

PREA Facility Audit Report: Final

Name of Facility: Chenault Youth Services Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 11/14/ 2023

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	10/24/2023
End Date of On-Site Audit:	10/24/2023

FACILITY INFORMATION	
Facility name:	Chenault Youth Services Program
Facility physical address:	300 North Main Street, Suite 300, Jonesboro, Georgia - 30236
Facility mailing address:	

Primary Contact	
Name:	LASAI LOVE
Email Address:	LLOVE@CYSYOUTH.COM
Telephone Number:	(770) 312-7008

Superintendent/Director/Administrator	
Name:	LASAI LOVE
Email Address:	LLOVE@CYSYOUTH.COM
Telephone Number:	770312-7008

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

Facility Characteristics	
Designed facility capacity:	4
Current population of facility:	1
Average daily population for the past 12 months:	3
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-20.5
Facility security levels/resident custody levels:	Max
Number of staff currently employed at the	3

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

AGENCY INFORMATION	
Name of agency:	Chenault Youth Services, LLC
Governing authority or parent agency (if applicable):	
Physical Address:	300 North Main Street, Suite 300, Jonesboro, Georgia - 30236
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	LaSai Love	Email Address:	llove@cysyouth.com

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
- 115.365 - Coordinated response

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:	2023-10-24
2. End date of the onsite portion of the audit:	2023-10-24

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:	Medlin Treatment Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	4
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	0
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:	0
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
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:	0

<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>0</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 facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth assigned to the facility during the onsite portion of the audit. All residents assigned are employable and are free to leave the premises as needed. Each resident has an ankle monitor as a condition of their assignment.</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>4</p>

<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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>The staffing consists of the Executive Director, Life Coach, Residential Staff (1-FT/1-PRN).</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 type="checkbox"/> Other <input checked="" type="checkbox"/> None </p>

<p>If "None," explain:</p>	<p>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth assigned to the facility during the onsite portion of the audit. Therefore, no interviews were conducted at the Chenault Youth Service facility.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth assigned to the facility during the onsite portion of the audit. Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth assigned to the facility during the onsite portion of the audit. Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</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>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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit. Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility capacity is four and there were three admissions in the last 12 months. There were no residents/youth that met any targeted categories assigned to the facility. There were no residents/youth assigned to the facility during the onsite portion of the audit.</p> <p>Therefore, no interviews were conducted at the Chenault Youth Service facility.</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>No text provided.</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>2</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 checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>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 checked="" 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 type="checkbox"/> Other</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 facility only employs four staff, including the Owner/Executive Director. The auditor interviewed 100% of the staff as well as the DJJ PREA Coordinator and the DJJ Investigations Supervisor.</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>4</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>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <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)

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.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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).

Chenault Youth Services is a CCI for profit organization passionately driven by its focus to prepare young adults with a realistic living experience through independent living placements and empower self-sufficiency for adulthood. Chenault has instituted outreach services that will provide the necessary support, encouragement, structure, and interventions essential for success in growth. The scope of the development and comprehensive based programs focuses on life coaching, cognitive, emotional, and social capacities to build the young adults' skills. Chenault is committed to empowering, educating and investing in the young adults to create value, and promote healthy lifestyles. Chenault ensure guidance and support to each young adult under the care of the CYS mission. This facility is a group home occupied by youthful offenders who are under supervision of the GA Department of Juvenile Justice. The facility is a residential house with a living room, eating area and kitchen (open floorplan), one large bedroom and bathroom to the left of the living room and a hallway to the right of the living room with a shared bathroom and three additional bedrooms. All rooms are single occupancy. The house is located in a residential neighborhood. Assigned youth have freedom to leave the facility as needed to attend work, programming, counseling, and any other community activities required. CYS provides transportation to work until the resident is able to financially arrange their own transportation.

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.).

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 designated DJJ staff when needed. The primary policy for the facility is the Chenault Youth Services - Re-entry Independent Living Program (ILP) Program Policy Manual (Referenced as CYS 2023 Policy Manual This policy, as well as any related DJJ policies were reviewed by the auditor, including:

- Advocate Postings
- Background Checks (GCIC/FBI) - Initial
- Chenault Coordinated Response Plan
- Chenault Staffing Schedule
- Chenault Youth Services - Organizational Chart
- CYS 2023 Policy Manual
- Chenault Youth Services - Policy Manual 10/2023 Addendum
- CYS Annual Report
- Contract - Georgia Department of Juvenile Justice (DJJ) and Chenault Youth Services (CYS)
- DJJ Policy 2.10, Youth Medical Expenses
- DJJ Policy 3.52, Background Investigations
- DJJ Policy 4.1, Training Program
- DJJ Policy 4.5, Staff Training Requirement
- DJJ Policy 5.1, Records Management
- DJJ Policy 3.80, Employee Progressive Discipline
- DJJ Policy 8.42, Crime Scene

Preservation

- DJJ Policy 8.5, Special Incident Reporting
- DJJ Policy 8.9, Child Abuse Reporting
- DJJ Policy 13.32, Special Education Services
- DJJ Policy 14.3, Citizen and Volunteer Involvement
- DJJ Policy 15.1, Basic Rights and Responsibilities of Youth
- DJJ Policy 15.10, Language Assistance Services
- DJJ Policy 15.3, Youth Access to Courts and Counsel
- DJJ Policy 15.4, Viewing, Listening, and Reading Materials
- DJJ Policy 15.9, Ombudsman
- DJJ Policy 20.12, Community Based Services
- DJJ Policy 20.20, Screening and Placement of Youth
- DJJ Policy 20.24, Community Residential Programs
- DJJ Policy 22.3, Internal Investigations
- DJJ Policy 22.5, Polygraph Examination
- DJJ Policy 23.1, PREA Attachment A
- DJJ Policy 23.1 PREA Attachment D
- DJJ Policy 23.1 PREA Attachment K
- DJJ Policy 23.1 Prison Rape Elimination Act
- DJJ Policy 23.2, Sexual Assault
- DJJ Policy 23.3 - LGBTI
- DJJ PREA Annual Report
- DJJ Specialized Training for Investigations Certificates
- Facility Camera Layout
- Facility Modification Description
- Facility Policy for Investigations
- Facility Policy for Risk Screenings
- List and Contact information for community health providers for sexual assault victims
- MOU: DJJ and Children's Healthcare of Atlanta
- Personnel File Records
- Personnel Initial Applications

- PREA Intake Assessment - Blank
- PREA Posters and Handouts (English/ Spanish)
- Prior Employer Reference Check Forms
- Screenings - Completed Initial and Reassessments
- Sex Offender Database Search Results
- Telephone Reference Check Form
- Victim Advocate Pamphlet/Contact Sheet/Posting

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:	The facility did not have any reported allegations of resident/youth sexual abuse or sexual harassment.

