

PREA Facility Audit Report: Final

Name of Facility: Living Our Lives Community Living Dublin

Facility Type: Juvenile

Date Interim Report Submitted: 05/25/2023

Date Final Report Submitted: 07/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 07/07/ 2023

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/10/2023
End Date of On-Site Audit:	04/10/2023

FACILITY INFORMATION	
Facility name:	Living Our Lives Community Living Dublin
Facility physical address:	200 North Street , Dublin , Georgia - 31021
Facility mailing address:	Post Office Box 703, Gordon, Georgia - 31031

Primary Contact	
Name:	Pamela
Email Address:	preaves@living-our-lives.com
Telephone Number:	4784576226

Superintendent/Director/Administrator	
Name:	Pamela Reaves
Email Address:	preaves@living-our-lives.com
Telephone Number:	478-457-6226

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	10
Current population of facility:	5
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	15-17
Facility security levels/resident custody levels:	MWO 1:5 staff ratio within eye contact
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently	1

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

AGENCY INFORMATION	
Name of agency:	Living Our Lives Community Living, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	200 North Street , Dublin , Georgia - 31021
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	David Reaves	Email Address:	dreaves@living-our-lives.com

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and</p>

include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.317 - Hiring and promotion decisions
- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.351 - Resident reporting

Number of standards met:

38

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:	2023-04-10
2. End date of the onsite portion of the audit:	2023-04-10

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:	DJJ Victim Services Director

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	10
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	1
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:	4
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>No text provided.</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>19</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>No text provided.</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>4</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor interviewed all youth assigned to the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </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):	The auditor interviewed all youth assigned to the facility.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</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>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</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>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the Owner/CEO, PREA Coordinator, and HSP who confirmed there were no youth meeting this targeted category. During the youth interviews and site visit the auditor observed nothing that would indicate otherwise.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor interviewed all youth assigned to the facility.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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 employs 19 staff. The majority of direct care staff work part-time hours. Due to the small number of staff and the delegation of responsibilities at the facility, all staff interviewed were asked the random staff questions as well as their respective specialized questions.</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>	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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.	The facility has no volunteers or contractors.

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
--	--

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
---	--

<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>This was the facility's first PREA audit and required as a result of the contractual agreement with the Georgia Department of Juvenile Justice (DJJ). The facility has newly established policy, protocols, and practices to comply with the PREA. In addition to development of its own body of policies, the facility is subject to the requirements of DJJ policies and procedures, where applicable to their type of facility. The facility is a group home and not a secure facility. Community service providers are used for many of the services required of the PREA and are coordinated through and with assistance of DJJ when needed.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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 DJJ when needed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were none.

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were none.</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>The facility had no sexual abuse or sexual harassment allegations within the audit period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Identify the entity by name:

The Georgia Department 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: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Policies 1.2, 23.1, 23.2; Facility Policy 115.311; Organizational Chart; Information Obtained from Interviews.</p> <p>115.311(a): The Living Our Lives Youth Home (further referred to as Living Our Lives) contracts with the Georgia Department of Juvenile Justice (DJJ) to house youth and is not a confinement facility. As a result, Living Our Lives is subject to the DJJ policies and procedures. Living Our Lives has a policy, 115.311, that establishes zero tolerance towards all forms of sexual abuse and sexual harassment. Living Our Lives strictly prohibits any form of sexual activities involving youth with other youth and youth with staff, visitors, contractors, and volunteers. Such conduct is subject to administrative and disciplinary sanctions, termination, and criminal prosecution. In addition to the established policy, the facility's commitment to zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct is further evidenced by publishing its zero-tolerance statement to the facility's public website along with PREA Related Links.</p>

	<p>115.311(b): Living Our Lives is a single facility operation and employs an upper-level PREA Coordinator, David Reaves. Based on an interview with the PREA Coordinator, he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all DJJ facilities. He involves all facility staff in the PREA implementation and compliance efforts. The auditor's review of the Living Our Lives organization chart found Mr. Reaves is listed as the designated PREA Coordinator, and is an executive member of the organization.</p> <p>115.311(c): Living Our Lives is a single facility; therefore, not required to designate a Compliance Manager in addition to the PREA Coordinator. This provision is not applicable.</p> <p>A review and analysis of the stated evidence evidence finds the facility demonstrated compliance with all provisions of this standard and exceeded provision (a) based on the information found on the facility's public website.</p>
--	---

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence: Information Obtained During Interviews.</p> <p>115.312(a)(b): living Our Lives does not contract for the confinement of residents based on an interview with the Owner and PREA Coordinator; 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: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.313; DJJ Policy 23.1 Attachment A, Facility Staffing Plan; Staffing Schedules; Unannounced PREA Rounds Documentation; Information Obtained from Interviews; Personal Observations During Site Visit.</p> <p>Evidence Reviewed for CAP: Current Annual Staffing Report; Interviews.</p> <p>115.313(a)(b)(d): Living Our Lives Policy 115.313 establishes that the facility follows protocols, policies, and procedures of the PREA standard 115.313 using guidance</p>

found in DJJ Policy 23.1 which states that facilities will develop, implement, and document an approved staffing report that provides for adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse. Each time the staffing plan is not complied with, the facility will document and justify all deviations from the staffing plan. The facility is required to review, make adjustments, and complete the Facility Annual Staffing Report. The facility provided a Living Our Lives Annual Staffing Report template with the PAQ, but it had not been completed, dated, or signed by the Director or PREA Coordinator. As a result, the template did not provide adequate evidence that the staffing plan was implemented during the full audit period. During the Post Audit period the facility provided a completed and signed Annual Staffing Report dated April 12, 2023. The facility explained on the PAQ and during interviews that there were no deviations from the staffing plan because they always maintain the minimum number of staff required to maintain the ratios of staff to youth. Because the facility did not provide sufficient evidence that the staffing plan was developed and implemented for the 12 months of the audit period, the facility was found non-compliant with provision (a) and will enter a 180 day corrective action period to remedy this deficiency.

Corrective Action: The facility provided written assurance that the staffing plan, while not in written format, was in place throughout the audit period. An interview with the Director and PREA Coordinator confirmed they are now aware that this report must be reviewed at least annually, and that all elements of provisions (a) and (d) be considered and documented.

115.313(c): Living Our Lives Policy 115.313 establishes that the facility will maintain staffing ratios of a minimum of 1:5 during resident wake hours and 1:5 during sleep hours. Only approved staff members with PREA training can be counted in the supervision ratio. The facility will document this information daily in the logbook. Any time the staffing plan is not complied with, the facility will document and revise, reprint, and repost a new schedule to follow. The required staffing ratios will always be maintained. The facility provided work schedules and logbook entries that indicates compliance with staffing ratios. The auditor also confirmed consistency with maintaining these staffing ratios during interviews with staff and youth. In the last 12 months, the facility has not deviated from the required staffing ratios based on logbook documentation. The facility documents when there is a schedule or shift change, but there are never deviations from maintaining the required minimum staff-to-youth ratio. The auditor reviewed staffing schedules for the audit period and interviewed 7 random staff and youth confirming that the appropriate ratios are maintained. Living Our Lives does not employ security personnel; therefore, only non-security staff are calculated in the ratios. Living Our Lives is not a secure facility.

