

PREA Facility Audit Report: Final

Name of Facility: AMIkids Aspen

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/16/2026

Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Mable Wheeler

Date of Signature: 09/16/2026

AUDITOR INFORMATION

Auditor name: Wheeler, Mable

Email: wheeler5p@hotmail.com

Start Date of On-Site Audit: 08/11/2026

End Date of On-Site Audit: 08/12/2026

FACILITY INFORMATION

Facility name: AMIkids Aspen

Facility physical address: 5300 Broad River Road, Columbia , South Carolina - 29212

Facility mailing address:

Primary Contact

Name:	Elijah Clark
Email Address:	eclark@amikids.org
Telephone Number:	803-591-8825

Superintendent/Director/Administrator	
Name:	Elijah Clark
Email Address:	eclark@amikids.org
Telephone Number:	803-591-8825

Facility PREA Compliance Manager	
Name:	Alexas Kale
Email Address:	akale@amikids.org
Telephone Number:	843-479-0420

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	23
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	12-21
Facility security levels/resident custody levels:	Intermediate
Number of staff currently employed at the	25

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

AGENCY INFORMATION	
Name of agency:	AMIkids, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5915 Benjamin Center Drive, Tampa, Florida - 33634
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Wendell Watson	Email Address:	wlw@amikids.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-08-11
2. End date of the onsite portion of the audit:	2026-08-12

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Pathway to Healing, Columbia, SC The auditor spoke with the Program Director, and she confirmed the 24-hour services provided. She also confirmed that counseling could be provided to residents virtually.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	24
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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

31. 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:	0
32. 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:	0
33. 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:	0
34. 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:	0
35. 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):	This is an all-male population facility. Age range of 12-19. As of the first day of the onsite portion of the audit, there were no youth that reported sexual abuse or harassment, no youth that identified, as gay, bisexual, or transgender. There was one youth that acknowledged prior victimization to a therapist during a session sometime after admission to the program.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	27
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The interviewed youth were from each of the two housing units.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. 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 had no barriers to completing random interviews with staff or students.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
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".	
47. 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:	☒ 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. ☒ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	Prior to the audit I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.
48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing prior to the audit I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit. Residents and staff who were not formally interviewed were still asked various questions during the facility tour.
49. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit. Residents and staff who were not formally interviewed were still asked various questions during the facility tour.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.

51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing to the audit I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.
52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.

53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.

55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit.
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the entrance briefing I had a round table discussion with the Executive Director, Director of Operations, Lead Educator, HSP, and Business Manager to review the youth that were at the facility during the days of the on-site audit. The center does not have a segregation unit.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor had no barriers to completing random or targeted resident interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor had no barriers to completing random interviews with staff. I interviewed staff from all shifts during the on-site visit.

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

8

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

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

Camp Aspen is an open campus residential facility operated by AMIKids, Inc. since June 2026. The program operates under the authority of and receives its students from the South Carolina Department of Juvenile Justice (SCDJJ). The facility is located behind the state-operated Juvenile Justice and Correctional Complex in Columbia, South Carolina. Camp Aspen services male ages 12-19. The facility houses up to 30 male students with an average population of 24. There were 24 students assigned to the center at the time of the onsite audit. Camp Aspen is a community-based residential program that utilizes residential re-entry treatment in the context of a community justice model. Services include substance abuse and co-occurring disorders treatment, grief counseling, relapse prevention, interpersonal skills, family relationships and cognitive behavioral therapy. Additional services include academic and special education, art therapy, GED preparation and testing, aftercare, behavioral management, community service, and independent living skills. Individual and group Psychotherapy is also available for students identified as needing those services.

Camp Aspen's six facility buildings are arranged in a horseshoe around a courtyard. The complex contains an Administrative Building with counseling offices; two dormitory-style Housing Units (A & B), each with bunkbeds for 18 students, laundry facilities and a separate shower/bathroom area at the end of each dormitory. There is also a separate Dining Hall/Kitchen building which is utilized for family visits and a school building with two classrooms and a Resource Center. The latter also serves as space for group meetings and therapy sessions. There is a separate modular classroom utilized as a Computer Lab behind the original buildings. An Informational tour and discussion were conducted with the clinical director and intake staff. Prior to arriving at the center, the staff are aware of the student's purpose for

placement at the center. During the intake process several screening instruments including the AMIKids Screening instrument are administered by intake and program staff. The intake staff meets with the clinical director in determining the appropriate housing assignment including placing in a room close to the staff stations. The clinical director then sees the students the same day or the following day.

All students interviewed stated that the staff members announce their presence prior to entering the housing unit. This practice was experienced and observed during the tour. The shower area has shower curtains for privacy. The ratio of staff is one to eight during waking hours and one to 10 for staff to students during non-waking hours.

Throughout the site review, the Auditor was able to view posted audit notices, PREA protection posters, Sexual Abuse reporting instructions, and contact information and instructions for the South Carolina Abuse hotline. Camp Aspen students are guaranteed access to the Child Abuse Hotline and may request to use the line in private without question. Staff will dial the Hotline, hand the student the telephone and leave the office. The auditor tested the line and was able to speak to a reporting staff member for the Child Abuse Hotline. There is also a hotline number available for students to speak to the Pathway to Healing victim advocate. Again, the auditor contacted the agency and was able to speak to the victim advocate and an emotional support staff at the program. The auditor was able to have conversations with students and they provided an understanding of PREA and know to report an allegation of sexual abuse or sexual harassment. All students indicated that they feel safe at the facility and were happy to share with the auditor their training and an explanation of the student safety plan and how it works. Staff interviewed during the tour were actively involved in supervising programs and provided the auditor with their

knowledge of PREA and the training they received prior to starting work and during their tenure at the center. All staff were able to discuss the coordinated response plan and were able to articulate where the response plan check list was maintained and shared their PREA information cards with the auditor. The auditor concluded that the center has utilized PREA standards and the requirement to meet these standards as a road map to make this a center that has a culture of being a sexually safe environment for students and staff.

Camp Aspen is Licensed by the South Carolina Department of Social Services. The drug and alcohol treatment programs are also licensed and inspected by the South Carolina Department of Health and Environmental Control (SCDHEC).

Documentation Sampling

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

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

☒ Yes

☐ No

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

The auditor requested random personnel background checks and reviewed 5 employee background checks including Accurate and South Carolina Background division. The employee records included staff that had been employed at the facility for more than 5 years, staff that were promoted, and staff that were employed in the last 12 months' check was completed and is maintained on file in the personnel's office. The auditor reviewed random training files for employees. There were 7 employee training files reviewed. The auditor reviewed the initial, yearly, and prior to promotion PREA questionnaires on fifteen staff members. Six resident files were reviewed by the auditor. The files included rescreening and formalized PREA education. The facility conducts screening during initial intake, within 30 days of intake, and then monthly or quarterly depending on the student's risk level. All time requirements were met in each area. Logbooks documentation of PREA rounds was reviewed during the tour. Unannounced rounds were reviewed. There were 8 unannounced rounds reviewed. There were no investigative files to review.

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.

79. 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

80. 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.

81. 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

82. 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.

83. 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

84. 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	00	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no files to review during this site visit.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no files to review during this site visit.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no files to review during this site visit.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

Correctional Management & Communications Group, LLC

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.311: AMIKids-Aspen Policies and Procedures- 6.11- Prison Rape Elimination Act (PREA- Revised: 2/7/17) AMIKids-Aspen organizational chart Interviews with: AMIKids PREA coordinator AMIKIDS-ASPEN facility executive director AMIKIDS-ASPEN PREA compliance manager 115.311 (a):

The PAQ requires that an agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The center provided policy AMIkids Aspen - Policies and Procedures- 6.11- Prison Rape Elimination Act (PREA- Revised: 2/7/17)

AMIkids-Aspen has a zero-tolerance policy for sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. This standard also requires that the agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Where an agency operates more than one facility, each facility must designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

115.311 (b):

The PAQ requires that an agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The facility provided an organizational chart and an interview with the PREA Coordinator.

The Agency's organizational chart established that the PREA Coordinator reports to the vice president of operations for AMIKids programs.

The interviewed PREA Coordinator stated that his responsibility is to oversee PREA throughout our agency. I don't directly supervise any PREA compliance managers; however, I travel throughout the country working with PREA compliance managers and regional supervisors to ensure compliance with PREA standards.

115.311(c)

The PAQ requires that, where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The facility provided an organizational chart and an interview with the PREA Compliance Manager.

According to the agency's organizational chart, the agency's PREA Compliance Manager reports to the Facility Executive Director.

The interviewed PREA Compliance Manager reported that they feel that they have

	enough time to manage all the PREA-related responsibilities. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.311 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The agency does not contract for the confinement of residents therefore the facility meets this standard. 115.312 AMIKIDS-ASPEN Policies and Procedures- 6.12 Prison Contracting with Other Entities for Confinement of Resident Revised: 6/23/25 Interview with: Aspen facility Executive Director PREA Compliance Manager Based on a review of the PAQ, the center indicated it does not contract with other centers or programs to house residents. AMIKIDS-ASPEN Policies and Procedures- 6.12 Prison Contracting with Other Entities for Confinement of Residents states that Aspen will not contract with other entities to house residents. Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.313: Daily Rosters

AMIKids Staffing Plan –

AMIKids 2024 Staffing Plan

AMIKids – Aspen 2025 Staffing Plan

AMIKids Annual Assessment 2025

ASPEN- Policies and Procedures- 6.13- Supervision and Monitoring Attachments
6.13A &

6.13B – Daily Rosters and Unannounced Rounds

Unannounced Rounds

313.313 (a): The PAQ requires the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

The center provided the staffing plan for 2026 and documentation of unannounced rounds. AMIKids recently assumed responsibility for this program from another vendor.

The AMIKids-Aspen PREA Policy states that ASPEN shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313, which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

ASPEN- Policies and Procedures- 6.13 policy and procedures require AMIKids Aspen to develop, implement, and document a staffing plan that provides adequate levels of staffing and video monitoring (where applicable). Facilities must comply with the staffing plan except during limited and discrete exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis. All secure facilities must maintain security staff ratios of a minimum of 1:5 during waking hours and 1:7 during resident sleeping hours by October 1, 2017. Facilities must also have a policy and practice of having specified supervisory staff conduct and document unannounced rounds that must occur on both night and day

shifts.