<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>The facility did not have any reported allegations of resident/youth sexual abuse or sexual harassment.</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>No text provided.</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 name of the third-party auditing entity

Georgia 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: DJJ Policies 1.2, 23.1, 23.2; CYS 2023 Policy Manual; Chenault Organizational Chart; Information Obtained from Interviews.</p> <p>115.311(a): Chenault Youth Services (CYS) contracts with the Georgia Department of Juvenile Justice (DJJ) to house young adults. As a result, the facility is subject to the DJJ policies and procedures. Chenault has zero tolerance towards all forms of sexual abuse and sexual harassment of residents in DJJ custody. Chenault 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 CYS and DJJ take appropriate actions to reduce the risk of sexual abuse and sexual harassment within its facility by implementing the PREA Standards established by the United States Department of Justice (DOJ).</p> <p>115.311(b)(c): Chenault is a single facility operation and employs an upper-level</p>

	<p>PREA Coordinator, LaSai Love, who is the Executive Director. 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 CYS. She also involves all facility staff in the PREA implementation and compliance efforts, as appropriate.</p> <p>A review and analysis of the stated evidence finds the facility 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: Contract Between CYS and DJJ; Information Obtained During Interviews.</p> <p>115.312(a)(b): CYS does not contract with other entities for the confinement of residents assigned to them; therefore, this standard is not applicable.</p> <p>Based on the review and analysis of the evidence, the facility meets this standard through non-applicability.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policy 20.12, 20.20, 20.24, 23.1; 23.1 Attachment A, Chenault Staffing Schedule; Contract with DJJ and CYS; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>115.313(a)(b)(d): CYS provided the Auditor with a staffing schedule that indicates a total of four staff employed by the facility (1-PRN; 1-Executive Director; 1-Life Coach and 1-Residential Staff Member. When residents are present, the facility is staffed 24 hours per day, 7 days per week and consists of three staff shifts. The facility's capacity is four, with an average population of three. At the time of the PAQ completion, the facility housed one resident. An official facility staffing plan was provided that included all of the requirements of this standard. The most recent staffing plan was reviewed and signed on 09/27/2023. The facility indicates that no deviations occurred within the audit period but that staff resignations would be a primary reason for a deviation. The average staffing ratio for Chenault is 1:3, which exceeds the standard requirement of 1:8 (day) or 1:16 (night).</p>

	<p>115.313(e): CYS complies 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. In addition to “self-monitoring requirements” the Department of Juvenile Justice conducts announced or unannounced, compliance monitoring to include “on-site” monitoring. The facility provided evidence that unannounced rounds are completed daily, and these rounds are verified by employee signature and date of rounds. The Executive Director makes regular unannounced site visits and varies the days and hours.</p> <p>Based on the review of the evidence provided, the facility has demonstrated compliance with all provisions of this standard. Additionally, the staff ratio is 1:3 which exceeds provision (c) of this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: CYS 2023 Policy Manual; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(f): CYS 2023 Policy Manual establishes that cross-gender strip, pat downs and visual body cavity searches are prohibited. CYS staff are not trained in conducting body searches or have a medical license to complete examinations for transgender or intersex young adult. If it has been deemed necessary for the determination of the young adult’s genital status, officials at DJJ would coordinate the medical examination service. The facility contains discrete housing units; therefore, announcements are not required. Staff do not enter areas where residents are likely to be showering, performing bodily functions, or changing clothing. When it is necessary for a staff member to inspect a resident's personal living space, the staff member knocks first and the resident is asked to step out of the room before the staff member enters. Interviews with staff and policy review confirmed that no hand-on-pat searches, strip searches, or visual body cavity searches are permitted.</p> <p>115.315(d): CYS 2023 Policy Manual establishes that each bathroom is furnished with a shower curtain, liner and rings which allows each resident to shower, perform bodily functions, and change clothing and restroom doors contain locks that may be engaged when in use. The auditor observed the bedrooms and bathrooms used by the residents and found these areas allowed for privacy.</p> <p>115.315(e): As noted above, CYS 2023 Policy Manual establishes that the facility shall not conduct, under any circumstances, hand-on-pat searches, strip searches, or visual body cavity searches of any resident, regardless of gender. The policy also</p>

	<p>establishes that body searches for the sole purposes of determining a resident's genital characteristics is prohibited. If a resident's gender is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. Interview with the PREA Coordinator confirmed that no searches of this type would be permitted at the facility and any need to make a determination of this nature would be referred to the DJJ Regional Treatment Services Specialist for further assistance.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 13.32, 15.10, 20.20, 20.24, and 20.12; DJJ Language Assistance Services; DJJ Policy 23.1; DJJ Website; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a): CYS 2023 Policy Manual establishes that CYS disabled residents have 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. Interviews confirmed that prior to a resident being assigned to Chenault, 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 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 guidance in DJJ Policy 13.32, or through use of other available community resources. Policy 15.10, Language Assistance Services, may be used to ensure that residents who are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology. An interview with the PREA Coordinator confirmed that there has been no resident 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.</p> <p>115.316(b): CYS 2023 Policy Manual establishes that procedures are established to provide residents with limited English proficiency (LEP) 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. Interviews confirmed that prior to a resident being assigned to Chenault decisions are made in collaboration</p>

