the placement at Anchor of Hope is appropriate before agreeing to accept the resident. Information from the psychosexual evaluation will be taken into consideration during the risk screening at orientation if applicable. The totality of the information is evaluated by the Director, HSA, and House Manager and then a decision is made as to which room/bed the resident should be assigned. The Director said that decisions take into consideration the assessment results, temperament, behavior, and age of the other residents there as well and all efforts are made to house everyone safely. None of the (6) residents currently assigned were known to be sexual aggressors. Interviews with (6) residents assigned to the facility confirmed that the Director covered the PREA risk screening with the residents during their orientation and that it was conducted one-on-one in a private setting. They said the Director made them feel very comfortable and that she was

	<p>easy to talk to. Based on interviews with the residents, staff, and review of the risk screening instruments, the auditor concluded that the facility is providing appropriate screening within 72 hours for all residents admitted to the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 20.12, 20.20, 20.24, 23.1 and 23.3; Completed Screening Instruments, Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.342(a)(c): The facility's PREA policy establishes that the Anchor of Hope House PREA Compliance Manager will disseminate results of the PREA Screening Report to the management team on a need-to-know basis. The PREA Compliance Manager will implement a system that ensures that staff members working directly with the residents are advised of the status of at-risk resident or resident posing a risk to others. The Anchor of Hope House team members and supervising staff will continually review the resident's adjustment within the facility. All information obtained will be used to make housing, bed, program, and work assignments for the residents with the goal of keeping all residents safe from sexual abuse, sexual harassment, and/or sexual misconduct. The Director explained how she utilizes the information from the screening instrument as well as other information about the resident's past behavior and mental health evaluations/assessments to decide which room and bed that the resident will be assigned. She stated that in addition to the information obtained from the screening instrument and resident's historical data, age, size, personality, and mental/emotional maturity levels impacts her decision. She stated that any residents that seem to have a potential for being sexually aggressive would be placed in the room closest to the DCW station and would not be roomed with residents who may be more vulnerable. The auditor's review of risk screening instruments, documented notes by the screener, interview with the Director, interviews with the resident while onsite, and room assignments verify that information obtained from the risk screening instrument is used to inform room assignments and to keep potential aggressors separate from those who may be at risk for victimization.</p> <p>115.342(b)(h)(i): Interviews confirmed that residents will not be isolated from other residents. If a resident cannot live safely at the facility, a staff member will directly supervise the resident until an alternate placement can be arranged. The residents are not confined within the facility and have freedom of entering and exiting at will. The facility is exempt from these standards because it is a group home and does not</p>

	<p>have isolation capabilities.</p> <p>115.342(d)(e)(f)(g): Placement decisions are made in collaboration with the DJJ Regional Treatment Services Specialist and the residents' probation officer when assigning a transgender or intersex resident to a male or female facility. When assigning a transgender or intersex resident, a case-by-case basis will be looked at to determine the resident's health and safety and whether the placement would present management or security problems. Serious consideration will be given to the resident's views with respect to their safety. Transgender and intersex resident will be given the opportunity to shower separately from other residents, as showers are private and all residents shower separately. Interviews revealed the facility makes individualized determinations about how to ensure the safety of each resident. The PREA Coordinator explained that if a resident was at risk for sexual abuse or at risk for perpetrating sexual abuse, they would most likely assign that person to the room away from the others. A resident's status as lesbian, gay, bisexual, transgender, or intersex would not solely determine any particular room assignment.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Child Abuse Prevention Policy; Facility PREA Policy; DJJ Policies 15.3, 15.4; 15.9; 20.12, 20.20, 20.24, 23.1, 8.5; Sexual Abuse and Sexual Harassment Reporting Poster; Youth Safety Guide for Community Residential Facilities; Voluntary Statement for Residents; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.351(a)(b)(c): Residents in the care of The Anchor of Hope House may report sexual abuse or seek relief against retaliation by contacting the local sexual assault center; calling the Department of Family and Children Services Hotline, 1-855-422-4453; telling The Anchor of Hope House PREA Coordinator, Life Coach, Human Service Professional (HSP), a counselor, teacher, community case manager, medical or mental health staff, Director, Parent/Guardian, Chaplain or Minister, or any trusted adult; calling the DJJ Office of Victim Services, toll free at 1-866-922-6360; writing the DJJ Ombudsman Office at the Central Office or calling toll free at 1-855-396-2978; Grievance Process (informal processes will not be utilized to attempt to resolve alleged incidences of sexual abuse, residents are allowed to submit a grievance regarding an allegation of sexual abuse and/or sexual harassment at any time, regardless of when the incident is alleged to have occurred). The Anchor of Hope House posts the Department of Family and Children</p>

Services (DFCS), and Rape Crisis Center hotline numbers. All 800 abuse numbers will be accessible to residents. The facility does not house residents detained solely for civil immigration purposes. Anchor of Hope House mandates staff accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The Anchor of Hope House staff are required to document verbal reports.