115.313(e): Living Our Lives Policy 115.313 establishes that the Director, HSP, and PREA Coordinator will conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. At least two unannounced rounds will be conducted after 12:30 a.m. and no later than 4:30 a.m. per month. Staff is prohibited from alerting other staff of such rounds. All such rounds must be documented on an Unannounced

	<p>PREA Rounds Form and maintained in a binder for PREA audits. An interview with the Director, PREA Coordinator, and Human Service Professional (HSP) found that the facility implemented these unannounced rounds and provided documentation of these rounds for each month from September 2022 through March 2023. The auditor reviewed fifteen random Shift Summary Logs and current logs during the site visit verifying that regular staff rounds are made and documented every 15 minute intervals.</p> <p>Based on the review of the evidence provided, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed: Living Our Lives Policy 115.315; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.315(a)(b)(c)(f): Living Our Lives Policy 115.315 establishes that staff are prohibited from conducting hand-on-pat searches, strip searches, and visual body cavity searches of any youth, regardless of gender. All searches of youth, when required, will be conducted while the youth is clothed, and with the use of a hand-held metal detector. Interviews with the Director, PREA Coordinator and facility staff and all youth assigned to the facility confirmed that no hand-on-pat searches, strip searches, or visual body cavity searches ever occur. Direct Care staff (7) interviewed stated they have been trained to use the hand-held metal detector for searching youth for contraband.</p> <p>115.315(d): Living Our Lives Policy 115.315 establishes that the facility shall enable youth to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine room checks. Additionally, staff members of the opposite gender are required to announce their presence when entering the hallway. The auditor observed the bedrooms and bathrooms used by the youth and found these areas allowed for privacy. The auditor interviewed 7 staff and 5 youth who all confirmed that the youth are able to use the restroom, change clothes, and take a shower privately, and without being viewed by staff of the opposite gender. They further confirmed that all staff announce their routine rounds prior to entering the bedroom area.</p> <p>115.315(e): As noted above, Living our Lives Policy 115.315 establishes that the facility shall not conduct, under any circumstances, hand-on-pat searches, strip searches, or visual body cavity searches of any youth, regardless of gender. The</p>

	<p>policy also establishes that body searches for the sole purposes of determining the youth's genital characteristics is prohibited. If a youth's gender is unknown, it may be determined during conversations with the youth, 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 Director and 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>
--	--

<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: Living Our Lives Policy 115.316; DJJ Policy 13.32, Special Education Services; DJJ Policy 15.10, Language Assistance Services; DJJ Policy 23.1, Prison Rape Elimination Act; PREA Posters and Handouts (English/Spanish); DJJ Website Translations; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.316(a): Living Our Lives Community Living 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 facility'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. Upon receiving a referral for a youth, Living Our Lives will conduct an internal meeting to determine if the facility can meet the needs of the youth. In the event a youth that has been admitted has Special Needs or Intellectual Disabilities such as deaf or blind, Living Our Lives Community Living, the Director will ensure interpretive service providers are readily available for all staff on duty in accordance with DJJ 15.10, Language Assistance Services.</p>

	<p>115.316(b): Living Our Lives Community Living will take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Prior to a youth being assigned to Living Our Lives Community Living, an internal meeting to determine if the facility can meet the needs of the youth. Any accommodative services to meet the needs of a youth who is LEP would be coordinated with DJJ and utilizing services obtained through DJJ and following DJJ Policy 15.10, Language Assistance Services. DJJ Policy 15.10, Language Assistance Services, may be used to ensure that youth who are LEP can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. An interview with the Director and PREA Coordinator confirmed that there have been no youth admitted to the facility within 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 youth as needed.</p> <p>115.316(c): Living Our Lives Community Living will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. The facility will coordinate with the Regional Treatment Services Specialist as needed to obtain interpreter services which may be provided by staff or through community interpreter services. Youth requiring interpretation services will receive services in accordance with DJJ Policy 15.10. The Director will ensure that the contact information for the interpretive service providers is posted in the office area for access by all staff if an LEP youth is admitted to the facility. There were no instances where resident interpreters, readers, or other resident assistants were used or needed during the audit period. 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>
--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: Living Our Lives Policy 115.317; DJJ Policies 3.52, 5,9,14.3, 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; Observations During Site Visit; Information

Obtained During Interviews.

Evidence Reviewed for CAP: Memorandum RE: 115.317 from Owner-CEO; PREA Questionnaire for Prior Institutional Employers Form; Information Obtained from Interviews.

115.317(a)(b): Living Our Lives Policy 115.317 establishes that the facility shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in 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. Additionally, Living Our Lives shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Living Our Lives is subject to the Hiring Policies and Practices of DJJ. Policy 23.1 establishes that facilities will not hire or promote anyone who has been found guilty of sexual abuse or sexual misconduct and sexual harassment. DJJ must determine if all prospective employees and employees being considered for promotions have any allegations of sexual assault, sexual harassment, and any civil/administrative liabilities for sexual misconduct before employment and promotion.

115.317(c)(d): Living Our Lives Policy 115.317 establishes that before hiring new employees who may have contact with residents, Living Our Lives shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Living Our Lives makes its best effort to contact all prior institutional employers for a reference check; however, it was learned during interviews that the reference check does not include information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to hiring. DJJ Policy 23.1 states that all new hires and employees being considered for promotion will have a background investigation completed following Policy 3.52, Background Investigations. DJJ Policy 3.52 requires reference checks to be conducted following DJJ Policies 3.51 and 5.9. Based on the auditor's interviews with direct care staff, two of the staff disclosed that they had worked within a prison setting prior to being employed at Living Our Lives. The facility had an obligation to contact the prior institutional employer for these two employees to inquire about any substantiated sexual abuse allegations or resignations during an investigation but did not. The facility reported there was 1 new hire at the facility who may have contact with youth during the audit period. The Auditor reviewed the hiring packet for this employee and found that a background check, sex offender registry check,

parolee check, and child abuse registry check was conducted before being employed. There have been no promotions within the last 12 months. The facility does not use services of contract staff. Based on an interview with the Director, any maintenance contractor that are 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. Living Our Lives provided no evidence that prior institutional employers are contacted to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to hiring required by provision (c). As a result, the facility entered a 180-day corrective action period to correct this deficiency. To become fully compliant, the facility was required to demonstrate implementation of procedures to ask for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Corrective Action Taken: The facility developed and implemented the use of a form, PREA Questionnaire for Prior Institutional Employers, that includes asking for information on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. A written statement from the Owner/CEO further confirms that the Human Services Director has been advised to implement this form immediately for all new applicants who will be working directly with youth. This action brings the facility into compliance; additionally, by asking prior institutional employers for information on substantiated allegations of sexual harassment, or any resignation during a pending investigation of an allegation of sexual harassment the facility has gone above and beyond the standard's requirements.

115.317(e): Living Our Lives Policy 115.317 establishes that the facility shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents. All employees who have been with the facility more than five years have had current criminal background checks conducted.

115.317(f): Living Our Lives Policy 115.317 establishes that the facility shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in 115.317(a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Living Our Lives also imposes upon employees a continuing affirmative duty to disclose any such misconduct. All employees are required to sign the DJJ 23.1 Attachment D form that specifically includes the misconduct described in 115.317(a). The facility provided updated signed DJJ 23.10 Attachment D forms for 19 employees for the auditor's review. An interview with 10 staff confirmed that they are aware of the continuing affirmative duty to report any misconduct.