The AMIKids 2026 Staffing Plan includes:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Each year, the facility reviews its staffing. It assesses the need for additional cameras, staffing adjustments, or rearranging the staffing plan to ensure the required staff are in place for maintaining a safe and secure operation. Their staffing plan's annual reviews, conducted in April 2025, were found to comply with this standard. The staffing plan included: 1) Generally accepted detention and correctional/non-secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did not report deviation from the staffing plan.

According to the PAQ, the staffing plan is based on 30 residents.

Based on conversations with the PREA coordinator and facility PREA compliance manager, it was clear that the facility reviews all areas of the center for additional staffing or cameras based on resident movement to meet the requirements of this standard. The direct care staff were noted to be located throughout the center

during the tour.

In touring the facility, the auditor noted cameras were in all living units, classrooms, the dining hall, and the administrative building. No cameras were in restrooms, showering areas, and dressing areas in the cottages. The center has a total of 18 cameras.

313.313(b):

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

The facility provided has had no deviations from the plan for the last 12 months.

The facility executive director provided a daily roster that indicates the staffing utilized during the prior 24 hours.

In an interview with the facility executive director, the center would document any deviation from the staffing plan, including scheduled vacations, holidays, and so forth. He reviews the daily staffing schedule. There has been no deviation in the staffing plan.

Throughout the audit, the auditor made rounds throughout the facility. The ratio during the daytime was one to eight on each visit. For the overnight shift, the tour ratio was one to 10. The population at the center was 24 on the first day of the audit.

115.313 (c):

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

The facility provided ASPEN PREA policy and an annual staffing assessment. Daily rosters and interviews with random staff were also provided by the center.

The AMIKids-Aspen PREA Policy states that ASPEN shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313, which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:10 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

The center's director indicated in an interview that the center always maintains or exceeds a ratio of 1:8 and 1:10. He noted that, as a residential program, direct care

staff includes case managers, supervisory staff, and monitors. All staff are trained as first responders and on how to supervise female residents.

During the facility tour, staff interviews revealed that the line staff and administrative staff collaborate as a team. They can call any administrative staff member or other staff to provide necessary coverage at the facility.

The staffing plan includes direct care staff, staff utilized for transportation, and utility staff.

The interview with staff confirmed that they are assigned based on activities at each unit, which will impact the staffing plan. The facility executive director provided a daily roster that indicates the staffing utilized during the prior 24 hours.

115.313 (c):

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

The facility provided ASPEN PREA is a residential center and does not utilize "security staff"; however, it does maintain a ratio of one to eight and one to 16 as required by standard 115.313.

The AMIKids-Aspen PREA Policy states that ASPEN shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313, which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:10 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

The center's director indicated in an interview that the center always maintains or exceeds a ratio of 1:5 and 1:7. The center does not have a control room or any non-contact staff. All staff are trained as direct care staff. Anytime a staff member is doing non-direct care staff duties, they are not counted toward our minimum ratio as established by the South Carolina Department of Juvenile Justice.

During the facility tour, staff interviews revealed that the line staff and administrative staff collaborate as a team. They can call any administrative staff member or other staff to provide necessary coverage at the facility.

115.313 (d):

The PAQ requires, whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether

adjustments are needed to: (1) The staffing plan established under paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided an annual assessment for April 2026. The PREA Coordinator interviewed indicated that the evaluation will occur annually, and a meeting will be held to discuss the staffing plan, necessary revisions, technological adjustments (and how to consider PREA), and other areas that are addressed during this meeting. Prior assessments were not available, and there was a recommendation for yearly audits as part of the audit.

115.313 (e):

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

The center provided ASPEN Policy, unannounced rounds, and interviews with intermediate staff members.

The center, which provides ASPEN, is a non-secure residential center; however, it mandates that intermediate staff conduct weekly PREA unannounced rounds.

ASPEN PREA Policy states that Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted to the day and time when those rounds will take place.

The administrative staff conducts program unannounced rounds at least once on each shift, quarterly. All staff are prohibited from alerting other staff members that these rounds are being conducted.

The shift supervisors were interviewed as intermediate staff who conduct unannounced rounds. They indicated they conduct rounds during different shifts, each day, including weekends and holidays. These rounds are documented. They indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.

The auditor has determined current operations and practices meets the requirements of PREA Standard 115.313 (c) based upon interviews with staff, review of staffing plans, review of unannounced rounds, and site observations conducted by Auditor.

Corrective Action: (None)

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.315: ASPEN PREA Policy – 6.15 Limits to Cross-Gender Viewing and Searches Female Announcements Training in Cross-Gender Searches Training on Guidance on Cross Gender and LGBTQ searches Staff interviews Resident interviews 115.315 (a): The PAQ requires that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The center provided ASPEN Policy – 6.15 Limits to Cross-Gender Viewing and Searches, along with training on Cross-Gender searches. Staff shall not conduct cross-gender (opposite sex) strip searches or cross-gender frisk searches. Policy – 6.15 states that Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat-down searches are not permitted. In addition, AMIKIDS Aspen cannot search or physically examine a transgender or intersex resident solely to determine the resident’s genital status. AMIKIDS Aspen will also train staff to conduct pat-down searches of cross-gender, transgender, and intersex residents professionally and respectfully. Staff members of the opposite gender are prohibited from viewing residents while showering, changing clothes, and performing bodily functions without, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff members of the opposite gender must announce their presence when entering a housing unit or an area where residents are likely to be showering, performing bodily functions or changing clothing. Transgender and Intersex residents will be allowed to choose if a female or male staff member will conduct pat-down searches in a respectful and professional manner.

Based on interviews with staff and residents, there have been no cross- gender pat-down searches in the last 12 months.

An intake staff member indicated that upon admission to AMIK-Aspen, the resident is then taken to a private area by two staff members of the same gender as the resident. The residents are asked to remove their outer garments, but not to remove their undergarments. The staff member then confirms that there is no contraband visually and identifies any tattoos, scars, bruises, or other marks.

Fourteen residents were interviewed. All indicated that a person of the other gender had not searched them.

Nine staff were interviewed. Every member of staff attended cross-gender training and signed a roster for training.

All staff interviewed indicated they had not searched a resident of the other gender since working at the center.

During the tour of the center, the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

All residents engaged in conversation during the on-site audit indicated a female staff member had never searched them.

115.315 (b):

The PAQ requires that the agency not conduct cross-gender pat-down searches except in exigent circumstances.

The center provided the Gender and Transgender Pat Searches Facilitator Guide and a video offering guidance on cross-gender and transgender PAT Searches, as well as the ASPEN PREA Policy – Cross-Gender Search.

Search procedures mandate that the facility always refrain from conducting any cross-gender pat-down except in exigent circumstances.

All staff interviewed indicated they have never conducted a cross-gender search. All residents interviewed stated that a staff member of the other gender had never searched them. Staff were able to articulate what would be exigent circumstances when they might be required to search.

115.315 (c):

The PAQ requires the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

According to the PAQ, there has been no cross-gender searches.

During the tour of the center, the auditor had conversations with staff and residents.

All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

The residents indicated they had never been searched by staff of the other gender.

115.315 (d):

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

The facility provided ASPEN Policy - Limits to Cross-Gender Viewing and Searches, along with training on Guidance on Cross-Gender and LGBTQ searches, and posters located throughout the facility.

ASPEN PREA Policy that this facility enables residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

A tour of the center revealed that all areas used for housing residents have necessary barriers, ensuring residents can shower without being viewed by people of the opposite gender and maintain privacy from other residents during the showering process.

In touring the facility, the auditor noted that cameras are located in all living units, classrooms, the dining hall, and the administrative building. No cameras were located in restrooms, showering areas, and dressing areas in the cottages.

All residents stated they are allowed to change clothes and shower in private. All staff of the opposite gender always announce their presence when entering a housing unit. There are reminders placed at the entrance of each housing unit.

115.315 (e):

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

	The facility provided ASPEN Policy and interviews with staff and residents. ASPEN PREA Policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determines 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): The PAQ requires the agency shall train security staff in how to conduct cross gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and the least intrusive manner possible, consistent with security needs. The facility provided training to guide the Gender and transgender pat search facilitator guide developed by the PREA Resources Center. A review of the staff's training plan includes intervention techniques and standards required to be utilized before conducting any searches. An interview with a random staff member confirmed they had received training in intervention techniques. This training included conducting cross gender searches in a professional and respectful manner. Current operations and practices meet the requirements of PREA Standard 115.315 based on interviews conducted and documentation reviewed. Corrective Action: (None)
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.316: AMIKids-Aspen Policies and Procedures- 6.11- Prison Rape Elimination Act (PREA- Revised: 2/7/17 PREA Posters in English and Spanish Zero Tolerance Poster English- Spanish English and Spanish Resident with Disabilities Training Curriculum

ASPEN PREA Policy

Interpreter Contract

Staff Interviews

115.316 (a)(b)(c): The PAQ requires that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

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

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The facility provided AMIKids-Aspen PREA Policy, staff training curriculum, interpreter contact information, and PREA Posters in English and Spanish.

PREA Policy mandates that when a juvenile is admitted to the ASPEN with a disability or has a limited English proficiency, staff will immediately contact the Program Director. The Program Director will then take whatever steps necessary to meet the needs of the juvenile and ensure an effective means of communication between the juvenile and the Program Director.

- An English-to-Spanish phrasebook is available in the office for staff to use in communicating with a Spanish-speaking youth until other arrangements can be made.

- Residents with limited reading skills shall have PREA documents read to them by the designated staff member, and a determination of the resident's understanding shall be ascertained

- Resident interpreters shall not be used, nor shall they be used as a reader except in the limited circumstances of a medical or facility emergency.

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

The interviewed agency head reported that the agency established procedures to provide residents with disabilities and residents who are limited English proficient 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.

ASPEN should take appropriate steps to ensure that youth with disabilities and those with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of ASPEN's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The training curriculum requires that ASPEN shall not rely on youth interpreters, readers, or other types of youth assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

The twelve staff members interviewed indicated they would use the contracting staff or one of the bilingual staff. They would not use residents to report on behalf of another resident.