	<p>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 to meet the needs of a resident who is LEP would be coordinated with DJJ and utilizing services obtained through DJJ and following DJJ Policy 15.10, Language Assistance Services, or through use of other available community resources. DJJ Policy 15.10 establishes that the DJJ shall prohibit discrimination based on limited English proficiency and to ensure effective communication with all resident at all points of contact and meaningful access to all programs and services, language assistance services shall be provided to residents with limited English proficiency. Language assistance services are free to residents. As needed, documents intended resident use will be translated into a language of their understanding. Oral communication with LEP residents will be provided by bilingual staff or through the use of an interpreter. DJJ Policy 15.10, Language Assistance Services, may be used to ensure that residents who are LEP can report sexual abuse to staff directly, through interpretive technology. An interview with the PREA Coordinator confirmed that there has been no residents admitted to the facility in the audit period requiring language interpretation services. Additionally, an interview with the Regional Treatment Services Specialist confirmed that language interpretive services would be available to residents as needed.</p> <p>115.316(c): CYS 2023 Policy Manual establishes that 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, the performance of first-responder duties under 115.364, or the investigation of the resident's allegations. CYS utilizes the DJJ Policy 15.10, (Interpreters Unlimited 800-726-9891), to request an interpreter if needed. The auditor observed the PREA pamphlets and posters in both English and Spanish.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 3.52, 14.3, 23.1, and 22.3; DJJ 23.1 Attachment D; Personnel File Records; Initial Applications; Verification of Background Checks (GCIC/FBI); Sex Offender Database Search Results; Parolee Search Results; Prior Employer Reference Check Forms; Telephone Reference Check Form; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.317(a)(b): CYS 2023 Policy Manual establishes CYS prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual</p>

abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been civilly or administratively adjudicated to have engaged 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. CYS requires the consideration of 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. CYS's hiring policies are consistent with those found in DJJ Policy 3.52 and DJJ Policy 23.1. CYS utilizes the DJJ's Background Check Application System and employees must be cleared through DJJ prior to having contact with residents. CYS will have a DJJ Background Clearance and DJJ Determination Letter for all applicable staff and volunteers in the record. Background requirements also include checks on the Sex Offenders Registry, Pardons and Paroles and Department of Corrections. All new staff eligible for employment will be screened prior to an offer of employment. These safety and criminal background checks screenings will be completed and provided to DJJ with evidence of a satisfactory criminal records check. The CEO conducts screenings preceding an acceptance of employment offered to ensure completion prior to an official start date.

115.317(c)(d): CYS 2023 Policy Manual establishes that CYS obtains three references from an applicant's or volunteer's previous or current employer within the past 5 years, prior to hiring the prospective employee. If the applicant or volunteer has served as a previous foster or adoptive parent, CYS will obtain references from the former county/agency. CYS obtains additional references if conflicting, ambivalent or inadequate statements are received from those initially requested. For Life Coaches, CYS obtains references regarding previous employment with other CCIs and/or other employers where the applicant had a child caring role. CYS requires all new employees who may have contact with residents to have a criminal background records check; child abuse registry check; and contact with 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. CYS is subject to DJJ policy and procedures including 23.1 that states that all new hires and employees being considered for promotion will have a background investigation completed following Policy 3.52, Background Investigations. The auditor reviewed four employee files and found that all employees received a background check, both in state and national, a sex offender registry check, a child abuse registry check with the DPS, and a parolee search before being hired. The facility indicated that there were no contracts for services where criminal background record checks were conducted. However, any contractor that is solicited to perform work onsite will always be scheduled when the youth are away from the facility or will be under direct supervision away from the work area of the contractor. Interview with the Executive Director confirmed that CYS makes its best effort to contact all prior institutional employers for a reference check.

115.317(e): CYS 2023 Policy Manual establishes that CYS will conduct a GBI criminal

	<p>background records check at least every five years of current employees and contractors who may have contact with residents. CYS will appropriately and successfully execute the separation process of an employee, who is no longer eligible for employment with CYS based upon the results of the safety screenings, unsatisfactory fitness determination or the failure to abide by policies as written. Personnel files reviews found all employee criminal background history checks were current.</p> <p>115.317(f)(g): CYS 2023 Policy Manual establishes that during the new hire interview process, applicants are assessed for any previous sexual abuse misconduct through a series of questions. CYS has zero tolerance for any material omissions regarding misconduct, or the provision of materially false information and these actions will be grounds for termination. A review of four personnel files contained a signed misconduct questionnaire attestation.</p> <p>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 she would provide the required information if available or forward the request to DJJ Office of 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>Based on review and analysis of the stated evidence, 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: Camera Layout; Interviews; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.318(a)(b): CYS has been in operation since 2018 but entered contract with DJJ in 2019 at a different location. This is the first year that the facility is required to be PREA compliance in accordance with the contractual agreement with DJJ. In April 2023, CYS moved their operations to a new facility located in Jonesboro, Ga. Interviews with the Executive Director confirmed that safety considerations are always the first priority when making operational decisions and that the effect of the design of the new building upon CYS's ability to protect residents from sexual abuse was taken into consideration when deciding to acquire. The new location was equipped with a video monitoring system containing three strategically placed cameras as observed by the auditor during the site visit and confirmed through interviews with the Executive Director.</p> <p>A review and analysis of the stated evidence finds the facility demonstrated</p>