115.317(g): Living Our Lives Policy 115.317 establishes that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. An interview with the Human Resources Manager (HRM)

	<p>confirmed that applicants/employees who are discovered to have misrepresented information during their hiring process will be terminated.</p> <p>115.317(h): Living Our Lives Policy 115.317 establishes that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. An interview with the HRM confirmed that if a prospective employer requests information involving substantiated allegations of sexual abuse or sexual harassment involving a former employer that she would forward the request to DJJ Office of Investigations for them to provide a response. An interview with the DJJ Office of Investigations PREA Unit Supervisor confirmed that this would be the proper procedure to follow and that his office would provide a response.</p> <p>Based on a review and analysis of the stated evidence the facility has demonstrated compliance with all provisions of this standard and exceeded provision (c) by asking for information on substantiated allegations of sexual harassment, or any resignation during a pending investigation of an allegation of sexual harassment.</p>
--	---

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Observations During Site Visit; Information Collected During Interviews.</p> <p>115.318(a)(b): Based on an interview with the Director and PREA Coordinator, Living Our Lives has had no expansion or modification to the facility since inception; however, the facility has installed a video monitoring system to monitor activities at the facility and to enhance its ability to protect youth from sexual abuse. There are 42 cameras at the facility and the auditor observed the capabilities of the system and placement of cameras. These cameras were placed to enhance the facility's ability to maintain a safe environment for youth and staff.</p> <p>Based on review and analysis of the evidence stated, the facility has demonstrated compliance with all provisions of this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: Living Our Lives Policy 115.321; DJJ Policies 2.10, 8.42, 22.3; 23.2; 23.3 and 23.1; DJJ MOU - Child Advocacy Center (CAC); Observations During Site Visit; Information Obtained from Interviews.

115.321(a)(b): Living our Lives Policy 115.321 establishes that if staff members have any knowledge, suspicion, or information receive regarding sexual or sexual harassment it must be immediately reported to DJJ Office Of Investigations PREA Unit. Living Our Lives 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. The Auditor reviewed DJJ Policy 8.42, which outlines the agency's uniform evidence protocol, and interviewed the Criminal Investigator Supervisor, who oversees all PREA investigations. The DJJ's uniform evidence protocol is developmentally appropriate for youth.

115.321(c): Based on interviews with the Director and PREA Coordinator, Living Our Lives will ensure that all youth 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 (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility 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. Victims of sexual abuse would be referred to Fairview Park Hospital in Dublin, which is the hospital identified by the Director that would be used for a forensic examination. 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. The youth will be transported to the local hospital for treatment following DJJ Policy 23.2, Sexual Assault. Forensic medical examinations and treatment services are offered without financial cost to the youth in accordance with DJJ Policy 2.10, Youth Medical Expenses. There were no forensic medical examinations conducted during the audit period.

115.321(d)(e)(h): Living Our Lives has identified a staff child advocate that will be provided if the hospital does not have staff rape crisis staff available. Additionally, the facility may access resources available through DJJ contracts and agreements for these services. DJJ Policy 23.1 establishes that the facility, through 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 youth with access to outside victim advocates for emotional support services related to sexual abuse. As requested by the victim, the victim advocate or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals which will

	<p>be coordinated with the DJJ Regional Treatment Services Specialist.</p> <p>115.321(f): Living Our Lives is not responsible for investigating administrative or criminal allegations of sexual abuse. Allegations will be referred to and investigated by the DJJ Office of Investigations. Based on the auditor's review of their investigative policy and interview with the PREA Investigations Supervisor, the requirements of paragraphs (a) through (e) of standard 115.321 are followed.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	---

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Living Our Lives Policy 115.321/.371; DJJ Policies 8.5, 22.3, and 23.1; DJJ Website Search; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Living our Lives Public Website</p> <p>115.322(a)(b)(c): Living Our Lives Policy 115.322/.371 establishes that an administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. All allegations will be referred for investigation to the DJJ Office of Investigations, PREA Unit who has legal authority to conduct criminal investigations involving DJJ assigned youth. All allegation referrals will be documented promptly in an incident report. Living Our Lives staff will contain evidence and take emergency precautions to protect the victim until the Office of Investigations takes control of the scene and/or provides further instructions. Living Our Lives will follow the guidance of DJJ policies and procedures with regard to investigations. DJJ Policy 23.1 establishes that all allegations of sexual abuse or sexual harassment are referred for investigation following DJJ Policy 8.5, Special Incident Reporting. The DJJ Director of Investigations ensures that all claims of sexual abuse and sexual harassment on DJJ property or in a community residential program, including third-party and anonymous reports, are investigated. The Office of Investigations follows the procedures in DJJ Policy 22.3, Internal Investigations. Based on interviews with the PREA Coordinator, DJJ PREA Investigations Supervisor, and random staff, all allegations would be referred for investigation, and referrals would be documented in an incident report. The facility indicates there were no sexual abuse allegation reported to have occurred 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. Living Our Lives has a public website; however, their investigative policy is not published to its public website. As a result the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to post their investigative policy on their public website.</p>

	<p>Corrective Action Taken: The facility has posted their investigative policy on their public website. This action brings the facility into compliance.</p> <p>Based on review and analysis of the 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: Living Our Lives Policy 115.331; DJJ Policies 3.22, 4.1, 4.5, and 23.1; Gender Responsive Training PowerPoint; Modules 1-6 PREA Training Curricula; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Training Records; Signed PREA Acknowledgement Forms; Information Obtained from Interviews; Revised Policy 115.331.</p> <p>115.331(a)(b)(c)(d): Living Our Lives staff is subject to the same PREA training requirements in DJJ Policy 23.1 that establishes all staff must be able to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures. Through employee signature or electronic verification, employees document that they understand the training they have received which is provided through DJJ Modules 1-6 PREA Training Curricula. This curricula includes dynamics of sexual abuse and sexual harassment in juvenile 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 comply with mandatory reporting laws; communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and on relevant laws regarding the applicable age of consent. Training taken within the DJJ computer- based system captures the signed acknowledgement electronically and the employee can print a certificate of training. During the site visit the auditor observed PREA information posters visible throughout the house and in administrative areas. Interviews with the Director, PREA Coordinator, HSP, HRM, and 7 Director Care staff confirmed they had received the DJJ PREA and knew what to do in the event of an incident. The auditor reviewed samples of training documents while onsite, but did not received all the documented evidence of employee training requested by the auditor during the post-audit period. Additionally, the facility's policy indicated that PREA training would be conducted every two years and that no refresher training would be provided between the training years. As a result the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to provide the auditor with the training documents requested;</p>

	<p>provide signed PREA acknowledgement forms for all employees; and update the facility policy to include annual training consistent with the DJJ Policy 23.1 requirements.</p> <p><u>Corrective Action Taken:</u> The facility provided training records for 19 employees indicating both past and current training along with signed acknowledgement forms for each. This demonstrated training is consistently taken annually. Additionally, the facility revised its Policy 115.331 to require annual PREA training, consistent with the requirements found in DJJ Policy 23.1.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	---

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.332; DJJ Policies 14.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.332(a)(b): Living Our Lives Policy 115.332 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. An interview with the Director and the HRM confirmed that the facility would follow the guidance set forth in 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 has no contract employees and does not use the services of volunteers. Any service contractor solicited to perform work onsite will always be scheduled when the youth are away from the facility or the youth 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
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Reviewed: DJJ Policies 15.4, 23.1, and 22.1; Completed PREA

Acknowledgement Statements; Break the Silence Poster English/Spanish; Training Curricula End Silence, Intake Flyer English/Spanish; Youth Safety Pamphlet (PREA); Zero Tolerance How-To-Report poster; Youth Poster No Means No English/Spanish; Video: PREA Youth Education; Observations During Site Visit; Information Obtained from Interviews.