Interviews with (9) staff and House Manager confirmed that they are aware of their duty to report any incident or suspicion of sexual abuse/harassment immediately to the Director and the PREA Unit Investigator and then follow up with a written report as soon as possible. Interviews with (6) residents confirmed they were well aware of all the methods of reporting sexual abuse and sexual harassment; all (6) resident said that if anything like that happened they would tell the Director or send her a note. Additionally, they know they can tell any trusted adult such as a teacher or a family member who can report on their behalf.

The auditor observed the large blue and white sexual abuse and sexual harassment reporting poster placed in the mail hallway and TV room in both English and Spanish, and the PREA Reporting Sexual Abuse & Contacting Advocacy Service Outside of DJJ Facilities Break the Silence! poster in the TV room, HSP's office, and Director's office. The auditor observed all signage to be readily accessible, noticeable and posted in conspicuous locations in a size print that can be easily read/accessed by all residents from a distance. Signage is provided in English and may be translated into other languages when needed. The information provided by the signage was not obscured, unreadable, or missing and was found to be accurate and consistent throughout the home. Informal conversations with staff and residents verified that signage is visible throughout the facility on a continuous basis and not just due to the audit. The facility has a house phone that is secured in the HSP's office, and a resident can request to use the phone which is direct dial out. The auditor tested the phone and found it in working order. All numbers on the poster can be dialed with no pin necessary and published correctly. The auditor successfully placed a call to the DJJ Ombudsman Office and Victim Services, and National Sexual Assault Hotline. The facility also has printed copies of the Youth Safety Guide for Community Residential Facilities available in the HSP's office for distribution to residents.

115.351(d): Anchor of Hope House provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed writing utensils and paper pads at the facility for residents' use. Additionally, the facility provides residents with ready access to the Voluntary Statement for Residents that can be used to report anything they want the Director to know about in writing. These forms were available in the common area. The auditor observed journals, paper, and pens in the common area for use and in the residents' personal space.

115.351(e): Anchor of Hope House staff are aware that they may privately report

	<p>sexual abuse and sexual harassment of residents by using the Stop Crime Online or the Intelligence Tip Line Form both found on the DJJ public website; additionally, staff may report privately through the Rape Crisis Center Hotline, Ombudsman, and DFCS. Staff (9) confirmed during interviews that they were advised of this during orientation, training, and included on the posted signage at the facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: The Anchor of Hope House PREA Policy; Anchor Grievance Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): The Anchor of Hope House has a grievance policy but no administrative procedure for dealing with resident grievances regarding sexual abuse. The facility does not prohibit residents from submitting a grievance form regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. However, if an allegation of sexual abuse or sexual harassment is received through the use of a grievance form, the facility will immediately forward the report to the DJJ Office of Investigations for further disposition and investigation. While the facility has an administrative procedure in place for resolving grievances, sexual abuse and sexual harassment complaints will not be handled through the Grievance Procedures. The facility indicated no sexual abuse or sexual harassment-related grievances were received during the audit period. Based on an interview with the Director and Grievance Coordinator and review of the facility's policy the facility is exempt from 115.352. It is determined that the facility does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Facility PREA Policy; Youth Safety Guide for Community

Residential Facilities; Emotional Support Flyer; Lily Pad Proposed MOU/DRAFT; Attempt for MOU with Pataula; CSEC Response Contact Sheet and Information; Memo RE: Stephanie B. Blank Center; Observations During Site Visit; Information Obtained from Interviews.

115.353(a)(b)(c)(d): The Anchor of Hope House provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are informed during orientation about these services. The center does not have a phone that may be used at will by the residents; however, if a resident requests outside victim advocate emotional support services related to sexual abuse staff will notify the Director, HSP, or House Manager and the call will be facilitated promptly. The Anchor of Hope House will enable reasonable communication between the residents and these organizations in as confidential a manner as possible.