	compliance with all provisions of this standard.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 2.10, 20.12, 20.20, 20.24; 22.3, 22.5, 23.2, 23.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.321(a)(b): Chenault is not responsible for investigating allegations of sexual abuse. Therefore, these provisions are not applicable to the facility. Investigations of sexual abuse will be referred to and conducted by DJJ Office of Investigations, PREA Unit. The Auditor reviewed DJJ Policy 8.42, which outlines the agency's uniform evidence protocol, and interviewed the Office of Investigations PREA Unit Supervisor, who oversees all PREA investigations. The agency's uniform evidence protocol is developmentally appropriate for youth.</p> <p>115.321(c): Based on an interview with the PREA Coordinator and review of CYS 2023 Policy Manual, CYS will ensure that 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 for immediate care and then may be referred by those providers to a children's hospital if indicated. CYS 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. Based on an interview with the DJJ PREA Coordinator, the agency partners with Children's Healthcare of Atlanta/Stephanie V. Blank Center for comprehensive youth medical and forensic evaluations. These examinations are conducted in a safe, child-friendly environment staffed by a team of professionals with extensive pediatric experience. There were no forensic medical examinations conducted during the audit period.</p> <p>115.321(d)(e)(h): CYS has established a partnership with the Medlin Center for victims to receive therapy and emotional support services related to sexual abuse and for offenders to receive sex offending treatment. The facility also utilizes the services of Everlasting Peace for counseling services. CYS does not maintain an agreement with an advocate service provider but explained they are covered with access to resources available through DJJ contracts and agreements for these services. DJJ Policy 23.1 establishes the DJJ Office of Contracts, will enter into a memorandum of understanding (MOU) 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</p>

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. The CYS 2023 Policy Manual also provides reporting numbers for victim services, including: Piedmont Rape Crisis Centers Phone- 770-586-5423; Crisis Hotline Phone- 770-834-7273 Carrollton, GA Address - 128 West Center Street, Carrollton, GA 30117; University Hospital- Rape Crisis Services, Phone- 706-724-5200; Crisis Hotline, Address- 1350 Walton Way, Augusta, GA 30901; Department of Juvenile Justice, Office of Victim Services, Phone- 866-922-6360 (toll free). 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.

115.321(f): Chenault 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.

Based on a review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS Policy Manual; DJJ Policies 8.5, 22.3, and 23.1; Chenault Website; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.322(a)(b)(c): The CYS Policy Manual 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. CYS is subject to all requirements of DJJ investigative policies and procedures. The facility indicates there were no sexual abuse allegations reported at the facility within the audit period. The DJJ Investigative Policy and PREA policy is published on the DJJ website at https://djj.georgia.gov/prison-rape-elimination-act-prea. The facility's PREA investigation procedure is also posted on Chenault's website at https://www.cysyouth.com/copy-of-program-structure</p> <p>Based on review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual & Addendum; 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 CYS 2023 Policy Manual establishes that CYS will provide a framework for training and development that ensures CYS staff and volunteers have necessary competencies to deliver appropriate services, maintain RBWO standards and CYS program operational obligations. The orientation training includes Prison Rape Elimination Act (PREA) of 2003 Reporting Procedure and Acknowledgement Statement. CYS trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. CYS staff is subject to the same PREA training requirements outlined in DJJ Policy 23.1. 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 tailored to unique needs and attributes of the all-male facility. Through employee signature or electronic verification, employees document that they understand the training they have received. The PREA refresher training is required annually. All full-time, part-time, and contracted staff members are required to complete the online refresher training. The auditor reviewed training files for five employees (4 current/1 previous) and found documentation that all staff complete the required training and signed a DJJ Policy 23.1 PREA Acknowledgement form either manually or in the DJJ computer training system that attests to the employee's compliance with Georgia DJJ sexual abuse and sexual harassment policies. During the site visit the auditor observed PREA information posters visible in each of the resident's rooms and posted on the bulletin board in the centralized common area. Interviews with 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, all staff receive annual training through Pro Solutions Training entitled Mandated Reporters: Critical Links in Protecting Children in Georgia and current certificates of completion were provided for all staff. Local training is also delivered providing various topics including: Is It Trauma?; Privacy and Confidentiality/HIPPA; Discipline and Behavior Management; Emergency Services Medical Plan/Illness/Treatment; Grievance; Supervision; Child</p>

	<p>Abuse/Sexual Exploitation: Mandated Reporting; Incident Reporting; Serious Injury and Accident; Employee Assigned Duties and Responsibilities; Employee Personnel Handbook; PREA; PREA Refresher; Sexual Harassment Prevention. Local training was documented for the years 2021 and 2022. The requirement to take the DJJ Modules 1-6 PREA training has newly been instituted since the facility became subject to PREA compliance beginning this year.</p> <p>Based on a review and analysis of the evidence, the facility 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: CYS Policy Manual and 10/2023 Addendum; DJJ Policies 14.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.332(a)(b): The CYS Policy Manual establishes that all volunteers and contractors who have contact with youth residents will be trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility is subject to the requirements of DJJ Policy 14.3, Citizen and Volunteer Involvement. This policy requires volunteers, contractors and interns to complete the established PREA training, and document through written or electronic signature their understanding of the training. The facility currently has no contract employees and does not use the services of volunteers at the facility. Services are outsourced to community service providers who see the residents in the community and not at the CYS facility. Based on an interview with the PREA Coordinator, any service contractor solicited to perform work onsite will always be scheduled when the residents are away from the facility, or the residents will be under direct supervision by staff and away from the work area of the contractor.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023 Policy and 10/2023 Addendum; DJJ Policies 15.1, 15.3, 15.4, 15.9, 23.1; Chenault Resident Handbook; Completed PREA Acknowledgement</p>

Statements; Break the Silence Poster English/Spanish; Young Adult Rights & Responsibilities; Grievance Procedures; Intake Flyer English/Spanish; Zero Tolerance How-To-Report poster; Youth Poster No Means No English/Spanish; Observations During Site Visit; Information Obtained from Interviews.

115.333(a)(b)(e): Chenault utilizes published material provided by the DJJ and follows guidance from their related PREA education policies. The facility Life Coach speaks with each resident individually upon their arrival at the facility. On the day of the resident's arrival, the Life Coach provides the resident with an orientation which includes the Youth Safety Pamphlet and PREA is explained by the staff along with a discussion of rights and responsibilities. The newly assigned resident is allowed, and encouraged, to ask questions of the staff after the information is delivered. Each new resident signs the PREA Acknowledgement Statement (DJJ form 23.1, Attachment H) which is retained in the resident's file in a locked filing cabinet in the administrative office. The Auditor reviewed the informational handouts, including the facility handbook, and found that the information provided is comprehensive and age-appropriate, advising residents of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The auditor training records for seven residents indicating they were provided the orientation/comprehensive training during intake. There were no residents assigned to the facility during the on-site audit, therefore no interviews were conducted with residents.