115.333(a)(b)(e): Living Our Lives utilizes published material provided by the DJJ and follows guidance from their related PREA education policies. The facility's HSM meets with each youth individually upon their arrival to the facility. On day one, during their orientation staff provides the youth with the Youth Safety Pamphlet authorized by DJJ. Additionally, the youth watches the PREA Youth Education Video and is allowed to ask questions of the staff after the information is delivered. Each youth signs the PREA Acknowledgement Statement (DJJ form 23.1, Attachment H) which is retained in the youth's file in a locked filing cabinet in the administrative office. The auditor reviewed the video and the informational handouts, including the facility handbook, and found that the information provided is comprehensive and age-appropriate, advising youth of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The facility indicated that 29 residents were received in the past 12 months, and all received this information at intake/orientation. The auditor was provided records for 9 youth (5-prior/ 4-current) indicating they received the training on day one as described above. During the post-audit period the facility provided records for 3 additional youth who were admitted to the facility since the site visit. During the auditor's interviews with 4 youth, who were onsite during the audit, they confirmed they were informed of the zero-tolerance policy and how to report incidents of sexual abuse or harassment and watched the video during intake upon arrival at the facility.

115.333(c): Living Our Lives is a single facility and youth are provided the comprehensive PREA training even if they have received it at secure facility prior to their arrival.

115.333(d): Living Our Lives 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 youth being assigned to Living Our Lives decisions are made in collaboration with the Regional Treatment Services Specialist based on the needs of the youth and if assignment to this facility will be a good fit. Any accommodative services to meet the needs of a youth who may be hearing, visually, or cognitively impaired would be coordinated with DJJ and utilizing

	<p>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 youth who are deaf, or disabled can report sexual abuse to staff directly, through interpretive technology, or non-youth interpreters. DJJ Policy 23.1 states that the facility will use DJJ Policy 13.32, Special Education Services, and its definitions of disabilities to provide age-appropriate and disability services to youth by special education instructors. In consultation with the Education Principal/Lead Teacher, each Director will ensure that education staff develops guidelines that will assist youth with disabilities in delivering PREA information. The auditor interviewed six youths and determined that none required special accommodations regarding access to PREA programs. An interview with the PREA Coordinator confirmed that there have been no youth admitted to their facility requiring any special needs accommodations with during the delivery of PREA training. Additionally, an interview with the Regional Treatment Services Specialist confirmed that special accommodations would be made available to youth 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. Additionally, handout literature was observed in the main common room where youth gather, have meals, and meet with staff. A supply of this literature was also posted and available in the administrative office. A copy of the facility handbook is also readily available in the main common room.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	---

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DJJ Policy 23.1; Training Certificates; Case File; Information Obtained from Interviews.</p> <p>115.334(a)(b)(c)(d): The facility conducts no administrative or criminal investigations of sexual abuse. The auditor interviewed the PREA Coordinator and DJJ Office of Investigations PREA Unit Supervisor and confirmed that Living Our Lives has no investigators and does not investigate allegations of sexual abuse. All investigations are conducted by the DJJ Office of Investigations PREA Unit. 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</p>

	<p>Office for prosecution, and Internal Investigations. All DJJ PREA investigators must also complete the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" within 60 days after the hire date. The DJJ Office of Investigations has a PREA Unit to Investigate PREA allegations statewide comprised of a Team of four investigators and a supervisor. The Auditor reviewed the training records provided for all five investigators to indicate their completion of basic PREA and annual refresher training and certificates documenting their completion of the NIC investigator's training.</p> <p>Based on a review and analysis of the stated evidence, the facility meets compliance through non-applicability.</p>
--	--

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.33(a)(b)(c)(d): The facility employs no medical or mental health staff. The auditor interviewed the PREA Coordinator confirmed that Living Our Lives 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 due to non-applicability.</p>

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Living Our Lives Policy 115.341; DJJ Policies 11.1, 11.2, 12.10, 15.6, 17.1, 23.1, and 23.3; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.341(a): Living Our Lives Policy 115.341 establishes that as soon as possible, but always within 72 hours of a youth's arrival to a facility, the HSP will obtain and use information collected from the risk screening during intake and information available to them about each youth's personal history and behavior to reduce the risk of sexual abuse. The facility indicates that 29 youth entered the facility within the past 12 months. The auditor reviewed 9 youths' records onsite (5-prior/ 4-current) and found that all had risk assessments completed within the same day</p>

of their arrival to the facility. Additionally, the facility provided records for 3 youth who were admitted to the facility during the post-audit period which also indicated the screening instrument was completed on the same day of arrival. Screening youth within 24 hours exceeds the requirement to conduct the screening within 72 hours.

115.341(b)(c): Living Our Lives 115.341 follows guidance from DJJ Policy 23.1, The facility uses a paper instrument based on the DJJ PSR. Auditor reviewed the instrument and found the instrument to be objective and to ascertain the required information delineated in this provision, including prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex (LGBTI), and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the youth's perception of vulnerability; and any other specific information about the individual youth that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other youths. Interviews with the Director and HSP confirmed that all questions from the risk screening instrument are covered with each youth based on their assigned sections, the collective of information is computed to determine a youth's risk level.

115.341(d): This information shall be ascertained through conversations with the resident during the intake process and from information obtained from the youth's DJJ placement coordinator.

115.341(e): Interviews with the Director and HSP confirmed that facility controls the dissemination of the youth's information by dissemination of information by sharing information with only those parties who have a need to know for treatment and safety purposes. The auditor observed the youth's files are maintained in a locked filing cabinet in the administrative office. During staff interviews, the auditor confirmed that all staff is aware of the sensitivity of PREA related information and the need to distribute it to only those parties with a need to know, and as dictated by policy or situation requirements.

Based on the review and analysis of the evidence, the facility is compliant with all provisions of this standard. Additionally, since the initial screenings are consistently conducted within 24 hours, the facility exceeds provision (a).

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Living Our Lives Policy 115.342; DJJ Policies 23.1 and 23.3; Observations During Site Visit; Information Obtained During Interviews.

115.342(a): Living Our Lives Policy 115.342 establishes that youth will be housed based on an authorized housing assignment plan criteria approved by DJJ Statewide Residential Program Coordinator. Housing, bed, program, education, and work assignments are based on information obtained from assessments and screenings. The facility makes individualized determinations about how to ensure the safety of each youth. The PCM will disseminate the results of the PREA Screening Report as needed to staff who have a need to know in order to ensure the safety of all youth. Youth at the Living Our Lives are under direct supervision with 15 minute checks by staff. Each room accommodates two-youth occupancy. Interviews with the Director and HSP confirmed that room assignments are made based on consideration of all information as it pertains to keeping all youth safe. The youth interviews confirmed that they can talk to staff if they are having problems with a roommate and adjustments can be made if necessary.

115.342(b)(h)(i): Living Our Lives will not isolate youth. If a youth cannot live safely at the facility, a staff member will directly supervise the youth until an alternate placement can be arranged in coordination with DJJ.

115.342(c): Living Our Lives Policy 115.342 establishes that LGBTI (lesbian, gay, bisexual, transgender, intersex) youth will not be placed in particular housing, bed, or other assignments solely based on such identification or status, nor will the facility consider LGBTI identification or status as increasing the risk of being sexually abusive.