Telephone numbers and addresses are posted at the facility for resident access. DJJ partners with the Children's Healthcare of Atlanta (CHOA), Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. This center is a component of the CHOA Hospital and covered by EMTALA which means that an agreement is not necessary for residents at the Anchor of Hope House to benefit from services. The Stephanie V. Blank Center is listed as the outside victim advocate for emotional support on the DJJ Break The Silence!/Emotional Support signage observed by the auditor posted at the Anchor of Hope House. The Anchor of Hope House provides residents with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardian. The staff informs residents during orientation that the use of these services is confidential. DJJ has MOUs with Child Advocacy Centers (CAC) across the state to provide community advocacy services for sexual abuse victims in their custody or under their supervision. The facility also has printed Youth Safety Guide for Community Residential Facilities brochures for distribution to residents which contains contact information for DJJ Victim Services Office.

An interview with the Director found that she had attempted multiple times to obtain an MOU with the Pataula Center for Children. The Pataula Center representative explained that referrals have to be made through the local police department and that she was unable to enter an MOU with Anchor of Hope House at this time. In the interim, the Lily Pad in Albany has verbally agreed to provide these services to residents as needed. An interview with the Executive Director of Lily Pad informed the auditor that no resident needing these services will be turned away. The auditor also spoke with the DJJ Regional Treatment Specialist and the DJJ PREA Coordinator who explained that all the advocate resources available through DJJ agreements are available to residents assigned to Anchor of Hope.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): Anchor of Hope House establishes that third-party reporters may use "Stop Crime Online", the "Intelligence Tip Line/Form" accessed through the DJJ Website Home Page at https://djj.georgia.gov/Tip-Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. Inquiries and complaints may also be submitted to DJJ Ombudsman's Office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. The auditor sent an email directly to the ombudsman's office and completed the TIP form online. The auditor received confirmation that the test by both methods was received, and had it been an actual report, would have been sent directly to the Office of Investigations, PREA Unit. Interviews with residents and staff confirmed that they are aware that a third-party reporter can make a complaint on their behalf through these methods or may contact the Anchor of Hope House Director. During interviews with (6) residents the auditor confirmed they are aware of the DJJ TIP Line and that they can use this method to make a report of sexual abuse, sexual harassment, staff neglect, retaliation, or any other misconduct, or have someone make a report through this method on their behalf. Interview with (9) random staff, the House Manager, and the Director confirmed they are aware of this method for reporting. The auditor observed information regarding this reporting method posted in the HSP's office and the area where visitation with family occurs.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.5, 8.42, 20.12, 23.1; 115.361 OSI PREA INVESTIGATOR; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a)(b)(c)(d)(e)(f): The Anchor of Hope House requires all staff to report any knowledge, suspicion, or information they receive regarding incident of sexual abuse, sexual harassment, and/or sexual misconduct that occur in the facility to the Director and HSP immediately. Reports can be made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal</p>

reports within one hour of the information being provided. Any retaliation against residents or staff who report such incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation must also be reported in the same manner. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. Upon receiving an allegation of sexual abuse, sexual harassment, or sexual misconduct (first responder), the Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardians; unless we have official documentation showing parents/guardians should not be notified. If a resident is under the guardianship of the Child Welfare system, the guardians report shall be made to the alleged victims case worker immediately, but within (1) hour instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, The Anchor of Hope House Director or designee shall report the allegation to the resident's Regional Treatment Specialist.

An interview with the Director confirmed that her staff are required to notify her immediately if they receive a report of sexual abuse or sexual harassment and that she will contact the Office of Investigations PREA Unit Investigator. She would also make notification to the resident's DJJ caseworker and to the parent or guardian according to the procedures outlined in the policy. The auditor interviewed (9) random staff and the House Manager and they all understood that they must report any incidents to the Director and/or the Office of Investigations immediately and complete an incident report (SIR) as soon as practical, but no later than the end of their shift. Each staff was able to explain their duties as a mandatory report and that DFCS must be notified of any abuse against a juvenile. The auditor's review of (8) resident files found an emergency contact sheet for each resident that included the OSI PREA Unit Investigations Supervisor listed for PREA incidents, to be called immediately. His name and number were also included on the signage posted in common areas of the facility. There were no sexual abuse, sexual harassment, or retaliation reported at the facility within the audit period.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.9, 23.1, and 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Interviews with the Anchor of Hope House staff (9) indicated that if a resident is subject to a substantial risk of imminent sexual abuse, immediate action</p>