During the on-site portion of the audit, the auditor observed material in English and Spanish, and the intake area had additional resources for interpreters or residents with disabilities.

PREA Policy mandates that facilities will ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will 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. ASPEN will ensure that all written materials provided to residents are in a format or through methods that facilitate effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or have low vision. Facilities will not rely on residents, readers, or other individuals being served.

	Residents who are special education students receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates. Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services, including sign language services. Staff would read all the information required for an orientation into the facility and the comprehensive PREA training for residents who can't read. Whenever communication accommodation is needed, the facility program director is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth. At the time of the audit, there was no resident who was LEP and no resident who was cognitively disabled. Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material. Current operations and practices meet the requirements of PREA Standard 115.316 based on interviews conducted and documentation reviewed. Corrective Action: (None)
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.317: AMIKids-Aspen Policies and Procedures- 6.11- Prison Rape Elimination Act (PREA- Revised: 2/7/17 New Hire Background Check 5-year Background Check Human resources staff interviews 115.317 (a)(b)(c): The PAQ requires The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail,

lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The PAQ indicated that 15 employee background checks and one contracting background check have been completed in the last 12 months.

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

The PAQ requires before hiring new employees who may have contact with residents, the agency 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.

ASPEN policy mandates that the center will not hire or promote anyone who has been criminally convicted of sexual abuse or attempting to commit sexual abuse or has been civilly or administratively adjudicated to having done those things.

- The ASPEN will consider any incidents of sexual harassment of a prospective employee before a decision is made to hire that person.
- Before any person is hired by ASPEN the Center shall: run a criminal background records check utilizing the SLED Background Check: check national registry of sex offenders and conducts a Diana Screening and make a reasonable effort to contact any previous employers of the prospective employee to inquire into any related incidents: the same procedures are proposed for contractors; conduct any background checks for all employees and contractors or any other means that could be related to any type of sexual incident; inform the prospective employee of his/her duty to immediately report any sexual related misconduct involving himself, any juvenile, or any staff member; inform that any prospective employee that any material omission regarding any sexual misconduct or false information shall be grounds for termination of employment; and if allowed by state law, the ASPEN will provide information on substantiated sexual abuse or sexual harassment by a former employee to any institutional employer as requested.
- All contract employees shall be subject to the same-mentioned checks.
- All volunteers shall be subject to background checks before working with residents.

The application for employment addendum, promotions questionnaire, contracting staff interviews includes the following questionnaire:

· 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);

· 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

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

Employees being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

The human resources staff interview indicated prior to a promotion the staff fill out another questionnaire. All people that apply to work at the center as full-time, part-time or contractors must have completed a background check that is conducted by the center. We completed the PREA questionnaire on the DJJ employment application, prior to promotion and each year.

115.317 (d):

The PAQ requires the agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. ASPEN shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

The facility provided policy AMIKids-Aspen PREA Policy

The policy requires ASPEN shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. The center has contracted one staff member in the last year. That background check was conducted by AMIKids central office. The contractor provides mental health services for all South Carolina AMIKids programs.

115.317 (e):

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

The facility provided AMIKids-Aspen PREA Policy and random background checks on staff with over five-year tenure.

The AMIKids-Aspen PREA Policy states that "ASPEN shall conduct criminal background records checks every five years on current employees, volunteers/

student practicums, and contractors who may have unsupervised contact with youth.

The interviewed HR staff reported that the system the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents including a NCIC and National Sex Offender registry. We do conduct checks on current employees every 5 years. One five-year background check was reviewed by the auditor.

115.317 (f):

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

The facility provided policy AMIKids-Aspen PREA Policy addendum

The facility provided an Addendum to the ASPEN Application that asks all of the above required questions. Staff are expected to sign the form affirming that they have a continued “affirmative duty to disclose any of the above-mentioned misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination” The employee also signs that they understand the zero-tolerance policy toward all forms of sexual abuse and sexual harassment.

The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal. This includes having staff review and sign the PREA Questionnaire.

115.317 (g):

The PAQ requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The facility provided policy AMIKids-Aspen PREA Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination

Staff are required to sign the form affirming that they have a continued “affirmative duty to disclose any of the above-mentioned misconduct.

115.317 (h):

The PAQ requires Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former

	employee upon receiving a request from an institutional employer for whom such employee has applied to work. The center provided AMIKids-Aspen PREA Policy 6.11 The policy mandate that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Human Resources staff confirmed that the agency would provide this information if requested to do so. Policy states that the information would be provided when requested unless it is prohibited by law to provide the information. According to interviews with the h Human Resources staff, the center would have the perspective candidate sign a release statement, and they would send the requested information. Based on the review of the documentation and the interview with the Superintendent and Human Resources staff, the facility is complying with all provisions of this standard. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.317 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.318: ASPEN Policy 6.18 Upgrade Facility Interviews with: Agency head Facility administrator 115.318 (a) The PAQ requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall

	consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The executive director and PREA compliance manager indicated that the facility has not planned any substantial expansion or modification of existing facilities. Policy 6.18 Upgrade Facility requires that AMIKIDS Aspen will consider the effect of any design, acquisition, expansion, or modification of physical plant or monitoring technology that might have on the agency's ability to protect residents from sexual abuse. AMIKIDS ASPEN will work with DJJ to maintain a video monitoring system. A review of the assessment for 2026 did not indicate any need for upgrades to the facility. In touring the facility, the auditor noted that cameras were in all living units, classrooms, the dining hall, and the administrative building. No cameras were in restrooms, showering areas, and dressing areas in the cottages. 15. 318 (b) The PAQ requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The facility executive director indicated that the program is a non-secure residential program that includes outside leisure activities and a community involvement program. The center is owned by the South Carolina Department of Juvenile Justice, and SCDJJ completes any modifications or enhancements to the center. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.318 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.321: AMIKids-Aspen Policy Number: 6.21 Evidence Protocol and Forensic Medical Examinations

MOA with Columbia Police Department

MOU with Pathway to Healing

Pre-Audit Questionnaire (PAQ)

PREA Youth Posters

Interview with

Pathway to Healing

PREA compliance manager

Staff from Pathway to Healing

115.321 (a):

The PAQ requires that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The facility provided Policy 6.21 and an MOU with the Columbia Police Department/ Pathway to Healing and the Center.

Policy 6.21 mandates that agencies responsible for investigating allegations of sexual abuse follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency must offer all residents who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) without cost to the resident. Examinations are to be performed by Sexual Assault Nurse Examiners (SANEs) if possible, or by a qualified medical practitioner. A victim advocate is to be made available to accompany the victim through examinations and investigatory interviews.

In the event of sexual abuse allegations, the Columbia Police Department, South Carolina Department of Social Services, and the Department of Juvenile Justice will be notified immediately.

AMIKids Aspen will request that the investigators follow a uniform evidence protocol appropriate for youth.

The MOU signed by Pathway to Healing and AMIKids-Aspen requires the Columbia Police Department to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Columbia Police Department, as appropriate, shall utilize protocols of 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 similar protocol.

All victims of sexual abuse will be offered access to forensic medical examinations via the Columbia Police Department, Department of Social Services, or Prisma Health/Richland Hospital.

The center has also revised the MOU with Pathway to Healing Victim Advocate to include the Pathway to Healing advocate on call, who will activate a Sexual Assault Nurse Examiner (SANE), and both team members will respond to the forensic site or Prisma Health/Richland Hospital.

During the tour of the center, staff were asked who conducts the investigations, and it was reported that law enforcement does so.

There have been no allegations of sexual abuse or sexual harassment in the last 12 months. There have been no allegations of sexual abuse or sexual harassment noted in the previous three PREA audits.

115.321 (b):

The PAQ requires the protocol shall be developmentally appropriate for youth and, as applicable, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility states that the department does not conduct criminal or administrative investigations into allegations of sexual abuse or sexual harassment. Local law enforcement and the South Carolina Department of Juvenile Justice conduct investigations involving youth at ASPEN.

The AMIKids-Aspen (ASPEN) PREA Policy states that "When outside agencies investigate sexual abuse and sexual harassment, the ASPEN shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

115.321 (c):

The PAQ requires that the agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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.

Have access to a victim advocate from a rape crisis center, a qualified staff member from a community-based organization, or a qualified agency staff member.

The facility provided AMIKids-Aspen PREA Policy and MOU with Pathway to Healing.

The Policy PREA Policy states that all victims of sexual abuse will be offered access to forensic medical examinations via the Columbia Police Department, Department of Social Services, or Prisma Health/Richland Hospital.

AMIKids Aspen will request that the investigators follow a uniform evidence protocol appropriate for youth.

The MOU with Pathway to Healing and AMIKids-Aspen provides that the Columbia Police Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The MOU with Pathway to Healing Victim Advocate, which includes Pathway to Healing Advocate on call, will activate a Sexual Assault Nurse Examiner (SANE). Both team members will then respond to the forensic site or Prisma Health/Richland Hospital.

The staff interviewed at the Pathway to Healing reported that if the resident is in the program, the program has a SAFE staff member on duty who would respond to a sexual assault, along with one of the center's advocates. With the advocates, we would also be able to work with the caregiver and provide follow-up phone calls.

The center utilized Lauren's County Memorial Hospital for residents who need emergency medical care. The emergency room at Prisma Health/Richland Hospital indicated the hospital has a SANE staff on call and works with Pathway to Healing for advocates.

Policy mandates that residents will receive timely, unimpeded access to on-site and off-site 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.

115.321 (d)(e):

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

As requested by the victim, the victim advocate, qualified agency staff member, or

qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility provided an MOU with Pathway to Healing. The center would provide a victim advocate.

In an interview with the PREA compliance manager, they indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline.

The facility has an MOU with Pathway to Healing. According to the MOU, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

The Program Director confirmed that the MOU will provide advocacy services. The interview with the executive director confirmed that resident and/or facility staff members can utilize the victim service hotline to request a victim advocate.

In interviews with the Pathway to Healing staff, it was noted that they have a working relationship with the Police Department, and the Police Department has trained sexual abuse investigators.