115.333(c): Chenault is a single facility and residents are provided comprehensive PREA training even if they have received it at another facility prior to their arrival.

115.333(d): Chenault will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing 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 Chenault 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 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

	<p>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 PREA Coordinator 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 accommodations would be made available to residents as needed.</p> <p>115.333(f): The auditor observed the "Break the Silence" poster, "No Means No" poster, and "Zero Tolerance How-To-Report" poster placed throughout the facility in readily accessible and conspicuous locations.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.334	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Policy 23.1; Training Certificates; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c)(d): The facility conducts no administrative or criminal investigations of sexual abuse or sexual harassment. The auditor interviewed the Owner/PREA Coordinator and DJJ Office of Investigations PREA Unit Supervisor and confirmed that CYA 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" within 60 days after the hire date.</p> <p>Based on a review and analysis of the stated evidence, the facility meets compliance through non-applicability.</p>
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115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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</p>
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	<p>auditor interviewed the Owner/PREA Coordinator confirmed that CYS has no medical or mental health services provided by the facility. Community service providers are utilized to meet the needs of the youth housed at the facility.</p> <p>Based on a review and analysis of the stated evidence, the facility meets compliance through non-applicability.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; 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): CYS Policy Manual establishes that CYS has a standard evaluation process for placement determination for referrals from DJJ. The standard evaluation process consists of a review of the referral packet from DJJ; an interview with the young adult; and an interview with relevant DJJ personnel. CYS utilizes the standard evaluation process also to screen and assess young adult’s vulnerability/ risk of being sexually abused by other others or risk of being sexually abusive toward other residents. CYS utilizes the standard evaluation process to determine if the young adult is appropriate for the program and if the program can meet the young adult's needs. These residents are screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake using a PREA Intake Assessment. The residents' safety needs are reassessed periodically throughout their residential confinement and have weekly direct contact with the Life Coach. The facility provided initial screenings for three young adults who arrived within the past 12 months that were conducted upon arrival at the facility.</p> <p>Based on a review of the evidence provided, the facility has demonstrated compliance with all provisions of this standard.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; 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>

115.342(a)(c): The CYS Policy Manual establishes that the facility staff uses information from the risk screening required by 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The PREA Coordinator and Life Coach explained that the facility makes individualized determinations about how to ensure the safety of each resident. CYS has four single resident rooms; three are connected to a hallway on one side of the house and the other room is on the opposite side of the house off the living/common room. The PREA Coordinator and Life Coach 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.

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. Each resident assigned has an ankle monitor as terms of their placement. The facility is exempt from these standards because it is a group home and does not have isolation capabilities.

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. Staff considers on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Placements and programming assignments will be reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the resident. Serious consideration is given to the residents' views concerning their safety. Interviews with the PREA Coordinator Life Coach confirmed that each resident is assessed individually considering all information available to staff and the residents' own perception of safety and needs when making decisions about where they will be housed. All residents are allowed to shower separately and privately from others based on observations of the shower areas and interviews with staff. There were no transgender or intersex residents assigned to the facility within the audit period.

Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policies 15.3, 15.4; 15.9; 20.12, 20.20, 20.24, 23.1, 8.5; See Something Say Something Pamphlet; CYS Website; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.

115.351(a)(b): The CYS Policy manual establishes that CYS has a policy governing resident reporting with multiple ways for young adults to report sexual abuse, retaliation by other young adults or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to such an incident. These methods include verbally reporting to any CYS staff member or Life Coach; submitting a written grievance; contacting the local sexual assault center, calling the Department of Family and Children's Services Hotline, 855-422-4453; telling a counselor, teacher, community case manager, Human Services Professional, Life Coach, Program Director, Parent/Guardian, Chaplain, Minister, medical practitioners, therapist, or any trusted adult; calling the DJJ Office of Victim Services at 866-922-6360; writing the Ombudsman Office at the Central Office or calling toll free at 855-396-2978. The facility has a telephone for resident's use; however, residents are allowed to have and maintain a personal cell phone. This contact information is posted in each resident's room and on the bulletin board of the common area. Interviews with staff confirmed that if a resident requests to use the phone it is allowed. Additionally, while a grievance form may be used to report sexual abuse, the PREA Coordinator explained that sexual abuse will not be processed through the grievance procedures but handled through the investigative process. The facility does not house residents detained solely for civil immigration purposes.

115.351(c): CYS mandates staff accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. CYS staff are required to document verbal reports within one hour. Staff interviews confirmed that they are aware of their duty to report any incident or suspicion of sexual abuse/harassment immediately and then follow up with a written report as soon as possible, but within one hour of receiving notification.

115.351(d): CYS 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.

115.351(e): CYS staff are aware that they may privately report 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 confirmed during interviews that they were advised of this during orientation, training, and included in the PREA handouts and posters.

Based on a review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Facility Handbook; CYS 2023 Policy Manual and 10/2023 Addendum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): CYS 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. The matter 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 interviews with the PREA Coordinator and Life Coach and review of the facility's policy CYS 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>Based on a review and analysis of the stated evidence, the facility has demonstrated compliance with 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
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; Postings of Advocacy Contact Information; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.353(a)(b)(c): The CYS Policy Manual and Resident handbook states that CYS has a partnership with the Medlin Center for victims to receive therapy and emotional support services related to sexual abuse and for offenders to receive sex offending treatment. All information regarding sexual abuse and victimization, including assessments and evaluations, is protected health information and will be filed in the resident's Health Record. Only authorized staff will have access to the resident's record for the purpose of program services only. CYS has posted the Rape Crisis Center and other advocacy services hotline numbers in each resident's room. For victim services, residents may contact the Department of Juvenile Justice Office of Ombudsman, Phone- 855-396-2978 (toll free) or email - djjombudsman@djj.state.ga.us or mail to 3408 Covington Highway, Decatur, Georgia 30032; Online - http://www.djj.state.ga.us/Employees/</p>