	<p>to protect the resident will be administered to implement appropriate protective measures without unreasonable delay. DJJ will be contacted, and if a more immediate response is necessary, the local police department will be contacted. Staff interviews confirmed they would take immediate action to protect a resident who is subject to a substantial risk of imminent sexual abuse. The Director stated that if a resident was in imminent danger, all efforts will be made to keep the resident safe including getting assistance from local law enforcement if necessary. There were no incidents reported where a resident was subject to a substantial risk of imminent sexual abuse within the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c)(d): Upon receiving an allegation that a resident was sexually abused while confined at another facility, The Anchor of Hope House PREA Compliance Manager or Director must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Anchor of Hope House PREA Compliance Manager or Director will notify the appropriate investigative agency. The Anchor of Hope House PREA Compliance Manager or Director provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The Anchor of Hope House PREA Compliance Manager or Director documents that it has provided such notification within 72 hours of receiving the allegation. Allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The facility indicated that they had not received an allegation that a resident was abused while confined at another facility, nor have they received any reports of sexual abuse received by another facility that was to have occurred at Anchor of Hope House. This was further confirmed through an interview with the PREA Investigations Supervisor.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: Facility PREA Policy; DJJ Policies 23.1, 23.2, 8.42; Information Obtained from Interviews.

115.364(a)(b): Upon receiving an allegation of sexual abuse, sexual harassment, or sexual misconduct (first responder), the Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardians; unless we have official documentation showing parents/guardians should not be notified. If a resident is under the guardianship of the Child Welfare system, the guardians report shall be made to the alleged victims case worker immediately, but within (1) hours instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, The Anchor of Hope House Director or designee shall report the allegation to the resident's RTSS worker. The staff member (first responder) receiving sexual abuse information will immediately call the Director and/or designee for initial evaluation and determine if there is a need for outside medical services. The first Direct Care Staff member to respond to the allegation will: (a) Take immediate actions to protect and ensure that the victim is safe and separate the alleged victim and perpetrator; (b) Obtain basic information such as where the incident occurred and who may be involved but will not ask any other questions; (c) Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; (d) If the abused occurred within a time period that still allows for the collection of physical evidence, ensure the alleged victim and abuser do not take actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc. If the first staff responder is a non-direct care staff member, he or she is required to ensure the victim is safe and perpetrator not to take actions that will destroy physical evidence and then immediately notify Direct Care Staff. If the first responder is a non-direct care staff member, the responder should be required to notify a direct care staff member or Director of The Anchor of Hope House. Residents who are alleged victims of sexual abuse will be treated in a sensitive and non-judgmental manner. The Anchor of Hope House staff will ensure that the garments/clothing worn by those involved and the scenes where the alleged act(s) occurred are protected to make sure that evidence is not further contaminated. Staff should not discuss any facts of the incident with anyone except those directly involved in response to the incident or investigation of the incident. All information is reportable to law enforcement and subsequent investigators. All suspected crime scenes shall be secured as outlined in DJJ Policy 8.42 Crime Scene Preservation to prevent unauthorized access by any person, removal of evidence, or contamination of the crime scene in any manner.

Interviews with (9) Direct Care Staff confirmed their knowledge of the steps to take as a first responder. They all explained that the first thing they would do is to separate the resident from the perpetrator if the incident occurred at the facility. They would ask the resident to preserve evidence by not showering, using the restroom, changing clothes, eating, or brushing their teeth. The resident would be kept in the direct sight of staff until all notifications are made and additional staff come in to assist with transporting the resident for medical attention and potentially