In interviews with Pathway to Healing, the program would provide victim advocacy and follow-up services as required. This includes meeting with the family, attending a court hearing, providing a haven for the family, and follow-up treatment as needed. This would continue after the youth left the center, provided they were from the geographical area.

115.321 (f)

The PAQ requires, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

As requested by the victim, the victim advocate, qualified agency staff member, or

	qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The facility provided an MOU with Pathway to Healing. The center would provide a victim advocate. In an interview with the PREA compliance manager, they indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline. The facility has an MOU with Pathway to Healing. According to the MOU, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The Program Director confirmed that the MOU provides advocacy services. Auditor's interview with the executive director confirmed that residents and/or facility staff members can utilize the victim service hotline to request a victim advocate. In interviews with the Pathway to Healing staff, it was noted that they have a working relationship with the Police Department, and the Police Department has trained sexual abuse investigators. In interviews with Pathway to Healing, the program would provide victim advocacy and follow-up services as required. This includes meeting with the family, attending a court hearing, providing a haven for the family, and follow-up treatment as needed. This would continue after the youth left the center, provided they were from the geographical area. 115.321 (f) The PAQ requires, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.321 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.322:

ASPEN PREA Policy 6.22

MOA with Columbia Police Department

SCDJJ website

Interviews with:

PREA Compliance Manager

Facility Executive Director.

115.322 (a & b)

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

The agency shall have in place a policy to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website, or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

The facility provided ASPEN PREA policy 6.22 and the SCDJJ website

ASPEN does not conduct criminal investigations for residents related to sexual abuse reports. Local Law enforcement and the South Carolina Department of Juvenile Justice conduct all investigations at the ASPEN program.

The South Carolina DJJ division of investigations handles all investigations involving youth housed at ASPEN. South Carolina publishes the investigative units policy and procedures at <https://djj.sc.gov/programs-and-services/standards-management>.

The interviewed agency head reported that ASPEN shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. All allegations are referred to the appropriate Investigative agencies based upon the victim's age, as defined by the PREA requirements, to appropriate external investigating agencies.

Random staff interviewed indicated that they must report to the facility executive director and SCDJJ within 3 hours of being made aware of any sexual abuse or sexual harassment.

The facility executive director indicated in the interview that the center has not had an allegation of sexual abuse or sexual harassment since the implementation of PREA. However, she would notify the South Carolina Department of Juvenile Justice

	and local law enforcement. 115.322 (c): The PAQ requires that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The facility provided https://djj.sc.gov/programs-and-services/standards-management. And MOA with the Columbia Police Department. The SCDJJ or Police Department conducts criminal investigations. The center revised policy 6.22 to coincide with the updated MOA with Lauren's County Police Department. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.322 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.331: ASPEN PREA Policy- 6.31 Staff training Employee training PREA Certificate of Training Sign-in sheet for training 2025 (prevention, detection, reporting, and response policies and procedures) Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material) Staff training from AMIKids University, which is copyrighted, is not allowed to be distributed. It includes all PREA information and a Quiz. Interview with Random Staff 115.331 (a): The PAQ requires The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and

sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The typical reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

The facility provided ASPEN PREA Policy- Staff training and training curriculum.

The PREA Policy provides that the center trains all employees who may have contact with residents in the following matters:

AMIKids Aspen lists the training topics for all employees who have contact with residents. AMIKids Aspen specifies that the training must be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility and that employees should receive additional training if transferring between facilities that house residents of different genders. The standard provides information on when current employees who have not received this training should be trained following the release of the PREA standards, and the requirements for in-service training.

1. All employees will receive the following training via In-service Training
 - a. Agency's zero-tolerance policy for sexual abuse and sexual harassment.
 - b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
 - c. Resident's right to be free from sexual abuse and sexual harassment.
 - d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 - e. The dynamics of sexual abuse and sexual harassment in juvenile facilities.
 - f. The common reactions of sexual abuse and sexual harassment of juvenile victims.
 - g. How to detect and respond to signs of threatened and actual sexual abuse.
 - h. How to avoid inappropriate relationships with residents.
 - i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.

j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

k. Relevant laws regarding the applicable age of consent.

2. Training will be tailored to the unique needs and attributes of male residents.

3. Any employee transferring to AMIKids Aspen from a facility housing the opposite gender will be given additional training.

4. AMIKids Aspen staff are required to complete an annual refresher training to include information about current policies regarding sexual abuse and harassment.

5. Employees will sign training sign-in forms or have electronic verification signifying that they have understood the PREA training.

Random Sample of Staff - The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

Residents' right to be free from sexual abuse and sexual harassment;

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

The dynamics of sexual abuse and sexual harassment in resident facilities; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents;

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

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and

Relevant laws regarding the applicable age of consent.

The staff reported that they received the training as new hires and annually. The staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. All staff were aware of the applicable age of consent.

115.331 (b):

The PAQ requires that Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is

reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility provided ASPEN PREA Policy- Staff training.

ASPEN training is tailored to male youth. The agency training for all staff also includes working with LGBTI youth in AMIKids centers.

115.331 (c):

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

The PAQ also indicated that staff will receive refresher training each year.

The ASPEN Policy states that "Employees at ASPEN will receive training on PREA procedures and policy every two years provides and with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies.

Training also includes Staff meetings, email communication, and daily staff highlights.

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment.

In interviews with staff, each indicated that PREA was discussed on a daily basis, and formal training is provided by instructors and videos. Policy and procedure mandate that staff are trained at a minimum every two years. Staff indicated that since July 1, 2025, the Program Director has provided weekly training to all staff during shift briefings and once a week staff meeting for all staff.

115.331 (d):

The PAQ requires the agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The facility provided sign-in sheets for all staff members who were employed by the center.

Staff also received a certificate for training through the AMIKids training university.

ASPEN mandates that the program shall document, through an attendance sheet which must include a staff signature or electronic verification, that staff understand

	the training they have received. Documentation will be kept in employee files. There are 4 PREA Posters about Sexual safety located throughout the facility. All of the staff interviewed were able to articulate and communicate their understanding of each of the training topics. Compliance was determined by reviewing the preservice and in-service training curriculum, as well as a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.331 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.332: Volunteers and Contractors Training with acknowledgement of training Volunteers interview Contractor Interview 115.332 (a): The PAQ requires the agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility provided a volunteer and contractor Contract with the PREA training curriculum. ASPEN policy mandates: All volunteers must be approved by the executive director and will have child abuse and neglect hot line checks ran on them before they will be allowed to volunteer in the facility. A drug test/criminal record may also be requested. Volunteers and support staff shall receive orientation and updated training appropriate to their respective duties and obligations as it relates to child abuse, neglect or harassment and ways to report. Volunteers and contractors will sign a contract that outlines the facility's zero-tolerance policy, their reporting

	duties, and the procedures for reporting. Volunteer and contractor interviewees indicated they had received training on PREA and had signed the training before meeting with residents. 115.332 (b): The PAQ requires that the level and type of training provided to volunteers and contractors shall be based on the services they offer and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The facility policy indicates that volunteer training provides that the level and type of training provided to volunteers and contractors is based on the service they offer and the level of contact with youth. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 115.332 (c): The PAQ requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information. During the last year, the center had one contractor and nine volunteers. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.332 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.333:

ASPEN Policy 633 Resident Education

PREA acknowledgement form

Grievance Process

No Means No Reporting options

AMIKids PREA training

Guides to access the video.

Additional Training

115.333 (a):

The PAQ requires during the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided ASPEN Policy 6.33 Resident Education PREA training video, Resident Handbook, Safety First with PREA acknowledgement forms, and PREA Brochures.

The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment.

PREA Policy - Resident Training

During the Intake Process, residents receive a handbook and staff provides information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and further, how to report incidents or suspicions of sexual abuse or sexual harassment.

The staff read the two-page orientation and explained the terminology in the orientation document. In the interview, the intake staff indicated that some of the residents don't know what some of the words mean, so she asks them after each section if they understand. If they don't, I will explain the information to the youth.

Within ten (10) days of intake, ASPEN shall provide comprehensive age-appropriate education to residents in person.

ASPEN PREA Policy also requires that resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The interviewed intake staff reported that residents are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The information is provided to the residents via the Safety-First manual, video, youth handbook, and information boards in the dayroom. This orientation is conducted as soon as the resident arrives at the center.

Fourteen residents who were interviewed indicated they received the resident handbook and training when they first arrived at the facility. Staff read the orientation to them, discuss the information, and have them sign to confirm their understanding. The residents indicated that they see a PREA video upon arrival and several times during each week.

During the last 12 months, 20 residents have received the initial orientation.

115.333 (b):

The PAQ requires that, within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided a PREA juvenile comprehensive video with captions in English and the same video in Spanish with captions in Spanish, with information on emotional support and an acknowledgement form that the resident saw the video, received the orientation trifold, and understood the PREA training.

The comprehensive video includes all aspects of the PREA 115.333 standard. According to an interview with the facility's PREA compliance manager, the resident watches the video within 10 days of arrival at the center. Since I started working at the center, I have tried to go into the classroom each week and talk about PREA. I show the video almost every week.

Based on an interview with residents, it appears the video was shown the day after they arrived at the center.

115.333 (c):

The PAQ requires that current residents who have not received such education shall be educated within one year of the effective date of the PREA standards. Additionally, they shall receive education upon transfer to a different facility if the policies and procedures of the new facility differ from those of the previous facility.

The facility provided AMIKids-Aspen Policy, which requires that residents receive such education upon arrival or transfer at the facility, and shall receive education if they remain at the center more than 10 days.

In interviews with the intake staff, all residents have an initial orientation and a comprehensive education, which includes videos and brochures, when they arrive at the center.

115.333 (d):

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

The facility provided ASPEN Policy 6.33, numerous posters in English, and a contract for a language translator.

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

The facility can provide PREA education in formats accessible to all residents, including those who may be hearing impaired, Deaf, have intellectual, psychiatric, and speech disabilities, low vision, blind, limited reading, or limited English proficiency, and based on the individual needs of the resident.

The PREA videos are available in English and Spanish.

Staff interviews confirmed that residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor, and medical staff would work with the community resources to provide education to residents regardless of their limitations or disabilities.

The facility agency head indicated that the center has access to resources provided by the juvenile courts.