115.342(d)(e)(f)(g): Living Our Lives makes placement decisions in collaboration with DJJ Residential Program Coordinator when assigning a transgender or intersex youth to a male or female facility. Staff considers on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. Such placements and programming assignments will be reassessed monthly, or sooner if necessary, to review any threats to safety experienced by the youth. Serious consideration is given to the youth's views concerning their safety. Interviews with the Director and HSP confirmed that each youth is assessed individually considering all information available to staff and the youth's own perception of safety and needs when making decisions about where they will be housed. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. All youth at the facility are allowed to shower separately and privately from other youth based on observations of the shower areas, and interviews with staff and youth. There were no transgender or intersex youth assigned to the facility at the time of the site visit to interview, and the facility has not had any assigned during the audit period.

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

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Living Our Lives Policy 115.351; Policies 15.2, 15.3, 15.4; 15.5, 15.6, 15.7, 15.9, 17.1, 23.1, and 8.5; See Something Say Something Pamphlet; Observations During Site Visit; Information Obtained from Interviews.

115.351(a)(b)(d): Living Our Lives Policy 115.351 establishes that the facility will follow guidance provided by DJJ in providing multiple internal ways for youth to report sexual abuse, retaliation by other youth or staff for reporting sexual abuse, and violation of responsibilities that may have contributed to an incident of sexual abuse that is easily understood, private, and secure. Youth assigned to Living Our Lives may use a grievance form; tell a staff; tell their community case manager; tell any community based medical or mental health provider; tell the Program Director/PCM; tell their Parent/Guardian, tell a Chaplain or Minister; or any trusted adult. Youth may also call the external toll-free number to the National Sexual Abuse Hotline; the DJJ Office of Victim Services, toll free at 1-866-922-6360; the DJJ Ombudsman Office toll free at 1-855-396-2978. Written correspondence is also an acceptable avenue for residents to report sexual abuse and harassment outside the facility. Youth can report through written correspondence to the DJJ Ombudsman Office, 3408 Covington Highway Decatur, GA 30032. The facility ensures that youth's correspondence addressed to the designated external reporting entity remains unopened. Youth are provided paper and writing instruments necessary to make a written report. Reports made to the DJJ are all considered external to the Living Our Lives and an interview with Victim Services Director confirmed that any report they receive of sexual abuse will be immediately forwarded the Office of Investigations and the facility will be notified, keeping the reporter anonymous, if requested by the youth. The auditor observed postings throughout the facility, in common areas, and in administrative areas of postings containing these reporting methods. In addition to signage, reporting method information is available through pamphlets and in the resident handbook. As this is a group home, the telephone line is unmonitored and direct calls may be made. However, to mitigate improper usage of the telephone it is not posted in a general area for use at will. Interviews with Management Team and random staff confirmed that If a youth requests to use the, it is permissible. Additionally, while a grievance form may be used to report sexual abuse, the Director and PREA Coordinator explained that sexual abuse will not be processed through the grievance procedures, but handled through the investigative process. Interviews with the youth confirmed that they have access to paper and writing utensils, and they have been explained by staff multiple ways to report sexual abuse. The facility does not house youth detained solely for civil immigration purposes.

115.351(c): Living Our Lives Policy 115.351 establishes that the facility shall comply with DJJ 8.5, Special Incident Reporting when reporting sexual abuse and sexual harassment, including verbal, anonymous, and third-party report. All staff, having first knowledge of an incident or receiving a report of an alleged incident will report immediately as outlined in the specific protocols and follow up with a written report.

	<p>The staff member filing the incident report will verbally report the incident to the Director, PREA Coordinator, or HSP. The staff member will record this notification in the incident report. Interviews with staff confirmed that they would accept reports made verbally, in writing, anonymously, and from third parties and that they will promptly document any report in an incident report.</p> <p>115.351(e): Living Our Lives Policy 115.351 establishes procedures for staff to 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 any of the methods available to the youth outlined in section (a)(b)(d) above. Staff is informed of these procedures through policy and training annually. Staff interviews confirmed they are aware they may go outside of their chain of command should they feel it is necessary and privately report sexual abuse and sexual harassment of youth.</p> <p>Based on a review and analysis of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.342; Grievance Complaint Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.352(a): Living Our Lives Policy 115.342 establishes that youth are allowed to submit a grievance form regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. If an allegations 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. A review of the Grievance Complaint Form clearly states "If a youth is sexual harassed or sexually abused, immediately report it to the DJJ for Investigation". 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 HSP, and language in the facility's grievance process policy, the agency 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

Evidence Reviewed: Living Our Lives Policy 115.363; 2021 CSEC Response Pamphlet; CSEC Response Contact Sheet; Children's Healthcare of Atlanta, Stephanie V. Blank Center Agreement; MOU Observations During Site Visit; Information Obtained from Interviews.

115.353(a)(b)(c): Living Our Lives provides residents with access to outside victim advocates for emotional support services related to sexual abuse and coordinates these efforts with the Regional Treatment Services Specialist. Living Our Lives does not house youth detained solely for civil immigration purposes. The facility allows reasonable communication between residents and these organizations and agencies, in a confidential manner. Telephone calls are not monitored or recorded and mail to these organizations will not be opened or inspected by staff.

115.353(c): Living Our Lives does not have a formal agreement with the community service providers but is able to utilize the resources available through DJJ who partners with Georgia's Commercial Sexual Exploitation of Children (CSEC) for advocacy services. As the CSEC Response provider for the state of Georgia, the CSEC Response Team, a program of the Children's Advocacy Centers of Georgia, provides direct services for victims in the form of assessment, intensive case management, and advocacy; and facilitates training and outreach to help build infrastructure and community capacity at their 52 child advocacy centers. DJJ also partners with Children's Healthcare of Atlanta, Stephanie V. Blank Center, a child advocacy service providing comprehensive medical and forensic evaluations, behavioral health assessments and counseling, and medicine and distance learning. In addition, the National Sexual Assault Hotline (RAINN) will provide phone counseling services through the posted hotline number. Staff informs youth during intake and before giving them access to outside support services of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The facility has an MOU with First Choice Behavioral Health in Rentz to provide emotional support services related to sexual abuse and other behavioral health needs. Additionally, a qualified staff advocate has been identified who is also available to youth for emotional support and posters are displayed in common areas of the facility. Youth are allowed reasonable communication with these entities and in a confidential manner. This information is covered during orientation with the youth upon arrival to the facility and is posted on the bulletin board in the common area. Youth interviewed by the auditor were aware of these services and how to access them.

115.353(d): The facility provides youth with reasonable and confidential access to their attorneys or other legal representation and their parents or legal guardians. This contact is coordinated with DJJ, as needed.

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

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives 115.354 Policy; Policy 23.1; DJJ Website Search; Observations During Site Visit; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP:</p> <p>115.354(a): Living Our Lives Policy 115.354 establishes that Living Our Lives utilizes the third-party reporting method developed and provided by DJJ and outlined in DJJ Policy 23.1. This policy establishes that a staff, parent/guardian, youth in the community, or a residential community placement may use Stop Crime Online, the Intelligence Tip Line/Form, or any other third-party private reporting method to report sexual abuse, sexual harassment, and retaliation. DJJ honors all anonymous third-party private reporting. Inquiries and complaints may be submitted to DJJ Ombudsman's office by email at djjombudsman@djj.state.ga.us or by calling 1-855-396-2978. This information is available on the DJJ public website. Living Our Lives has a public website but does not have the third-party reporting methods posted publicly. As a result the facility entered a 180-day corrective action to remedy this deficiency. To become compliant, the facility was required to publish publicly, on their public website, information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Corrective Action Taken: The facility has published on their public website the required information of how to report sexual abuse and sexual harassment on behalf of a resident. The information can be found at https://www.livingourlives.org/child-care-resources/prison-rape-elimination-act-prea.</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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Living Our Lives Policy 115.361; DJJ Policies 8.5, 8.9, and 23.1;

Observations During Site Visit; Information Obtained from Interviews.