	<p>a forensic medical exam. Any potential crime scene will be blocked off from access and other residents would be instructed to stay out of the area. Additionally, they all said that if necessary, they would call 911 based on the severity of the incident which was confirmed by the Director that this would be appropriate action. There were no sexual abuse allegations received during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Anchor of Hope House PREA Policy; Coordinated Response Plan; Information Obtained from Interviews.</p> <p>115.365: The Anchor of Hope House will use the Sexual Abuse Coordinated Team Response to respond to all sexual incidents. The Anchor of Hope House Director or designee will immediately contact the PREA Unit Field Supervisor for coding confirmation and assignment of an investigator. The Anchor of Hope House PREA Coordinator, and Director of Victim Services will immediately receive Special Incident SQL alerts upon entering PREA Codes into the Special Incident database. The Director of Victim Services will review the incident and make a determination regarding the immediate and critical need for additional services. Services will be rendered based on the nature and circumstances surrounding the allegation. Medical and Mental health services will be provided through community resources coordinated with the DJJ and the Director; the Director and/or designee will ensure that all medical and mental health services are initiated and provided. The auditor reviewed the established written institutional plan and found that it outlines the coordinated actions required of this standard. Interviews with (9) DCW and (1) House Manager confirmed they are aware of the Coordinated Response Plan and notification procedures.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: Facility PREA Policy; Information Obtained from Interviews.</p> <p>115.366: Based on an interview with the Director, Anchor of Hope House is not involved in any collective bargaining agreements. The facility has the ability to remove alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted based on an interview with the Director.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Attachment L, PREA Retaliation Monitoring Sheet; Information Obtained from Interviews.</p> <p>115.367: The Anchor of Hope House Director, HSP, PREA Compliance Manager/ Coordinator, and other supervisors will monitor and take immediate steps to ensure that residents alleging sexual abuse and sexual harassment, or staff reporting, are not victims of any form of retaliation. After a resident report alleged sexual abuse or sexual harassment, staff must complete Attachment L, PREA Retaliation Monitoring Sheet. The Director, HSP and supervisors will continually review the resident’s adjustment within the facility and document their findings. The Anchor of Hope House Director, HSP, PREA Compliance Manager, and other supervisors will monitor beyond 90 days if the initial monitoring indicates a continuous need. There were no allegations reported within the audit period; therefore, no retaliation monitoring was required.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policies 20.12, 20.20 20.24; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): The safety, security, and well-being of the alleged victim will be primary</p>

	<p>in any decisions that are made. The alleged victim will not be housed in the same area as the alleged perpetrator. Based on an interview with the Director, The Anchor of Hope House is not a secure facility and does not place residents on isolation status for any reason. Any resident who allegedly suffered sexual abuse at the facility would be separated from the other residents and directly supervised by staff until they could be taken to a safe location. A collaborative decision would be made between the Director of Anchor of Hope House and the resident's DJJ caseworker as to the best placement after returning from the hospital, which would not include any sort of isolation.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.42, 8.5, 22.3, 22.5, 23.1, 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.371(a)(b): All allegations of sexual abuse at The Anchor of Hope House will be administratively and/or criminally investigated by the DJJ Office of Investigation. If the employee resigns or is terminated or if the victim/reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The PREA related investigation will be completed within 30 calendar days from case assignment unless the investigation is handled by outside agencies or approved by Director of Investigations. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as a resident or staff. The Anchor of Hope House will keep all written investigations and Special Incident Reports (SIRs) as long as the alleged abuser is in their home or employed 5 years plus. An interview with the Executive Director and the DJJ Office of Investigations PREA Unit Supervisor confirmed that the facility does not conduct an administrative or criminal investigations; DJJ Office of Investigations is the governing authority for such activity. DJJ policy requires sexual abuse allegations to be investigated by investigators who have received specialized training. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the District Attorney's Office for prosecution.</p> <p>115.371(c)(d)(k): An interview with the PREA Unit Investigations Supervisor confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available</p>

electronic monitoring data in the course of their investigation. He explained that Investigators interview alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrators. If the employee resigns or is terminated or if the victim/ reporter recants the allegation, the investigation will still be completed by the Office of Investigations. The Anchor of Hope House PREA policy also establishes that an investigation will be completed by the Office of Investigations even if the employee resigns or is terminated or if the victim/reporter recants the allegation. The facility reports no sexual abuse or sexual harassment allegations were received during the audit period. This was confirmed through an interview with the Director, as well as an interview with the Investigations Supervisor.

115.371(e)(g)(h)(i): An interview with the PREA Unit Investigations Supervisor also confirmed that when the quality of evidence appears to support a criminal prosecution, investigators are required to submit the case for administrative action or referral to District Attorney's Office for prosecution. Additionally, investigators will attempt to determine whether staff actions or failures to act contributed to abuse. All investigations are thoroughly documented in a written report and contain all evidentiary references, whether the investigation is administrative or criminal. He confirmed that there were no cases at this facility during the audit period.

115.371(f): DJJ Policy 23.1 establishes that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. DJJ will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. An interview with the PREA Unit Investigations Supervisor confirmed that credibility assessments for victims, suspects, and witnesses are made based on the facts presented and not based on their status as a resident or staff.

115.371(j): DJJ Policy 23.1 establishes that DJJ will retain all written investigations and SIRs as long as the alleged abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. This was further confirmed during an interview with the PREA Unit Investigations Supervisor.

115.371(m): Interviews with (9) staff, the House Manager and Director confirmed that they would cooperate with an investigation into any sexual abuse or harassment alleged to have occurred at the facility. The Director confirmed that she would remain in contact with the Office of Investigations to remain informed about the progress of the investigation.