The education department provides one-on-one assistance in large print, visual aids, magnifiers, translation, and other services through each resident's individual Education Plan.

115.333 (e):

The PAQ requires the agency to maintain documentation of resident participation in these education sessions.

The facility provided acknowledgement forms for Student education.

ASPEN PREA Policy mandates that the facility shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements was reviewed, which supported the residents' involvement in PREA education sessions.

A file review of residents included an acknowledgement statement for orientation and comprehensive education.

115.333 (f):

	The PAQ requires, in addition to providing such education, that the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The facility provided a poster that indicates that, in addition to providing formal education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Posters were in the multipurpose room, front entrance, intake area, housing unit, and dining room. All posters were multicolored and easy to read. There were no posters that were blocked from being seen. The residents also receive a resident handbook. They included: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) Break the Chains of Silence Grievance Process No Means No Rules and; How to Report provides several ways for youth to make a report, including the child abuse/neglect hotline. All residents interviewed, both formally and informally, during the tour and subsequent visits to the recreation area, confirmed that staff talk to them daily about PREA. Compliance was determined by review of the agency policies, training curriculum, posters, resident files, and interviews with staff and residents. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.333 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.334: Statement of Fact.

	115.334 (a): The PAQ requires, in addition to the general training provided to all employees pursuant to § 115.331, that the agency ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The center does not conduct investigations. 115.334 (b): The PAQ requires Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The center does not conduct sexual abuse investigations. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.334 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.335: ASPEN Policy 6.35 Specialized Training: Medical and Mental Health Care Acknowledgement of Training Interview with: Facility Superintendent Medical Nurse Mental Health staff 115.335 (a): PAQ requires The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to

preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The center provided policy 6.334 which states: AMIKids Aspen will train all full and part-time medical and mental health care practitioners who work regularly in its facility on certain topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and proper reporting of allegations of sexual abuse and harassment. The agency does not employ any medical staff to conduct forensic exams.

1. All full and part-time medical and mental health care practitioners who work regularly on certain topic area, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and reporting of allegations of sexual abuse and harassment will be trained in those areas on an annual basis via In Service Trainings.

2. AMIKids Aspen does not employ any medical staff to conduct forensic exams. An external medical center, State agency, or Department of Juvenile Justice component will be responsible for conducting forensic exams and, therefore, will be responsible for its employees' training.

The training curriculum was reviewed. It was part of a continuing training through the PREA resource center and contained three modules that mirrored the standard requirements.

115.335 (b):

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

The facility AMIKids Aspen does not employ any medical staff to conduct forensic exams. An external State agency or Department of Juvenile Justice component will be responsible for conducting forensic exams and therefore will be responsible for its employee's trainings.

115.335 (c):

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

The agency provided certificates of specialized training for medical and mental health practitioners who work regularly in its facility. The staff receive documented training.

	115.335 (d): The PAQ requires that Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency. The contracted staff received annual training as verified through interviews with the medical and mental health people and review of the acknowledgement of training. In an interview with the medical staff, she indicated that she is a full-time employee and has received new staff PREA training through the AMIKids Virtual University and additional specialized training. In an interview, the mental health professional indicated that she has received both basic PREA training and specialized training. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.335 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.341: ASPEN Policy 6.41 Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Sexual Assault Victim/Assailant Checklist Interviews: Staff responsible for Risk Screening PREA coordinator PREA compliance manager 115.341 (a)(b) The PAQ requires within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use

information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Such assessments shall be conducted using an objective screening instrument.

The facility provided ASPEN Policy 6.41

ASPEN Policy 6.41 mandates AMIKIDS Aspen will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will perform this assessment within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement and conduct the assessment using an objective screening instrument. The standard provides a number of areas that the agency should attempt to ascertain information about during the screening and requires that these areas be addressed through conversations with the resident during the intake process and medical/mental health screenings; during classification assessments; and through the review of court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Procedure:

1. Every youth admitted to AMIKIDS ASPEN will be screened for vulnerability to victimization and sexually aggressive behavior prior to room assignment.
2. Room assignments by staff shall ensure a youth's potential for victimization or predatory risk has been reviewed using at a minimum the following:
 - a. The screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form- RC 8050-2 Exhibit A, revised March 2014. The form will be placed in the youth's case management file.
3. If the youth is determined to be at risk, it will be documented in the alert log.
4. The resident's risk level will be reassessed periodically throughout their confinement.
5. Youth may not be disciplined for refusal to answer any particular question on the screening instrument or for not disclosing complete information.

According to the PAQ 16 or 100% were administered the risk assessment within 72 hours of arrival at the center

An objective screening tool shall be used for this assessment.

The facility utilizes an intake process that includes the completion of an intake sheet, Sexual Assault Victim/Assailant Checklist (SAVAAC), MAYSI and Medical/Mental Health Screening form. All of these forms guide the staff and inform them of victims and predatory tendencies.

115.341 (c):

The PAQ requires at a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. During the screening, the therapist will contact the resident's legal guardian and discuss the resident's past history, known sexual orientation and any concerns about his safety.

AMIkids-ASPEN is mandated by contract to utilize the Florida Department of Juvenile Justice Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) screening instrument.

The facility provided copies of the VSAB, which includes Possible Victim Status:

1. Age 15 or under
2. Small physical stature/Lacking in physical maturity
3. Developmental disability or mental illnesses
4. First time in a detention facility
5. Perceived to be Homosexual, Bisexual, Transgender, Intersex or Non-Conforming
6. Any incidents of consensual sex in a facility
7. History as a victim of sexual abuse or sexual assault
8. Very low maturity level
9. Physical disabilities
10. Juvenile perceives him/herself as vulnerable

Potential Predatory Factors

Pending sexual assault allegation or prior sexual assault referral

History of institutional predatory behavior

History as preparator of sexual abuse

History as perpetrator of physical abuse

Gang affiliation

The staff that conduct the screening interviewed indicated the initial risk screening will look at Gender, age, sex, physical stature, pending charges prior to residential care, mental and physical health disabilities, emotional and intellectual disabilities. History of juvenile sexual abuse (victim/ predator).

115.341 (d).

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

PREA Policy indicates this information may be gathered through conversations with the juvenile during the intake process, medical/ health screenings, or classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the juvenile's files.

The staff interviewed, responsible for risk screening, reported that they attain the information through conversation and review of records. The case manager indicated she spend approximately four hours with the residents when they first arrive at the center. She explains PREA and their rights and reviews their files with the resident. She then explains what the VSAB is used for and explains each of the questions.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.341 (e).

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The PREA policy indicates that gathered information shall not be shared with other juveniles or anyone else not employed by the ASPEN or the juvenile court without a need to know.

Interviews:

The interviewed PREA Coordinator reported that staff who need to know have access to Risk Assessments. All staff are required to maintain confidentiality; this requirement is a part of the hiring process.

The interviewed PREA compliance manager reported that only specific staff such as the case manager, mental health, executive director, program manager, and DJJ case manager are allowed to review the screening instrument.

The staff interviewed responsible for risk screening reported that all staff have

	access however they are required to sign confidentiality forms. The center conducts a rescreening every 10 days, exceeds expectations and amplifies the center utilizing the screening to establish a safe environment for youth. At the time of the audit, there were no residents determined to be at risk who had been assigned to the center for more than 30 days. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.341 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.342: Interviews with: PREA coordinator Facility superintendent PREA Compliance Manager Random Staff 115.342 (a)(b): The PAQ requires the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents to keep all residents safe and free from sexual abuse. The PAQ requires that Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The facility provided PREA Policy 6.42, which mandates that AMIKIDS Aspen will use information obtained from VSAB and other mental health appraisals to inform

housing, bed, work, education, and program assignments to keep all residents safe and free from sexual abuse.

Residents will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKIDS Aspen will ensure that residents have access to daily large-muscle exercise, treatment, and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety and the reason why no alternate means of separation can be arranged. The AMIKIDS Aspen will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation. AMIKIDS Aspen prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, beds, or other assignments solely based on such identification or status. AMIKIDS Aspen prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. AMIKIDS Aspen makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis to ensure the youth's safety.

The PREA compliance manager explained that the center has two living units with a total of 28 single beds.

Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status.

The interviewed PREA Coordinator reported that the facility does not have special housing units for lesbian, gay, bisexual, transgender, or intersex residents. ALL youth are placed in the same type of room/cell. They're individual rooms, so there is immediate separation for all.

The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment.

115.342 (c):

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

The facility provided ASPEN Policy, which clearly documents that Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in housing, beds, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not an indicator of the likelihood of being sexually abusive.

The facility indicated that they have not housed a transgender or intersex youth at the center.

The PREA Coordinator interview indicated ASPEN does not have special housing units for LGBTI youth.

115.342 (d) – (f)

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

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.

A transgender or intersex resident's view concerning his or her own safety shall be given serious consideration.

The facility provided ASPEN Policies and Procedures, which clearly indicate that when assigning a transgender or intersex youth to a male or female facility, staff shall consider on a case-by-case basis, 1) whether a placement would ensure the youth's health and safety, and 2) whether the placement would present management or security problems. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

Such placements and programming assignments shall be reassessed every six (6) months to review any threats to safety experienced by the youth. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

There was no transgender resident at the center during the on-site audit. In interviews with the facility administrator, the decision of placement of the resident is part of a continuing care program that includes the community staff, parent or legal guardians, youth, and medical clinician.

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

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

The interviewed PREA compliance manager reported that all youth are housed in two cottages.

	The interviewed PREA Coordinator reported that the facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. All youth are placed in the same type of room/cell. They're individual rooms, so there is immediate separation for all. 115.342 (g) The PAQ requires that transgender and intersex residents be allowed to shower separately from other residents. The facility provided the ASPEN Policy, which indicates that transgender and intersex residents are offered the opportunity to shower separately from other residents. The facility did have a transgender or intersex resident during the audit period. Random staff interviewed indicated that all residents are showered separately from each other. The average population is 15, and the present population is 15. 115.342 (h)(i) The PAQ requires that if a resident is isolated pursuant to paragraph (b) of this section, the facility shall document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. According to interviews with the facility administrator, the facility would place residents on one-on-one supervision until they could resolve the risk. They would not be able to isolate in a room or housing unit. We would review every thirty days; however, I'm not sure what we would be reviewing. We are a non-secure residential program. During a tour of the facility, the auditor did not find any rooms that were isolated from other residents. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.342 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with this standard 115.351:

ASPEN Policy 6.51 Resident Reporting

PREA Training Manual

Mail and phone procedures. (site review)

Youth Reporting Posters

Interviews

Random Residents

PREA compliance manager

Random Staff

115.351 (a)

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

The AMIKids-Aspen PREA Policy states AMIKIDS ASPEN will provide multiple ways for residents to report sexual abuse and harassment, and at least one way for residents to report to an entity that is not part of the agency. The standard also requires that agencies provide contact information to residents detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security. Residents must be provided with the tools necessary to make a written report. Finally, staff must have a method to report sexual abuse and harassment of residents privately, and staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties.

1. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways:

- a. Inform their advisor, shift supervisor, or any staff they may feel comfortable with verbally or through written communication.
- b. Complete and submit a grievance form.
- c. Request to speak with their treatment counselor.
- d. Request an appointment to speak with any Director, including the Executive Director.

2. Residents can report abuse or harassment to a public or private entity or office that is not part of AMIKIDS Aspen in the following ways:
 - a. Request to call the abuse hotline (1-800-96ABUSE). These numbers are posted throughout the facility and are given to the residents during intake.
 - b. Residents can call the Rape Crisis hotline. This number is posted throughout the facility.
3. Residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security during the intake process.
4. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports, including verbal, within 8 hours of gaining knowledge.
5. AMIKIDS Aspen has established procedures for staff to privately report sexual abuse and sexual harassment of residents via the following ways:
 - a. Staff at any time can call the abuse hotline to report sexual abuse and sexual harassment of residents.
 - b. Staff can inform supervisors in writing anonymously.
 - c. Staff can speak at any time with a Director, including the Executive Director, on a one-on-one basis.
6. Staff are trained during their first 5 days of employment.
7. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways:
8. Inform their advisor, shift supervisor, or any staff they may feel comfortable with verbally or through written communication.
9. Complete and submit a grievance form.
10. Request to speak with their treatment counselor.
11. Residents can report abuse or harassment to a public or private entity or office that is not part of AMIKIDS Aspen in the following ways:
12. Request to call the abuse hotline (1-800-96ABUSE). These numbers are posted throughout the facility and are given to the residents during intake.
13. Residents can call the Rape Crisis hotline. This number is posted throughout the

facility.

14. Residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security during the intake process.

15. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports, including verbal, within 3 hours of gaining knowledge.

16. AMIKIDS Aspen has established procedures for staff to privately report sexual abuse and sexual harassment of residents via the following ways:

17. Staff at any time can call the abuse hotline to report sexual abuse and sexual harassment of residents.

18. Staff can inform supervisors in writing anonymously.

19. Staff can speak with a director, including the Executive Director, at any time, on a one-on-one basis.

20. Staff are trained during their first 5 days of employment regarding their reporting requirements and how they can make a report. Staff receive refresher training annually.

PREA posters guide the residents on multiple ways to make a report. On-site, the auditor observed that posters were placed throughout the facility. In addition, there were grievance boxes located in the housing area. Near the grievance boxes, there were accessible forms ready for the residents or staff to complete a grievance.

During the on-site audit, the Poster was revised to make the SC child abuse hotline serve as an outside reporting agency.

The Resident handbook was reviewed and contained the same information.

115.351 (b):

The PAQ requires the agency to provide at least one way for residents

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

PREA Policy requires the facility also to provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward resident reports of sexual

abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the Child sexual abuse hotline. Residents may request to use a telephone with some degree of privacy to call the hotline and that mandates staff not to question residents about the reason for the call. The facility also has the national child abuse hotline posters located throughout the center.

Staff at Pathway to Healing provide a hotline for emotional support and assist in reporting. The staff interviewed indicated they would make an anonymous third-party report of allegations of sexual abuse and would notify local law enforcement and the center. They would not utilize the reporting resident's name.

The auditor called the child abuse hotline and was asked to leave a message or, if reporting, leave a detailed message. Enforcement, if it rose to that level. Staff indicated that anyone could call the child abuse hotline, including anonymous reports. The same system will be applied in notification when a third party or anonymous person makes a report.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

115.351 (c):

The PAQ requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The ASPEN PREA Policy requires any staff, contractor(s), or volunteer(s) who receive a report of sexual misconduct or possible sexual misconduct to ensure that it is reported to the Child Abuse hotline, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. Apart from reporting to supervisors or officials and designated state or local service agencies, staff are prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

All staff, contractors, and volunteers are required to report immediately any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the Child Abuse Hotline, local law enforcement if criminal in nature, as required by mandatory reporting laws and Department policy.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All staff and residents interviewed revealed they are familiar with the provisions of the standard.

All the residents' interviews demonstrated their familiarity with the various ways they may report, either in person, in writing, by phone, completing a PREA/ grievance or Medical Request Form, or through a third-party.

Interviewed residents and staff were aware that third-party reports could be made and that reports could be made anonymously.

Staff members interviewed were aware of their duty to receive and document third-party reports. Staff indicated they would accept a verbal report, which was completed.

An incident report should be filed, the shift supervisor notified, and the Child Abuse hotline contacted as soon as possible, but no later than three hours.

115.351 (d):

The PAQ requires that the facility provide residents with access to the necessary tools to make a written report.

The facility provides residents with access to the tools required to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit, pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit, the auditor observed the accessibility of writing utensils to the residents.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

The administrator and staff must immediately notify the Child Abuse Hotline. Staff and the Facility Administrator confirmed that staff may report directly to the SCDJJ or the local Police Department.

The facility administrator will coordinate with the staff to contact the Child Abuse hotline, local law enforcement, an attorney, a judge, and the legal guardian.

115.351 (e):

The PAQ requires the agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

Policy 6.51 provides that Staff at any time can call the abuse hotline to report sexual abuse and sexual harassment of residents.

	Staff can inform supervisors in writing anonymously. Staff can speak with a director, including the Executive Director, on a one-on-one basis at any time. Staff are trained during their first 5 days of employment regarding their reporting requirements and how they can make a report. Staff receive refresher training annually. All staff interviewed knew of the ways they could make an anonymous report. Compliance was determined through a review of posters, policies, and staff interviews, as well as calls to the child abuse hotline and consultations with the PREA Compliance manager. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.351 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.352: AMIKids-Aspen policy 652 Exhaustion of Administrative Remedies Interviews with Staff Resident 15.252 (a): The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The center provided PREA Policy -Exhaustions of Administrative Remedies. It is AMIKIDS Aspen's policy that a resident's grievance regarding sexual abuse is an allegation of sexual abuse. Therefore, reporting and investigation policy and procedures will be initiated. AMIKIDS Aspen does not have administrative

	procedures to address resident grievances regarding sexual abuse. Allegations of sexual harassment grievances will be addressed through the facility's grievance process. Residents can file an allegation of sexual abuse through the grievance system; however, it will be forwarded to South Carolina DJJ or the local Police for investigation. If it is an emergency grievance, the center will utilize the coordinated response plan and provide appropriate protection for the resident (s). The auditor has determined current operations and practices meet the requirements of PREA Standard 115.352 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.353: MOU with Pathway to Healing National Child Abuse Hotline Poster Victim Advocate Posters Resident Handbook Interviews with Facility Executive Director PREA Compliance Manager Pathway to Healing 115.353 (a): The PAQ requires the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers,

including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility provided Poster and Resident handbook information on contacting the Pathway to Healing.

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

There are posters located throughout the facility regarding US Citizenship and Immigration Services and corresponding address and telephone number.

115.353 (b):

The PAQ requires the facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility provided the center had an MOU with the Pathway to Healing and allowed residents to utilize the program. When contacted the center staff indicated the program has a crisis center hotline, provides emotional support staff and victim advocates

PREA Policy requires the center to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. When contacted by phone the center's staff explained they always tell the caller that the telephone calls are confidential.

115.353 (c):

The PAQ requires the agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents. The center has an MOU with Pathway to Healing

The MOU did not provide all services that are provided by Pathway to Healing and the auditor requested clarification for all services that the center provided the Center. A corrective action plan was implemented, and the MOU was revised to explain the service provide by Pathway to Healing and expectation of assistance the Center will provide to ensure the program is successful.

The agency head has contacted the and the center director provided an email of the status of the request for additional information be provided as part of the MOU.

In interview with staff from the Pathway to Healing, it was noted that the center provides a crisis hotline for emotional support and victim advocacy services, and The emotional support (Crisis) hotline was noted by the auditor during the tour.

115.353 (d):

The PAQ requires the facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The facility provided PREA Policy -Mail and Detention and Resident Handbook. The Handbook includes:

AMIKIDS Aspen will inform youth during the intake process that they will be provided with reasonable and confidential access to their attorneys, and other legal representation.

AMIKIDS Aspen provides residents with access to parents or legal guardians with a minimum of one phone call per week.

The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians.

Residents indicated they are allowed to call their parents two times a week and can make a private call in an office if they need to talk to the parents/legal guardian about legal or private matters. Residents indicated the center has a skype on one of the computers that residents are allowed to use to visit with their parent or parents can come to the center every other week to visit them.

According to an interview with the facility executive director, we ask attorney to

	make an appointment to see youth or set up a time to talk by phone or zoom with attorneys. However, we will not turn a verified attorney away from seeing his client. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated families could visit and they provided the days and times of visit and for phone calls. The resident indicated the staff dial the number and then allows them to take the phone into their room to talk to their attorney or parents. The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The residents can contact their attorney by requesting an attorney call and staff will expedite the call and let the resident call from a private office. The PREA compliance manager indicated that attorneys or residents can set up call times and the residents is allowed to use one of the cell phones located in the control room and use a private office to talk to their attorney. The PREA compliance manager indicated they do the same thing with parents if it is an emergency or if the resident needs to talk to parents about private matters. Residents interviewed formally and informally while touring the facility indicated they were allowed to visit their families and are allowed to talk privately with their parents or legal counsel. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.353 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.354: AMIKids-Aspen - Third Party Reporting (No Mean No) South Carolina Department of Juvenile Justice Poster for third-party reporting 115.354 (a)

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

The center provided PREA Policy, posted third-party reporting procedures, and information for family, volunteers, contractors, and SCDJJ reporting.