	<p>DJJDrupalOmbudsmanForm.aspx; Piedmont Rape Crisis Centers at Phone- 770-586-5423; Crisis Hotline Phone- 770-834-7273 Address - 128 West Center Street, Carrollton, GA 30117; University Hospital- Rape Crisis Services Phone- 706-724-5200 Crisis Hotline Address- 1350 Walton Way, Augusta, GA 30901.</p> <p>115.353(d): The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with the provisions of this standard.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policy 23.1; CYS Website; DJJ Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.354(a): The CYS Policy Manual establishes that third-party reporters may use "Stop Crime Online", the "Intelligence Tip Line/Form" (see DJJ Website Home Page), 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. Reporting procedures are readily available on the CYS website at https://www.cysyouth.com/copy-of-program-structure.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policies 8.5, 8.9, and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.361(a)(b)(c)(d)(e)(f): CYS Policy Manual establishes that all staff are required to report immediately and according to DJJ policy any knowledge, suspicion, retaliation, neglect, violation of responsibilities or information they receive regarding an</p>

	<p>incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. All staff are required to comply with applicable mandatory child abuse reporting laws. Apart of reporting to the designated supervisors or officials and designated State or local service agencies, CYS policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with staff confirmed their understanding of their reporting requirements and that all allegations or suspicions of sexual abuse or sexual harassment will be forwarded to the appropriate investigative office.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policies 8.9, 23.1, and 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): CYS Policy Manual establishes that if a resident is subject to a substantial risk of imminent sexual abuse, immediate action 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. There were no incidents reported where a resident was subject to a substantial risk of imminent sexual abuse within the audit period.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policy 23.1; Information Obtained from Interviews.</p>

	<p>115.363(a)(b)(c): CYS Policy Manual establishes that upon receiving an allegation that a resident was sexually abused while confined at another facility, the CYS Director will notify the head of the facility where the sexual abuse is alleged to have occurred and notify the DJJ Office of Investigations, PREA Unit. These notifications will be made as soon as possible, but no later than 72 hours after receiving the allegation. Documentation of the notification will be made. The facility indicated that they had not received an allegation that a resident was abused while confined at another facility.</p> <p>115.363(d): Any notifications to the CYS that an allegation of sexual abuse was reported to another facility and to have occurred at CYS will be promptly referred to the DJJ Office of Investigations. There were no reports of sexual abuse received by another facility that was to have occurred at CYS. This was further confirmed through an interview with the Investigations Supervisor.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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115.364 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policies 23.1 and 23.2; Information Obtained from Interviews.</p> <p>115.364(a)(b): CYS 2023 Policy Manual establishes that upon receiving notification of sexual abuse, CYS staff will separate the alleged abuser and the victim. Staff and PREA Coordinator will initiate an administrative review to collect general information regarding the incident to determine the next steps. The administrative review will be to speak to all witnesses, preserve/protect/collect evidence, ensure that the individual receives appropriate medical treatment if required, and ensure photographs are taken if appropriate. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first initial staff member to respond to the report will 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. CYS is not a secure facility and does not employ security staff; therefore, all direct care staff are trained on first responder duties and required to follow the established first responder procedures then report to the PREA Coordinator and DJJ Investigator, or local police department, if necessary.</p> <p>Based on a review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.365	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; CYS Coordinated Response Plan; Information Obtained from Interviews.</p> <p>115.365: CYS is a single residential housing facility for young adults. CYS has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed the established written institutional plan and found that it outlines the coordinated actions required of this standard. The facility trains each staff member on the written institutional plan which is then signed by the employee acknowledging their duties; a copy is then maintained in the employee's file. This exceeds the requirements of this standard.</p> <p>Based on a review and analysis of the evidence stated, the facility has demonstrated compliance and exceeded the requirement 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: CYS 2023 Policy Manual and 10/2023 Addendum; Information Obtained from Interviews.</p> <p>115.366: Based on an interview with the Executive Director, CYS 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.</p> <p>Based on the evidence stated, the facility has demonstrated compliance with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policy 23.1; DJJ PREA Retaliation Monitoring Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): CYS 2023 Policy Manual establishes that CYS has a zero tolerance for retaliation against anyone who reports or cooperates with investigations of sexual abuse or sexual harassment. Designated staff will monitor for retaliation after a report of sexual abuse or harassment and document the required monitoring on DJJ Attachment L, PREA Retaliation Monitoring Form. CYS staff will act promptly to remedy any such retaliation. Monitoring will include observation of the conduct and treatment of a resident or staff who reported the sexual abuse/harassment; resident disciplinary reports; housing decisions; program changes; negative performance reviews; or reassignments of staff. Documentation will be made including monitoring efforts and any protective measures taken, if necessary. The monitoring for retaliation shall start immediately and shall last at least 90 days. Monitoring will be completed by the PREA Coordinator and Life Coach.</p> <p>Based on a review and analysis of the evidence, the facility demonstrated compliance with all provisions of this standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.368(a): CYS is a residential home for young adults and does not have the means or intent to isolate residents. If a resident needs to be separated from other residents to keep him or others safe, one-on-one staff supervision will be provided until alternative housing can be arranged. Placement would be arranged in coordination with designated staff from DJJ. The facility is exempt from this standard based on non-applicability.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 8.42, 8.5, 22.3, 22.5, 23.1, 23.2; Specialized Investigation Training Certificates; Observations During Site Visit; Information Obtained from Interviews.

115.371(a)(b): CYS Policy Manual establishes that all allegations of sexual abuse will be administratively and/or criminally investigated by the DJJ Office of Investigations, who has legal authority to conduct criminal investigations involving DJJ assigned residents. All investigations must comply with DJJ Policy 22.3, Internal Investigations, and DJJ 8.42, Crime Scene Preservation. 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.

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 electronic monitoring data in the course of their investigation. Interviews are conducted with alleged victims, suspected perpetrators, and witnesses and investigators 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. CYS Policy Manual 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 staff interviews, as well as an interview with the Investigations Supervisor.