A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.

115.372	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.372(a): DJJ Office of Investigations, PREA Unit is responsible for conducting all investigations related to sexual abuse and sexual harassment. DJJ Policy 23.1 establishes that the Office of Investigations shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with the Office of Investigations, PREA Unit Supervisor confirmed that investigators use a preponderance of evidence when substantiating a case administratively. There were no allegations and no investigations conducted at the facility during the audit period as confirmed during an interview with the Anchor of Hope House Director and the PREA Unit Investigations Supervisor.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; DJJ Attachment I, Resident Notification of Investigation Outcome form; Information Obtained from Interviews.</p> <p>115.373(a)(b)(c)(d)(e)(f): Facility PREA Policy establishes that any resident who alleges sexual abuse or sexual harassment during their stay at the facility will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The DJJ Office of Victim Services will use Attachment I, Resident Notification of Investigation Outcome, to document its reporting to a resident, which was verified during an interview with the Director of Victim Services Office. An interview with the Director confirmed that the facility would notify the alleged victim whenever the alleged (staff member) perpetrator staff member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the alleged perpetrator is another resident the facility will inform the alleged victim whenever it is learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications will be documented. There were no allegations or investigations of sexual abuse or sexual harassment during the audit period.</p> <p>A systematic review and analysis of the evidence concluded the facility has</p>

	demonstrated compliance with all provisions of this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Observations During Site Visit; Information Obtained from Interviews.
	<p>115.376(a)(b)(c)(d): Any staff at The Anchor of Hope House will be subject to disciplinary sanctions up to and including termination and criminal prosecution for violating the agency’s sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of The Anchor of Hope House policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the act committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of The Anchor of Hope House sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not their resignation, will be reported to the appropriate law enforcement agency and to any relevant licensing bodies unless the activity was clearly not a crime. There were no sexual abuse allegations involving staff at this facility during the audit period, nor any violations of the policies relating to sexual abuse or sexual harassment. Interview with the Director confirmed that the facility's zero tolerance for sexual abuse means no tolerance, and any staff found to violate this policy would be terminated and prosecuted if there were evidence to support a prosecution, in coordination with the DJJ Office of Investigations. She stated that any licensing board, if applicable, would be notified of the action.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Facility PREA Policy; DJJ Policy 23.1; Observations During Site Visit; Information Obtained from Interviews.
	115.377(a)(b): Any staff and/or volunteer at The Anchor of Hope House who engage

	<p>in sexual abuse will be prohibited from contact with the youth and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In case of any other violation of The Anchor of Hope House sexual abuse or sexual harassment policies by staff or volunteer, the facility will take appropriate remedial measures and shall consider whether to prohibit further contact with the residents in the case of any violation of agency sexual abusive or sexual harassment policy by a contractor or volunteer. There were no allegations or investigations involving a volunteer or contractor, during the audit period. Interview with the Director confirmed that the facility's zero tolerance for sexual abuse means that any staff found to violate this policy would be terminated and prosecuted if there were evidence to support a prosecution, in coordination with the DJJ Office of Investigations. She stated that any licensing board, if applicable, would be notified of the action. The facility currently has no contractors or volunteers.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.378 Interventions and disciplinary sanctions for residents	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policy 20.12, 20.20, 20.24, 22.3, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.378(a)(b): Youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in a particular case, including therapy, treatment, counseling, education programs, or disciplinary sanctions, will be made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. These interventions will be provided by community service providers. The Director of the Office of Investigations will refer youth for criminal prosecution when appropriate. The Anchor of Hope House will discipline youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The Anchor of Hope House prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the allegation. The Anchor of Hope House observes and adheres to applicable DJJ Policies regarding resident interventions and discipline. There were no resident-to-resident sexual abuse or sexual harassment allegations or investigations during the audit period.</p> <p>115.378(d): The facility does not provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse; therefore, this provision is not applicable; however, these services are outsourced to community service providers and are arranged in coordination with the DJJ Regional</p>