115.361(a)(c): Living Our Lives Policy 115.361 establishes that the facility requires all staff to report immediately in accordance with DJJ 8.5, Special Incident Reporting, and DJJ 8.9, Child Abuse Reporting, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff and practitioners are required to report sexual abuse to designated supervisors. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. Interviews with the Director, PREA Coordinator, HSP, and 7 Direct Care staff confirmed their knowledge to immediately report any allegations of sexual abuse that they become aware of and that the report and subsequent notification must be documented in an incident report.

115.361(b)(d)(e): Living Our Lives Policy 115.316 establishes that upon receiving an allegation of sexual abuse, the Director, PREA Coordinator or HSP will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/legal guardian; unless the facility has official documentation showing the parents/legal guardians should not be notified. If a youth is under the guardianship of the Child Welfare System, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the Director, PREA Coordinator or HSP shall report the allegation to the youth's attorney of record within 14 days of receiving the allegation. According to DJJ Policy 8.9, reportable incidents to the Department of Family and Children Services (DFCS) must be made within 24 hours. There were no allegations reported during the audit period.

115.361(d): Living Our Lives does not employ medical and mental health practitioners; therefore, this provision is not applicable.

115.361(f): All allegations of sexual abuse received, regardless where they are to have occurred, will be reported by the Director, PREA Coordinator or HSP promptly to the DJJ Office of Investigations, including third-party and anonymous reports. The facility indicated no sexual abuse or sexual harassment allegations were received at the facility during the audit period. The Director, PREA Coordinator and HSP confirmed during their interviews that staff are required to report any allegations directly to one of them and they would be responsible for contacting the Office of Investigations.

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policies 8.7, 8.9, 23.1, and 23.2; 18.7 Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.362(a): Interviews with the Director, PREA Coordinator, HSP, HRM, and 7 Director Care staff confirmed that Living Our Lives will take appropriate steps to protect a youth who is subject to a substantial risk of imminent sexual abuse. Staff will take immediate action to protect the youth by removing the youth from the imminent danger and providing one-on-one staff supervision until the youth can be moved to safe alternative housing as needed. The Director, PREA Coordinator or HSP will be contacted immediately who will then coordinate with the child's Probation Officer and the Regional Treatment Services Specialist for alternative housing. In the past 12 months, there were no incidents reported where a youth was subject to a substantial risk of imminent sexual abuse.</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: Living Our Lives Policy 115.363; DJJ Policy 23.1; Investigative Case File; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Revised Policy 115.363; Information Obtained from Interviews.</p> <p>115.363(a)(b)(c): Living Our Lives Policy 115.363 establishes that the facility staff will use the screening instruments to detect any issues of previous sexual abuse. If youth make accusations of being sexual abused from previous placement, Living Our Lives will report accusations to youth's DJJ Probation Officer, and Residential Placement Specialist. Further conversations with the Director confirmed that she will notify the DJJ Office of Investigations who will notify the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, in accordance with DJJ Policy 23.1. The facility will document that it has provided the required notification in an incident report. An interview with the PREA Investigation Unit Supervisor confirmed this procedure. The facility indicated that they had not received an allegation that a youth was abused while confined at another facility. While the interviews were consistent with requirements of this standard, provision (a) requires a policy and the facility's policy does not address the standard fully.</p>

	<p>Therefore, the facility is not fully compliant. As a result the facility entered a 180-day corrective action period to remedy the deficiency. To become compliant, the facility was required to update their policy to include the actual procedures it will use to report to the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p><u>Corrective Action Taken:</u> The facility provided its revised Policy 115.363 which was found to include the procedures it will use to report to the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. This revision is consistent with the information obtained from interviews during the audit and in accordance with DJJ protocols. This action brings the facility into full compliance with provision (a).</p> <p>115.363(d): Any notifications to the Living Our Lives that an allegation of sexual abuse was reported to another facility and to have occurred at Living Our Lives 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 Living Our Lives.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.365; DJJ Policies 23.1 and 23.2; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.364(a)(b): Living Our Lives Policy 115.365 establishes that the first direct care staff member to respond to an allegation of sexual abuse will take immediate action to protect and ensure that the victim is safe, and separate the alleged victim and perpetrator; obtain basic information such as where the incident occurred and who may be involved, but will not ask any other questions; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and abuser do not take any actions that will destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating; and if the first staff responder is a non-direct care staff member, he or she is required to ensure the victim is safe and instruct the victim and perpetrator not to take any actions that will destroy physical evidence and the immediately notify direct care staff. Youth who are alleged victims of sexual abuse will be treated in a sensitive and non-judgmental manner. The facility does not employ security staff so all direct care</p>

	<p>staff are trained in first responder duties. The auditor interviewed the Director, PREA Coordinator, HSP, HRM and 7 direct care staff who were proficient in their first responder responsibilities. None of the staff had been a first responder to an incident of sexual abuse within the audit period.</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: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Sexual Abuse Coordinated Team Response; Information Obtained from Interviews.</p> <p>115.355: The facility provided a written plan to coordinate response to allegations of sexual abuse among staff first responders, medical, mental health practitioner, investigators, Living Our Lives PREA Coordinator, and Facility Leadership, to be taken in response to an incident of sexual assault. Staff members will coordinate their response with other facility departments upon receiving an allegation that a youth was sexually abused while in custody. The response includes instructions for First Responder duties, First responding staff will take preliminary steps to protect the victim and immediately notify Living Our Lives Director, HSP, PREA Coordinator and the DJJ Central Intake Line and the Office of Investigations PREA Unit. The facility has no medical staff. Residents will be referred to Fairview Park Hospital for outside services. If a rape crisis staff is not available, Living Our Lives, LLC will provide a staff child victim advocate and offer the presence of a mental health therapist.</p> <p>Based on a review and analysis of the evidence stated, the facility has demonstrated compliance with 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: Information Obtained from Interviews.</p> <p>115.366: Based on an interview with the Owner/Director, the Living Our Lives, LLC is not involved in any collective bargaining agreements. The facility has the ability to remove alleged staff sexual abusers from contact with any youth 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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Living Our Lives Policy 115.367; DJJ Policy 23.1; Retaliation Monitoring Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.367(a)(b)(c)(d)(e): Living Our Lives Policy 115.367 establishes that the Director, PREA Coordinator, HSP, and Direct Care staff will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting, or are not victims of any form of retaliation. Living Our Lives Treatment Team and Director Care staff will continually review the youth's adjustment within the group home and document their findings. Living Our Lives will also follow guidance from DJJ 115.23.1 that requires after a youth reports alleged sexual abuse or sexual harassment, the Retaliation Monitoring Form must be completed and monitoring shall begin immediately. The PREA Coordinator or HSP will be responsible for completing the monitoring form. Monitoring termination can only occur before 90 days if the investigation has determined that the allegation is unfounded or the person being monitored (youth/staff) is no longer at the facility. Monitoring can occur beyond 90 days if there is reason to believe retaliation or fear is an ongoing concern or if there are any extenuating circumstances. Additional staff may participate and provide information during the monitoring period from observations of the youth and his interactions with others. Additionally, welfare checks may be made with the youth's teachers and Probation Officer during the monitoring period. An interview with the PREA Coordinator and HSP confirmed that during monitoring the conduct and treatment of a resident or staff who reported sexual abuse and sexual harassment would be observed. Monitoring would also include treatment by other youth, room changes, restriction of privileges, negative behavior/performance reviews, and periodic status checks with the youth. Staff would be monitored for any unwarranted reassignments of duties or hostile or unfair treatment from other staff or youth. An interview with the Director confirmed that the PREA Coordinator and</p>