115.371(e)(g)(h)(i): Interview with the 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 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. The agency 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

	<p>allegation. An interview with the 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.</p> <p>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 Investigations Supervisor.</p> <p>115.371(m): Interviews with staff confirmed that they would cooperate with an investigation into any sexual abuse or harassment alleged to have occurred at the facility. The Executive Director confirmed that she would remain in contact with the Office of Investigations to remain informed about the progress of the investigation.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.372(a): CYS 2023 Policy Manual establishes that 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.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 23.1; Information Obtained from Interviews.</p> <p>115.373(a)(b)(c)(d)(e)(f): CYS 2023 Policy Manual establishes that any resident who makes an allegation that he suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Since all investigations will be conducted by an outside agency, DJJ Office of Investigations, CYS will request the required information from the agency in order to make the required notification to the resident. An interview with the Executive Director and CYS policy review confirms that the facility notifies the alleged victim whenever the alleged (staff member) perpetrator is no longer posted within the resident’s unit; the 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.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023; DJJ Policies 3.80 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): CYS 2023 Policy Manual establishes that staff 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. CYS's employee disciplinary policy for this purpose is aligned with DJJ 3.80, Employee Progressive Discipline. Termination is the presumptive disciplinary sanction for any staff member who has engaged in sexual abuse. Disciplinary sanctions for violations of agency 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 acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. CYS will adhere to the mandatory reporting policy for staff who resign under investigation of sexual abuse activity and the appropriate law enforcement agency and any relevant licensing bodies will be notified, unless the activity was clearly not criminal. There were no sexual abuse allegations involving staff at this facility during the audit period, nor</p>

	<p>any violations of the policies relating to sexual abuse or sexual harassment. Interviews with the Owner/PREA Coordinator and DJJ PREA Investigations Supervisor confirmed that violations of the agency's sexual abuse/harassment policies are taken very seriously, and employees found to have violated these policies will be held accountable.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard,</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 14.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.377(a)(b): CYS 2023 Policy Manual establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer following DJJ Policy 14.3, Citizen and Volunteer Involvement, the facility will take appropriate remedial measures and consider whether to prohibit further contact with residents. The facility has no contract employees and does not use the services of volunteers. Interviews with the Owner/PREA Coordinator, DJJ PREA Investigations Unit Supervisor confirmed that should they begin using contractors and volunteers, anyone who violates sexual abuse policies would be terminated from access to the facility and reported to law enforcement as applicable and any relevant licensing body when required.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policy 20.12, 20.20, 20.24, 22.3, 23.1; Observations During Site Visit; Information Obtained from Interviews.</p>

115.378(a)(b): CYS 2023 establishes discipline at the center to be an educational process, by which young adults are taught by staff to develop self-control, which is necessary to assume adult responsibility, make daily living decisions, and learn to conform to social/behavioral norms. Staff relationships will demonstrate qualities comparable with those expected of the young adults. Disciplinary measures for young adults at Chenault Youth Services are individualized and trauma-informed and are developed at intake and incorporated into the Safety and Behavior Management Plan. Natural consequences are used as often as possible. Disciplinary measures which involve any form of physical, verbal, or emotional abuse are not allowed and will result in disciplinary action up to, and including, termination. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Disciplinary action which meets the definition of abuse will be reported to the DJJ Office of Investigation/ Residential Emergency Phone List Contacts and may be prosecutable by law. Any substantiated allegations and subsequent discipline will be decided as a joint decision between Chenault Executive Staff, the DJJ Regional Treatment Services Specialist and the resident's Probation Officer (if applicable). This was confirmed during interviews with the Owner/PREA Coordinator and the DJJ Treatment Services Specialist. The Director of the Office of Investigations refers cases for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because no incidents were reported within the audit period.

15.378(c): Chenault does not have a formal disciplinary process and uses positive reinforcement and positive interventions such as counseling, intervention, and education programs to promote improved behavior by the resident. These services are outsourced to the appropriate community service provider. If the receiving is receiving mental health treatment, his primary clinician and the DJJ Regional Treatment Services Specialist will be consulted before any disciplinary action is taken.

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 Treatment Services Specialist.

115.378(e)(f): CYS 2023 Policy Manual establishes that resident will be disciplined for sexual conduct with staff only upon finding that the staff member did not consent to such contact; additionally, disciplinary action is prohibited for a resident reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378(g): CYS 2023 Policy Manual 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.

Based on a review and analysis of the evidence, the facility has demonstrated

	compliance with all provisions of this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 23.1; Observations During Site Visit; Information Obtained from Interviews.
	115.381(a)(b): Chenault will follow guidance provided by the DJJ Regional Treatment Services Specialist and will utilize community-based service providers for anyone resident that has a history of sexual victimization or sexual perpetration. The facility indicated no resident had a history of either victimization or perpetration within the last 12 months. All residents assigned to CYS are referred for and participate in counseling as a condition of their placement. The core provider for Chenault is Medlin Center secured through an MOU between the Center and DJJ.
	115.381(c)(d): Information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by DJJ 5.5, Health Records, and all other federal, state, and local laws. Interviews with staff who conduct the risk screening at intake confirmed that this information is collected privately and held confidentially. Medical and mental health practitioners obtain informed consent through a release of information from residents before reporting information about prior sexual victimization that did not occur in an institutional setting for residents over the age of 18.
	Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 23.1; DJJ Policy 2.10, Youth Medical Charges; Information Obtained from Interviews.
	115.382(a)(b)(c)(d): CYS 2023 Policy Manual establishes CYS will utilize the local police department and the DJJ Office of Investigations, as appropriate, for investigations for sexual abuse. Staff will secure the crime scene to minimize