	<p>Treatment Services Specialist.</p> <p>115.378(g): Anchor of Hope House prohibits sexual activity between residents. Any sexual activity observed or reported will be referred to the Office of Investigations for an investigator to make an assessment as to whether the act was coerced.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.381(a)(b): An interview with the Director verified that the Anchor of Hope House attempts to collect information about prior abuse experienced by youth who are admitted to the facility. Anchor of Hope House would follow guidance provided by the DJJ Regional Treatment Services Specialist and would utilize community-based service providers for any resident that has a history of sexual victimization or who have previously perpetrated sexual abuse. All residents assigned to Anchor of Hope House are prescreened for history of sexual victimization or for previously perpetrating sexual abuse and treatment plans are already in place to address these needs with community service providers. If a resident discloses previously unreported sexual abuse or perpetration of sexual abuse that occurred prior to admission, the Director will notify the DJJ Office of Investigations and DJJ Regional Treatment Services Specialist who will ensure the youth receive the appropriate referral in accordance with DJJ Policy 23.1 and all mandatory reporting requirements are satisfied.</p> <p>115.381(c)(d): Information collected during the risk screening is strictly limited to making informed management decisions about treatment plans, housing, bed, work, education, and program assignments. Interview with the Director confirmed information collected during the screening process is collected privately and held confidentially. All youth records are maintained in the Director's office in a locked cabinet. Only the HSP and Director have access to the Director's office and these records. The facility has no medical or mental health staff, and these services are outsourced to licensed community service providers.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c)(d): An Anchor of Hope House staff member (first responder) receiving sexual abuse information will immediately call the Director and/or designee for initial evaluation and determine if there is a need for outside medical services. The Anchor of Hope House, LLC does not hire part-time or full-time medical staff. The residents are referred to Early Medical Center for outside emergency medical services, although they do not have SANE/SAFE on staff. Based on an interview with the Regional Treatment Services Specialist the resident would be taken to the Lily Pad in Albany where all services will be available. Furthermore, the DJJ partnership with the Georgia's Commercial Sexual Exploitation of Children (CSEC) Response Team indicates that a SAFE/SANE will be made available to conduct any forensic examination and to assess a victim's health care needs, coordinated treatment of any injuries, and collected evidence for potential use during case investigation and prosecution. There were no forensic medical examinations conducted during the audit period. Additionally, the Emergency Medical Treatment and Labor Act (EMTALA) guarantees access to emergency medical services for individuals who present to a hospital emergency department regardless of an individual's ability to pay. All services related to access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate will be provided through the designated community service medical provider. None of these treatment services will be at cost to the resident. Anchor of Hope House will follow guidance from DJJ policies and procedures and coordinate these services with the assistance of the Regional Treatment Services Specialist and the DJJ Office of Investigations.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 2.10, 20.12, 20.20, 20.24, 23.1; Information Obtained from Interviews.</p>

	<p>115.383(a)(b)(c)(h): Anchor of Hope House does not employ medical or mental health providers; therefore, no evaluations or treatment to residents are provided at the facility. The facility would refer any resident who reports prior victimization in any jail or juvenile facility, or any known perpetrated sexual abuse that has not already been previously reported, for treatment services in coordination with the DJJ Regional Treatment Specialist.</p> <p>115.383(d)(e): Female victims will be provided access to community service providers for pregnancy tests and tests for sexual transmitted infections as required. If it is determined that pregnancy results from sexual abuse experienced at a juvenile facility or jail, the victim will receive timely and comprehensive information and access to all lawful, pregnancy-related medical services coordinated by the Director of Anchor of Hope House and the DJJ Regional Treatment Specialist. The Anchor of Hope House will make these services available by using outside providers.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 8.5, 23.1; DJJ 23.1 Form J, Sexual Abuse Incident Review Team Meeting Minutes template; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c)(d)(e): The facility PREA Policy establishes that The Anchor of Hope House shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation had been determined to be unfounded. The review will be completed within 30 days of the investigation. The Anchor of Hope House review team will consist of the Director, Human Service Professional (HSP), House Manager, Direct Care Supervisor, and the DJJ Investigator. 3. The Anchor of Hope House review team shall a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation, or was motivated or otherwise caused by other group dynamics at The Anchor of Hope House; c) Examine the area at The Anchor of Hope House where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d) Make sure staffing is adequate in the areas during different shifts; e) Assess whether monitoring technology should be deployed or augmented to supplement supervision</p>