	<p>HSP are the designated staff for monitoring retaliation. She explained that if any retaliation is suspected, any party involved in inciting fear among staff or youth will be removed and investigated. The facility had no allegations reported within the audit period.</p> <p>Based on a review and analysis of the evidence, the facility demonstrated compliance with all provisions of this standard.</p>
--	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.368(a): Living Our Lives is a group home and does not have the means nor procedures to isolate youth. If an incident presents where a youth needs to be separated from other youth 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 the youth's Probation Officer and the Central Intake Line will be contacted immediately, according to an interview with the Director.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard through non-applicability.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.371; DJJ Policies 8.5; 22.1; 22.3; and 23.1; Specialized Investigation Training Certificates; 23.1, Attachment K, Requirements of a PREA Case; Investigative Case File; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.371(a): Living Our Lives Policy 115.371 establishes that the facility will ensure that an administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. All allegations will be referred for investigation to the DJJ Office of Investigations, who has legal authority to conduct criminal investigations involving DJJ assigned youth. All allegation referrals will be promptly documented in an incident report. Living our Lives staff will contain/protect evidence and take emergency precautions to protect the victim until the Office of Investigations takes control of the scene and/or provides further instructions. Living</p>

Our Lives staff will follow the guidance of DJJ policies and procedures with regard to investigations. DJJ Policy 23.1 establishes that all allegations of sexual abuse or sexual harassment are referred for investigation following DJJ Policy 8.5, Special Incident Reporting.

115.371(b)(c)(d)(k) 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. Investigations are conducted following the DJJ Policy 22.3, Internal Investigations, and DJJ Policy 8.42, Crime Scene Preservation. DJJ Policy 23.1, Attachment K, outlines the requirements of a PREA case and provides guidance for descriptions and definitions and the investigation requirements based on the type of allegation reported. An interview with the Office of Investigations PREA Unit 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. There were no sexual abuse allegations reported during the audit period.

115.371(e)(g)(h)(i): DJJ Policy 23.1 establishes that the investigator will produce a final investigative report within the established timeframes for the completion of the investigation unless time is extended in writing by the DJJ Commissioner or designee. The final report will determine whether staff actions or failure to act contributed to the abuse, and the written report includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Employees are required to cooperate with investigative efforts and compelled interviews will only be conducted after consultation with prosecutors. 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. An interview with the Office of Investigations PREA Unit Supervisor confirmed that any substantiated allegations of conduct that appears to be criminal are referred to the District Attorney for prosecution. He confirmed that there were no cases at this facility 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 youth or staff. The agency will not require a youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. An interview with the Office of Investigations PREA Unit Supervisor

	<p>confirmed that credibility assessments for victims, suspects, and witnesses are being made based on the facts presented and not based on their status as a youth 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 Office of Investigations PREA Unit Supervisor.</p> <p>115.371(k): DJJ Policy 23.1 establishes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation, which was also verified during an interview with the Office of Investigations PREA Unit Supervisor.</p> <p>115.371(m): Living Our Lies does not conduct sexual abuse investigations and forwards all allegations to the DJJ Office of Investigations who conducts investigations and other outside agencies are not responsible for investigating sexual abuse that occurred within the facility.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DJJ Policy 23.1; Investigative Case File; Information Obtained from Interviews.</p> <p>115.372(a): Living Our Lives does not conduct investigations. Allegations are reported to the DJJ Office of Investigations PREA Unit for investigation. 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 the investigators use a preponderance of evidence when substantiating a case. There were no sexual abuse allegations reported within the audit period.</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: Living Our Lives Policy 115.373; DJJ Policy 23.1; Resident Notification Form; Information Obtained from Interviews.</p> <p>115.373(a)(c)(d)(e)(f): Living Our Lives Policy 115.373 establishes that, in accordance with DJJ 23.1, the DJJ Office of Victim Services will inform the youth as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Office of Victim Services uses the Resident Notification of Investigative Outcome form to document its reporting to a youth. The auditor's review of the Resident Notification of Investigation Outcome form, confirms that the facility notifies the alleged victim whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. There were no sexual abuse investigations conducted on behalf of the facility within the audit period.</p> <p>115.373(b): The DJJ Office of Investigations conducts all investigations, therefore, the facility meets this standard through 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>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.376; DJJ Policies 3.80 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.376(a)(b)(c)(d): Living Our Lives Policy 115.376 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. Living Our Lives will utilize DJJ 3.80, Employee Progressive Discipline as a guideline for disciplining employees. Termination is the presumptive disciplinary sanction for staff 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</p>

	<p>of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation would be reported to the appropriate law enforcement agency and any relevant licensing bodies unless the activity was clearly not criminal. This information will be reported by the DJJ Office of Investigations. There were no sexual abuse allegations involving staff at this facility during the audit period, nor any violations of the policies relating to sexual abuse or sexual harassment. Interviews with the Director, PREA Coordinator, and HRM 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>
--	--

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.377; DJJ Policies 14.3 and 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.377(a)(b): Living Our Lives Policy 115.377 establishes that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth 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 youth. The facility has no contract employees and does not use the services of volunteers. Interviews with the Director, 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

Evidence Reviewed: Living Our Lives Policy 115.378; DJJ Policy 23.1; Observations During Site Visit; Information Obtained from Interviews.

115.378(a): Living Our Lives Policy 115.378 establishes that youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanctions, will be made to promote improved behavior by the youth and ensure the safety of other youth and staff. Pre-adjudicated youth will not be placed in a treatment program for sexually harmful behavior. Any substantiated allegations and subsequent discipline will be decided as a joint decision between Living Our Lives Executive Staff, the DJJ Regional Treatment Services Specialist and the youth'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 youth for criminal prosecution when appropriate. There were no disciplinary actions for sexual abuse to review because there were no substantiated allegations perpetrated by a resident during the audit period.

115.378(b): Living Our Lives Policy 115.378 establishes that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories. Youth committed serious infractions in violation of sexual abuse policies requiring isolation or possible criminal charges will be removed from the home and referred to the DJJ Office of Investigations, the Regional Treatment Services Specialist, and the youth's Probation Officer (if applicable) for further disposition.

115.378(c): Living Our Lives does not have a formal disciplinary process and uses positive reinforcement and positive interventions such as counseling and education programs to promote improved behavior by the youth. If the youth is on a mental health caseload, 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 offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse; therefore, this provision is not-applicable. Community service providers may be used for these type services and will be arranged by the DJJ Regional Treatment Services Specialist.