Reporting Posters were posted in the visitation room and the main lobby of the facility. The posters contain a phone number and the various ways for families to make a notification of sexual abuse or sexual harassment to the Division of Children Services. The poster was brightly colored and prominently displayed. Additionally, it included a link to the National Child Abuse Hotline, located in the visitation area.

All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline, and local law enforcement.

SCDJJ Reporting Posters were posted in the visitation room and the main lobby of the facility. The posters contain a phone number and the various ways for families to make a notification of sexual abuse or sexual harassment to the Division of Children Services. The poster was brightly colored and prominently displayed. Additionally, it included a link to the National Child Abuse Hotline, located in the visitation area.

The Prison Rape Elimination Act (PREA) is a Federal Law that deals with the sexual abuse of incarcerated persons. It covers youth and adult detention facilities, including "any federal, state, or local confinement facility, including local jails, police lockups, juvenile facilities, and state and federal prisons". Short-term holding facilities and local jails, regardless of size, are also subject to the provisions of PREA.

A copy of the federal PREA law, Public Law 108-79, codified as 42 USC 15601, can be found on the following website: <http://www.gpo.gov/fdsys/pkg/PLAW-108publ79/pdf/PLAW-108publ79.pdf>

A copy of the Federal Register, June 20, 2012, Vol. 77, "Final Rule of the PREA Standards, 28 CFR Part 115" can be found on the following website: <http://www.prearesourcecenter.org/>

Contact: Standards Manager, Standards@djj.sc.gov

Division of Investigative Services Hotline: 1-866-313-0073

The auditor called the investigator services hotline and spoke with one of the agency's investigators. He indicated that the investigative unit investigates calls to their office. They notify the center if the report is an emergency one that requires protecting the youth.

The auditor has determined that current operations and practices meets the requirements of PREA Standard 115.354 based upon documentation provided and interviews conducted.

	Corrective Action (None)
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.361: Evidence relied upon in making the compliance determination ASPEN Policy 6.61 State of South Carolina Mandatory Reporting Laws Interview: PREA Compliance Manager Facility executive director Random Staff Team Member Reference Guide Handbook 115.361 (a) (b):(c) The PAQ requires The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. The PAQ requires, apart from reporting to designated supervisors or officials and designated State or local services agencies, that staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility provided ASPEN Policy 6.61, Staff PREA Education and Training, and Team Member Reference Guide Handbook. The AMIKids-Aspen updated the policy to state that “ASPEN shall require all employees and external service providers to comply with South Carolina mandatory

child abuse reporting laws.”

AMIKIDS Aspen 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

1. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

2. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

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

4. If the alleged victim is under 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.

5. If a juvenile court retains jurisdiction on the alleged victim, the facility head or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.

6. All staff are required to comply with South Carolina Child Abuse laws.

The facility provided ASPEN PREA South Carolina Law, Team Member Reference Guide Handbook, and staff training. 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.

The facility provided ASPEN Policy 6.61, Staff PREA Education and Training, and Team Member Reference Guide Handbook.

The AMIKids-Aspen updated the policy to state that “ASPEN shall require all employees and external service providers to comply with South Carolina mandatory child abuse reporting laws.”

AMIKIDS Aspen 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

1. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

2. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

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

4. If the alleged victim is under 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.

5. If a juvenile court retains jurisdiction on the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

6. All staff are required to comply with South Carolina Child Abuse laws.

The facility provided ASPEN PREA South Carolina Law, Team Member Reference Guide Handbook, and staff training. 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.

The facility provided ASPEN Policy 6.61, Staff PREA Education and Training, and Team Member Reference Guide Handbook.

The AMIKids-Aspen (ASPEN) updated the policy to state that "ASPEN shall require all employees and external service providers to comply with South Carolina mandatory child abuse reporting laws."

AMIKIDS Aspen 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

1. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

2. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

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

4. If the alleged victim is under 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.

5. If a juvenile court retains jurisdiction on the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

6. All staff are required to comply with South Carolina Child Abuse laws.

The facility provided ASPEN PREA South Carolina Law, Team Member Reference Guide Handbook, and staff training.

Team Member Reference Guide Handbook includes that AMIkids also provides a Report Its hotline -

If a Team Member is uncomfortable voicing their concerns to their direct supervisor, Executive, Regional Director, or Human Resources, They have an alternative: the Report It service. This independent, third-party hotline offers a simple, risk-free way to anonymously and confidentially report suspicious activities.

To report ONLINE, go to www.reportit.net, click "Report it Online" then "report now", enter Username and Password.

Username: amikids

Password: amikids1

To report by PHONE, dial the hotline number 1-877-778-5463

South Carolina Child Abuse Reporting laws overview indicated South Carolina child abuse laws define child abuse as actions by a parent, guardian, or caregiver that harm or endanger a child. This includes physical abuse, neglect, and endangerment, with specific laws addressing each. Mandated reporters, including healthcare and educational professionals, are required to report suspected cases of child abuse.

Twelve staff were interviewed. Each of the people interviewed knew they were mandated reporters and were aware that they reported to their shift supervisor and Child Abuse Hotline and only to another person on a need-to-know basis. All staff interviewed indicated they can make an anonymous report by calling the Child Abuse Hotline or speaking to the PREA coordinator or facility director in private.

The PREA compliance manager confirmed the center operates within the policy mandates.

The executive director interviewed indicated she is responsible for contacting the parents or legal guardian.

115.361 (d):

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

In interviews with the medical and mental health staff that each were aware of their duties to report their duties to inform residents of their reporting duties. Neither have had an allegation reported to them at the center. Each also indicated that they are mandated reporters and advise their duties to report to all residents upon admission to the center.

115.361 (e):

The PAQ requires 1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under 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. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility provided interviews with PREA Compliance Manager and Superintendent and ASPEN PREA Policy.

PREA Policy provides that upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The interviewed PREA compliance manager reported that when the facility receives an allegation of sexual abuse call, they will call the Child Abuse/Neglect Hotline. Following the call, the reporting staff is required to write a report. If a juvenile court retains jurisdiction over the victim, they are informed within 24 hours of any allegations of sexual abuse.

The interviewed executive director reported if there is an allegation of sexual abuse or sexual harassment the allegation is reported to them and then she would report through the hotline number to be investigated. SC DJJ will investigate for sexual harassment. We would notify probation or case workers so they could let parents and guardian know. This would occur immediately.

115.361 (f):

The PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The facility provided ASPEN PREA Policy 6.61 and staff training:

Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify child abuse hotline immediately when informed of an allegation of sexual abuse or sexual harassment. The facility staff on

	duty will immediately notify Local Law Enforcement of any allegation that is criminal in nature. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation. The center has not had an allegation of sexual abuse or sexual harassment in the last three PREA cycles. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.361 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.362: ASPEN Policy 362 Agency Protection Duties Interview PREA Compliance Manager Facility executive director Random Staff PAQ 115.362 (a) The PAQ requires that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The center provided PREA Policy 362, which requires staff to protect the residents by immediately implementing protective measures. Interviews with the residents revealed their concerns about their safety during the intake process and the administration of Screening assessments. Policy requires that if the residents allege that they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the

resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff of the highest authority at the facility and the assistant facility administrator, or facility administrator. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been no instances where residents were in imminent danger of sexual abuse.

During the formal interviews with residents, the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe, and the staff at the center were available to them if they had any concerns.

The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, move them to a safe location, immediately contact the shift supervisor, and the facility superintendent. Such actions will be taken immediately.

The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, ASPEN would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator with whom the resident is at risk of imminent sexual abuse. It is expected that staff will respond immediately.

The interviewed facility executive director reported that when they learn that a resident is at substantial risk of imminent sexual abuse, staff are trained to separate the residents immediately. We may have to change cottages, monitor daily, and change classrooms. Check to see if there are other potential red flags. It is expected that staff will respond immediately.

Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility executive director. substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The center provided PREA Policy 362, which requires staff to protect the residents by immediately implementing protective measures. Interviews with the residents revealed their concerns about their safety during the intake process and the administration of Screening assessments.

Policy requires that if the residents allege that they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff of the highest authority at the facility and the assistant facility administrator, or facility administrator. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been no instances where residents were in imminent danger of sexual abuse.

During the formal interviews with residents, the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe, and the

	staff at the center were available to them if they had any concerns. The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, move them to a safe location, immediately contact the shift supervisor, and the facility superintendent. Such actions will be taken immediately. The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, ASPEN would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator with whom the resident is at risk of imminent sexual abuse. It is expected that staff will respond immediately. The interviewed facility executive director reported that when they learn that a resident is at substantial risk of imminent sexual abuse, staff are trained to separate the residents immediately. We may have to change cottages, monitor daily, and change classrooms. Check to see if there are other potential red flags. It is expected that staff will respond immediately. Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility executive director. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.362 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.363: ASPEN Policy 363 Reporting to Other Confinement Facilities Statement of Fact Corrective Action Plan Interviews Executive Director Agency Head

	115.363(a-d) The PAQ requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Revised standard policy 363 states that "If the allegations involve sexual abuse that occurred while confined at another facility, the executive director shall notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately that a hotline report is being made on behalf of the reporting resident. The document will be provided as soon as possible, but no later than 72 hours from receipt of the allegation. The PREA Compliance Manager shall maintain documentation of notification During the past 12 months, there were no allegations received that a resident was abused while confined to another facility. The agency head indicated in the interview that the center must immediately notify the sending center and the Child Abuse Hotline. The facility was not aware of the requirement and has notified that he has amended the policy and will make the notifications. Based on the review of the agency's Policy and procedures, and information obtained through staff interviews, the facility has demonstrated compliance with this standard. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.363 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.364:

ASPEN Policy 364 First Responder

Staff training

Random Staff interviews

115.364 (a):

The PAQ requires Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating 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.

The facility provided policy ASPEN Policy and staff/contractor training.

All staff at the center have been trained in direct supervision and can act in the role of direct care staff at any time. All staff are also considered first responders.