	<p>by staff. The Anchor of Hope House review team will prepare a final report of its findings, including but not necessarily limited to determinations and recommendations for improvement and submit such report to The Anchor of Hope House Owner and PREA compliance manager. The Anchor of Hope House shall implement recommendations for improvement or shall document its reasons for not doing so. The facility had no incidents reported within the audit period; therefore, no incident reviews were conducted.</p> <p>During interviews with the Director and House Manager the auditor learned that they both would participate in the incident review team as well as the HSP (which is currently vacant), and the Direct Care Supervisor. They would also invite the DJJ investigator of record to join the review. They explained in detail the items that would be considered and implement any recommendations or corrective actions that were deemed necessary. The Director explained that the review would be documented on the DJJ 23.1 Form J, Sexual Abuse Incident Review Team Meeting Minutes template. The facility employs no medical, mental health, or investigative staff.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policy 23.1; The Anchor of Hope Annual Report 2023; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): Based on an interview with the Director, Anchor of Hope House will follow DJJ Policy 23.1 regarding collection of uniform data for every allegation of sexual abuse at the facility. She has a contractual obligation to provide sexual abuse data to DJJ monthly. Additionally, she collects and aggregates this data annually and includes it in her annual report. DJJ Agency's PREA Coordinator collects all sexual abuse data and aggregated annually and published in an annual report. An interview with the DJJ Agency's PREA Coordinator found that she collects and reports sexual abuse data in accordance with 115.387(c) for all private facilities under contract. The Anchor of Hope House has not received a request from the Department of Justice for any SSV data..</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.388	Data review for corrective action
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policies 8.5 and 23.1; The Anchor of Hope Annual Report 2023; DJJ Public Website; Information Obtained from Interviews.</p> <p>115.388(a)(b)(c)(d): During an interview with the Director, it was explained that the facility provides monthly data to the DJJ as part of the contractual agreement. The sexual abuse data is collected using a standard form and definitions consistent with the DJJ Policy 23.1. The facility management team reviews the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The management team works closely to identify any problems areas and works on process improvements continuously. This information is included in the Anchor of Hope House annual report as well as a comparison of the current year's data and corrective actions with those from prior years. This is the first PREA audit for The Anchor of Hope House.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility PREA Policy; DJJ Policies 5.1, 23.1; DJJ Website; The Anchor of Hope Annual Report 2023; Information Obtained from Interviews.</p> <p>115.389(a)(b)(c)(d): Based on an interview with the Director, Anchor of Hope House ensures that data collected pursuant to 115.387 are securely retained. She explained that she will make all aggregated sexual abuse data readily available to the public upon request, as the facility does not currently have a public website. The Anchor of Hope House does not contract with other facilities. Before making aggregated sexual abuse data publicly available, the facility will remove all personal identifiers. The facility will maintain sexual abuse data collected under 115.387 for at least ten years after the date of its initial collection using guidance from DJJ Policy 5.1, Records Management, unless federal, state, or local laws require a different retention schedule. In addition to the required ten years, the agency will maintain data on all staff, contractors, volunteers, and interns who committed sexual abuse or sexual harassment of residents for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the facility. This is the first audit for the facility. The auditor observed all PREA related documents filed in a locked cabinet in the Director's office. Only the Director and HSP have access to these records.</p> <p>A systematic review and analysis of the evidence concluded the facility has</p>

	demonstrated compliance with all provisions of this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): The Anchor of Hope House is a single facility operation. This is the first year the facility has required an audit due to contractual obligations with the Georgia Department of Juvenile Justice. The facility does not currently maintain a public website. Audit information will be provided to the DJJ for placing on their public website and is available to any interested party through a requested to the Director.</p> <p>115.401(h): The auditor was provided a complete tour of the facility and surrounding grounds and allowed access to all areas.</p> <p>115.401(m): The auditor was allowed the use of the Human Services Provider's office to conduct interviews with residents, which provided privacy.</p> <p>115.401(n): The Audit Notice, in both English and Spanish, were provided to the facility six weeks before the site visit. These notices were posted per the auditor's instructions and photos of the postings were provided to the auditor by email for verification of posting and the auditor observed these postings during the site visit. The Audit Notice contained contact information for the auditor and notification that residents are permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor further verified that the staff and residents interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the auditor confidentially. During interviews with the Director and House Manager, the auditor confirmed that the residents can correspond with the auditor in the same manner as if they were communicating with legal counsel. There are no restrictions on who a resident can communicate with by mail. No correspondence was received from anyone regarding the Anchor of Hope House.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through an interview with the Director, this is the first PREA audit for this facility.</p> <p>A systematic review and analysis of the evidence concluded the facility has demonstrated compliance with all provisions of this standard.</p>
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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.)	na
	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
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.)	na
	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.)	na
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 responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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).)	na
	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).)	na
	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).)	na
	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).)	na
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).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
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	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
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	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	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).)	na
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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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?	no
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na