115.378(e)(f): Living Our Lives Policy 115.378 establishes that youth 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 youth 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): Living Our Lives prohibits all sexual activity between youth. Any sexual

	<p>activity observed or reported will be referred to the Office of Investigations for and investigator to make an assessment as to whether the act was coerced.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.381; DJJ Policy 23.1; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.381(a)(b): Living Our Lives Policy 115.381 establishes that if an intake screening pursuant to 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow up meeting/session with a mental health or medical practitioner within 14 days of the intake screening. Living Our Lives has an MOU with a provider, First Choice Behavioral Health and will follow guidance provided by the DJJ and may utilize additional community based service providers accessible through DJJ. Based on an interview with the HSP, no youth disclosed prior victimization or perpetrated sexual abuse during the intake screening during the audit period.</p> <p>115.381(c)(d): Living Our Lives will disseminate information collected during the screening only to inform the Management Team and Direct Care staff in 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. These records are maintained in the youth's file in a locked filing cabinet with limited access. The facility employs no medical or mental health staff.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Living Our Lives Policy 115.382; DJJ Policy 23.1, PREA; DJJ Policy

	<p>2.10, Youth Medical Charges; Information Obtained from Interviews.</p> <p>115.382(a)(b)(c)(d): Living Our Lives Policy 115.382 establishes that youth victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and while confined shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. If there is an allegation of a sexual assault within a 72-hour time frame, youth will be sent to the Emergency Room to be examined and to have forensic evidence collected, STI labs done, and to provide emergency contraception. If beyond that time frame, the facility can screen for STIs and offer emergency contraception if within the required clinical time frame. Living Our Lives does not employ medical or mental health staff and these services are provided by community service providers. The core community service providers for these service are Fairview Park Hospital and First Choice Behavioral Health. Forensic medical examinations and treatment services are offered without financial cost to the youth.</p> <p>Based on the review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.383; DJJ Policy 23.1, PREA; DJJ Policy 2.10, Youth Medical Expenses; Information Obtained from Interviews.</p> <p>115.383(a)(b)(f)(g): Living Our Lives Policy 115.383 establishes that the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse. The facility employs no medical or mental health staff, however, community service providers will be utilized. The evaluation and treatment of these victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate. These follow-up services will be coordinated through the DJJ Regional Treatment Services Specialist. All treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation as established by DJJ Policies 23.1 and 2.10.</p> <p>115.383(c): All mental and mental health services are provided by community service providers; therefore, community level of care. The core community service</p>

	<p>providers for these service are Fairview Park Hospital in Dublin and First Choice Behavioral Health. Forensic medical examinations and treatment services are offered without financial cost to the youth.</p> <p>115.383(d)(e): Living Our Lives only houses male youth; therefore, these provisions are not-applicable.</p> <p>115.383(h): The facility will refer the youth for a mental health evaluation of all known youth-on-youth abusers within 72 hours of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. These services will be coordinated through the DJJ Regional Treatment Services Specialist and provided by a community service provider.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Living Our Lives Policy 115.386; DJJ Policies 8.5 and 23.1; Information Obtained from Interviews.</p> <p>115.386(a)(b)(c): Living Our Lives Policy 115.386 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. After every sexual abuse investigation concludes, unless unfounded, an incident review will be conducted. The facility's review team consists of the Director, PREA Coordinator, HSP, and HRM. The facility employs no medical, mental health, or investigative staff. The facility had no allegations of sexual abuse or sexual harassment reported within the audit period.</p> <p>115.386(d)(e): Interviews with the Director, PREA Coordinator, HSP, and HRM confirmed that an incident review would be conducted as soon as notification is made that an investigation has concluded, but within no more than 30 days, to consider all actions delineated in 1-5 of provision (d). They would complete the review form found in DJJ 23.1 to document this review. The completed form constitutes the written report of the team's findings and any improvement that are recommended.</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
----------------	------------------------

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Living Our Lives Policy 115.387; DJJ Policies 8.5 and 23.1; 23.1; DJJ PREA Annual Reports; Facility Annual Report; DJJ SSV Report 2020; DJJ Website Search; Information Obtained from Interviews.</p> <p>115.387(a)(b)(c)(d)(e)(f): Living Our Lives Policy 115.387 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 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 Living Our Lives. DOJ has not requested data from Living Our Lives 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. The facility had no PREA sexual abuse or sexual harassment allegations reported during the audit period.</p> <p>Based on a review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: DJJ Policies 8.5 and 23.1; DJJ Public Website; Information Obtained from Interviews.</p> <p>Evidence Reviewed for CAP: Living Our Lives Community Living LLC Website; Annual Report for 2022; Interviews.</p> <p>115.388(a)(b)(c)(d): During interviews with the PREA Coordinator and Regional Treatment Services Specialist it was explained to the auditor that the facility provides monthly data to the DJJ as part of the contractual agreement. This data is compiled and reported to the DJJ Agency PREA Coordinator's Office and is compiled, aggregated, and reported annually. The sexual abuse data is collected using a standard form and definitions consistent with the DJJ Policy 23.1. The Living Our Lives management team reviews the data collected in order to assess and improve</p>

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. However, the facility has not prepared an annual report and is non-compliant with this element of provision (a). This is the first PREA audit for the facility. DJJ will include the sexual abuse data from Living Our Lives in its annual report as a contracted community facility; however, the facility is responsible for data review and collection and publishing an annual report of its findings, corrective actions, and progress. This report must be approved by the Owner and published on their website (if it has one) or made available to the public through other means. No personally identifying data should be included in the published report. As a result, the facility entered a 180-day corrective action period to remedy these deficiencies. To become compliant, the facility was required to develop an annual report from its data review and any corrective actions for the facility. findings from its data review and any corrective actions. This report must include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse. This report must be approved by the Owner and made readily available to the public through its website or, if it does not have one, through other means.

Corrective Action Taken: The facility prepared an annual report that included sexual abuse data for the years 2020-current. This report also analyzes data by year and includes corrective actions taken. As the facility has had no incidents, the aggregated data states zero. The report was developed so as not to contain any personally identifying information or information that would present a clear and specific threat to the safety and security of the facility; therefore, no information was redacted. This annual report is published to the facility's public website. These actions bring the facility into compliance with all provisions of this standard.

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Living Our Lives Policy 115.389; DJJ Policies 5.1; 23.1; DJJ Website; DJJ PREA Annual Reports; Information Obtained from Interviews
	Evidence Reviewed for CAP: Living Our Lives Community Living LLC Website; Annual Report for 2022; Interviews.
	115.389(a)(b)(c)(d): Living our Lives Policy 115.389 establishes that the facility will follow guidance from DJJ Policies 5.1 and 23.1. Sexual abuse data collected will be

securely retained at the facility in the administrative office in a locked file cabinet. Only the management team will have access to this data. Living Our Lives 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 youth for an additional five years after the staff, contractor, volunteer, and intern no longer work or are involved with the facility. This is the first audit for the facility. The auditor observed, during the site visit, that the sexual abuse data, related information collected from youth, and investigative case file information was filed in a locked filing cabinet in the administrative office with the management team being the only staff with a key to the cabinet. The facility has not demonstrated that it has aggregated its sexual abuse data and made it publicly available on its website. As a result, the facility entered a 180-day corrective action period to remedy this deficiency. To become compliant, the facility was required to aggregate its sexual abuse data, including any nil data, and produce this information in a report on its public website.

Corrective Action Taken: The facility prepared an annual report that includes aggregated sexual abuse data for the years 2020-current. This report also analyzes data by year and includes corrective actions taken. As the facility has had no incidents, the aggregated data states zero. The report was developed so as not to contain any personally identifying information or information that would present a clear and specific threat to the safety and security of the facility; therefore, no information was redacted. This annual report is published to the facility's public website. These actions bring the facility into compliance with all provisions of this standard.

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

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

	<p>Department of Juvenile 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 youth 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 youth and 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 and PCM, the auditor confirmed that the youth can correspond with the auditor in the same manner as if they were communicating with legal counsel. No confidential information or 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>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: 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.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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?	no
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	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?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	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.)	no
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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