	<p>potential contamination of evidence, separate victim and perpetrator and remain with the victim throughout the Emergency Response process (police/medical response), up to and including reporting to the hospital for support. CYS will refer any young adult who reports or believes to have been sexually assaulted to the hospital immediately for medical examination and treatment services. CYS has established a partnership with the Medlin Center for victims to receive therapy and emotional support services related to sexual abuse and for offenders to receive sex offending treatment. All information regarding sexual abuse and victimization, including assessments and evaluations, are protected health information and will be filed in the young adult's Health Record. Only authorized staff will have access to the young adult's record for the purpose of program services.</p> <p>Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.</p>
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<p>115.383</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policy 23.1; DJJ Policy 2.10, Youth Medical Expenses; Information Obtained from Interviews.</p> <p>115.383(a)(b)(c): CYS 2023 Policy Manual establishes CYS will refer any young adult who reports or believes to have been sexually assaulted to the hospital immediately for medical examination and treatment services. The facility, through DJJ MOU, has an agreement with Medlin Center for therapy and emotional support services related to sexual abuse and for offenders to receive sex offending treatment. The CYS Policy manual also provides reporting numbers for victim services, including: Piedmont Rape Crisis Centers Phone- 770-586-5423; Crisis Hotline Phone- 770-834-7273 Carrollton, GA Address - 128 West Center Street, Carrollton, GA 30117; University Hospital- Rape Crisis Services, Phone- 706-724-5200; Crisis Hotline, Address- 1350 Walton Way, Augusta, GA 30901; Department of Juvenile Justice, Office of Victim Services, Phone- 866-922-6360 (toll free). All information regarding sexual abuse and victimization, including assessments and evaluations, is protected health information and will be filed in the young adult's Health Record. Only authorized staff will have access to the young adult's record for the purpose of program services only.</p> <p>115.383(d)(e): Chenault only houses male residents; therefore, these provisions are not applicable.</p> <p>115.383(h): The facility will refer the resident for a mental health evaluation of all known abusers within 72 hours of learning of such abuse history and offer treatment</p>

	<p>when deemed appropriate by mental health practitioners. These services will be coordinated through the DJJ Regional Treatment Services Specialist.</p> <p>Based on a review and analysis of the evidence, 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
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 8.5 and 23.1; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c): CYS 2023 Policy Manual establishes that the facility will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team. The PREA Incident Review Team will include upper-level facility management staff, with input from line supervisors, investigators, and medical services staff or mental health practitioners. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The facility reported no sexual abuse allegations or investigations for the audit period. Therefore, no incident reviews were required. The team is comprised of upper-level management. The facility employs no medical, mental health, or investigative staff.</p> <p>115.386(d)(e): Interviews with the Incident Review Team determined that team members were knowledgeable about the information that must be considered during an incident review.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual; DJJ Policies 8.5 and 23.1; 23.1; 2022 Chenault Annual Report; DJJ PREA Annual Reports; DJJ SSV Report 2020; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): CYS 2023 Policy Manual establishes that the facility will collect accurate, uniform data for every allegation of sexual abuse in accordance with DJJ Policy 23.1 using a standardized Special Incident Report (SIR), following</p>

	<p>Policy 8.5, Special Incident Reporting. The SIR process includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. DJJ will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, including data collected from Chenault. DOJ has not requested data from Chenault, and this is their first required PREA Audit. An interview with the Owner/PREA Coordinator confirmed that data is sent monthly to the Regional Treatment Program Specialist who reports the information to the DJJ Agency's PREA Coordinator where the data is aggregated annually and published in an annual report. This was also confirmed by an interview with the Regional Treatment Program Specialist and the DJJ Agency's PREA Coordinator. Additionally, the Chenault Youth Services Annual report is available on the Chenault Youth Services website at https://www.cysyouth.com/copy-of-program-structure.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Policies 8.5 and 23.1; 2022 Chenault Annual Report; Chenault Website Review; DJJ Public Website; Information Obtained from Interviews.</p> <p>115.388(a)(b)(c)(d): During an interview with the Owner/PREA Coordinator, she 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. Chenault 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. The facility provided the 2022 Chenault Youth Services Annual Report. This report contained the facility's findings, corrective actions, and progress based on data collection and aggregation. No personally identifying data was included in the published report, nor was any redaction required. This report included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the facility's progress in addressing sexual abuse. This report was approved by the Owner. The review of the Chenault Youth Services website confirmed that the 2022 Annual report was published. The report can be located at https://www.cysyouth.com/copy-of-program-structure.</p> <p>Based on a review and analysis of the evidence provided, the facility demonstrated compliance with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: CYS 2023 Policy Manual and 10/2023 Addendum; DJJ Policies 5.1, 20.12, 20.20, 20.24, and 23.1; Chenault Youth Services Website; Chenault Youth Services 2022 Annual Report; DJJ Website; DJJ PREA Annual Report; Information Obtained from Interviews.</p> <p>115.389(a)(b)(c)(d): Based on an interview with the Owner/PREA Coordinator she explained that all sexual abuse data collected is securely retained at the facility's corporate office in a locked filing cabinet and only she and the Life Coach has access to these files. Chenault 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. An interview with the Owner/PREA Coordinator confirmed that the facility reviews their PREA processes monthly, including any allegations and related sexual abuse data. This is the first audit for the facility. The facility provided an Annual Report for 2022. This report contained the facility's findings, corrective actions, and progress based on data collection and aggregation. No personal identifying data was included in the published report and this report was approved by the Owner. The review of the Chenault Youth Services website confirmed that the 2022 Annual report was published. The report can be viewed at https://www.cysyouth.com/copy-of-program-structure.</p> <p>Based on a review and analysis of the evidence, the facility demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Chenault Youth Services Website Search; DJJ Website Search; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a)(b): Chenault is a single facility operation. This is the first year the facility has required an audit due to contractual obligations with the Department of Juvenile</p>

	<p>Justice.</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 administrative office to conduct interviews 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 on-site audit. 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 interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the auditor confidentially. During an interview with the PREA Coordinator, the auditor confirmed that the residents can correspond with the auditor in the same manner as if they were communicating with legal counsel. No correspondence was received.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Chenault Youth Services Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through an interview with the PREA Coordinator this is the first PREA audit for this facility.</p> <p>Based on the review and analysis of the evidence, the facility meets compliance through non-applicability.</p>

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.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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 not 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))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	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.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	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?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	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?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	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