ASPEN PREA Policy states that "ASPEN residential facility shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse

Upon receipt of notice that any sexual abuse has occurred in the last 72 hours, whether informed by the victim or a third party, take the following actions:

First responders' protocol training requires.

(1) Separate the alleged victim and abuser.

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

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

	Twelve staff were interviewed. Each of the staff members was able to articulate their responses if a resident made an allegation of sexual abuse. Ten of the staff indicated they would separate the victim and abuser and request that the victim and abuser not do anything to destroy any evidence. 115.364 (b): The PAQ requires that if the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. ASPEN indicated that all staff at the center have been trained on direct supervision and can act in the role of a direct care staff at any time. All staff are also considered first responders. Staff interviewed confirmed they knew their obligations when a resident makes an allegation or they suspect an incident of sexual abuse has occurred. During the last 12 months, there were no allegations of sexual abuse made by a resident. Twelve staff members interviewed indicated that all staff were aware of the responsibilities to protect the resident, secure the scene, notify the supervisor, and remain with the victim until properly relieved. Six of the staff interviewed indicated they would immediately notify the local law enforcement. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.364 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.365: Coordinated Response Plan Interview with the facility executive director 115.365 (a) The PAQ requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first

	responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided the Emergency Response Plan of expected responses by staff, which includes coordinated actions of employee first responders, immediate supervisors, medical staff, mental health staff, and facility leadership in response to an incident of sexual abuse. The interviewed Superintendent reported that the facilities coordinate response is that initially direct care staff they are going to ensure safety with the victim, separate parties involved, make sure that they are not tampering with the evidence (no shower, change of clothes, leave site in tac), they will notify me and I will contact the local Police Department and making a hotline call. We would offer a follow-up for emotional support services. We also provide residents with the opportunity to have a community victim advocate offer support services. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.365 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.366: ASPEN Policy 366 Preservation of the ability to protect residents from contact with abusers Statement of Fact AMIKids-Aspen does not have a collective bargaining agreement. In interviews with the Facility agency head, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. ASPEN Policy 366 states that AMIKids Aspen does not enter into collective bargaining agreements. Therefore, AMIKIDS Aspen will not enter into or renew

	collective bargaining agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. Current operations and practices meet the requirements of PREA Standard 115.266. Corrective Action: (None)
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.367: ASPEN Policy 6.67 Protection Against Retaliation Attachment 6.67A Interviews with: Agency Head Facility executive director Operations Director PREA compliance manager Staff who conduct Retaliation Monitoring 115.367 (a): The PAQ requires the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. The facility provided PREA Policy 633 and related forms, and a staff member was assigned collateral duty to monitor for retaliation. Policy 6.67 did not include all areas of the standard. A corrective action plan was implemented. The center added the following to the standard: 1. Retaliation will begin as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment and will continue for a minimum of 90 days.

2. Retaliation may continue beyond 90 days based on the investigation, the resident's safety, the resident's perception of safety, or staff concerns.

AMIK states that it is the policy of AMIKIDS Aspen to protect all residents and staff members from retaliation if they report sexual abuse and sexual harassment, or to protect from retaliation those who cooperate with sexual abuse or sexual harassment investigations.

1. Shift Supervisors will be directly responsible for ensuring all residents and staff members who report sexual abuse and sexual harassment are protected from retaliation.

2. The Operations Department, headed by the Director of Operations, is responsible for monitoring possible retaliation.

3. The Director of Operations will report to the Executive Director any instances of retaliation.

4. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination.

5. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.

6. Retaliation will begin as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment and will continue for a minimum of 90 days.

7. Retaliation may continue beyond 90 days based on the investigation, resident's safety, or perception of safety or staff concerns.

The center has developed a document for retaliation monitoring. During the last 12 months, there have been no allegations of sexual allegation of sexual abuse that are being monitored for retaliation.

At ASPEN, the PREA operations director and program manager monitor for retaliation.

The center compliance manager indicated that he would meet with the staff and residents and explain the retaliation monitoring process.

115.367 (b):

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

The facility provided the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services

for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility executive director stated that he would meet with the youth as soon as the incident was reported, and they would ask them about their safety concerns and make immediate accommodations as needed to protect the resident and staff.

The interviewed staff charged with monitoring for retaliation reported that their role in preventing retaliation against residents and staff who reported sexual abuse or sexual harassment, or against those who cooperated with sexual abuse or sexual harassment investigations, was to keep the victim and predator separate, and let the kids know of the supportive services available. The different measures taken include rotating residents separately from the accused. Have them in non-contact. When asked Do you initiate contact with residents who reported sexual abuse it was reported that we would make contact and check in at least once a shift.

The retaliation monitors and PREA compliance manager indicated they would provide resident housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services.

The interviewed agency head reported that they will protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. ASPEN allows residents to visit different dayrooms and rotate youth separately, thereby avoiding contact. Conduct will be monitored, and reassignments of employees involved will be amended. Additionally, periodic status checks with youth, log review, and other measures will be implemented. ASPEN should also consistently offer emotional support through "seeing a counselor" or obtaining extra support from a Community Victim Advocate. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the resident and/or employee should be monitored, and quick action should be administered to remedy any retaliation.

115.367 (c):

The PAQ requires that, for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. It shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility provided ASPEN PREA Policy, which requires the facility to monitor residents, beginning as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment, and will continue for a minimum of 90 days. Retaliation may continue beyond 90 days based on the investigation, the resident's safety, the resident's perception of safety, or staff concerns.

There have been no incidents of retaliation during the 12 months preceding the audit.

	115.367 (d): The PAQ requires, in the case of residents, that such monitoring shall also include periodic status checks. PREA Policy indicates that in the case of residents, such monitoring shall also include periodic status checks. The Retaliation monitor indicated status checks would be initiated with staff and residents. In interviews with the facility administrator and retaliation monitors, both indicated that they see the youth at the center almost every day, usually five to ten times a day, and conduct daily status checks with all youth. They also indicated that they are required to document their monitoring. The Retaliation Status Checklist would be used to document the status checks, as well as the Retaliation Monitoring Checklist, to document the ongoing monitoring and use of the Retaliation Status Checklist. 115.367 (e): The PAQ requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The facility provided ASPEN PREA Policy and interviews with the agency head and facility administrator. ASPEN PREA Policy indicated that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states that if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member. The facility executive director indicated he would monitor staff who report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident every week to ensure there is no retaliation for reporting sexual abuse or sexual harassment. Current operations and practices meet the requirements of PREA Standard 115.367. Corrective Action: (None)
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with

	standard 115.368: Statement of Fact Facility PREA Response Plan ASPEN PREA Policy 6.68 Post-allegation protective custody Interviews Facility Executive Director 115.368 (a): The PAQ requires that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. The center provided Policy 368, which states that it is the policy of AMIKIDS Aspen not to utilize isolation. Youth requiring protective custody will be assigned a direct staff member to provide one-to-one supervision of the youth. In an interview with the executive director, she indicated that the center is a staff secure residential program that includes two cottages, an education building, and an administrative building. A resident is always under the constant supervision of a staff member. A tour of the center revealed no isolated areas, rooms, or locked doors to segregate residents. During the tour, the staff did not use a key to access any areas of the center. Current operations and practices meet the requirements of PREA Standard 115.368. Corrective Action: (None)
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.371: ASPEN Policy 6.71 Criminal and Administrative Agency Investigations ASPEN Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations Interviews

Facility Administrator

PREA Coordinator

PREA Compliance Manager

115.371 (a):

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

The facility provided ASPEN PREA Policy which states AMIKIDS-Aspen does not have the legal capability of conducting its own investigations into allegations of sexual abuse and sexual harassment. AMIKIDS- Aspen will rely on the Columbia Police Department and/or the Department of Juvenile Justice to investigate sexual abuse. AMIKIDS- Aspen They will fully cooperate with these entities during the course of an investigation. AMIKIDS- Aspen will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKIDS- Aspen will document its efforts to remain informed about progress via progress notes.

The ASPEN PREA Policy requires that ASPEN shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. ASPEN has conveyed the PREA requirements to appropriate external investigating agencies. When outside agencies investigate sexual abuse and sexual harassment, ASPEN shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

The interviewed staff reported that an investigation for an allegation of sexual abuse or sexual harassment will be initiated immediately. Anonymous or third-party reports would be treated the same and conducted by an external investigator

115.371 (b):

The PAQ requires where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The center provided an MOU with Columbia Police Department and Pathway to Healing Victim Advocate.

The center has requested that Columbia Police Department utilized trained investigator.

15.371 (c):

The PAQ requires Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The facility provided staff training and facility response plan.

Staff training and the facility response plan requires that staff secure the evidence and provide assistance as required by law enforcement or SCDJJ investigators.

ASPEN PREA Policy indicates staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating.”

The twelve staff interviewed were aware of their responsibility to secure the scene and not allow victims or abusers to destroy the evidence. SCDJJ or the Columbia Police Department will collect evidence when they arrive on the scene.

115.371 (d):

The PAQ requires the agency not terminate an investigation solely because the source of the allegation recants the allegation.

AMIKIDS-Aspen does not have the legal capability of conducting its own investigations into allegations of sexual abuse and sexual harassment. AMIKIDS-Aspen will rely on the Columbia Police Department and/or the Department of Juvenile Justice to investigate sexual abuse. AMIKIDS- Aspen will fully cooperate with these entities during the course of an investigation. AMIKIDS- Aspen will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKIDS- Aspen will document its efforts to remain informed about the progress via progress notes.

AMIKIDS- Aspen shall request that the investigation continue solely because the source of the allegation recants the allegation, staff members resign, or the resident is transferred or released.

115.371 (e):

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

Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution.

115.371 (f):

The PAQ requires the credibility of an alleged victim, suspect, or witness who shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

AMIKIDS-Aspen does not have the legal capability to conduct its own investigations into allegations of sexual abuse and sexual harassment. AMIKIDS- Aspen will rely on the Columbia Police Department and/or the Department of Juvenile Justice to investigate sexual abuse.

115.371 (g):

The PAQ requires that administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

In interview with the PREA compliance manager SCDJJ investigative unit would conduct an administrative investigation and would include all aspects of standard 371.

115.371 (h):

The PAQ requires criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The MOU with Columbia Police Department includes a written report.

The center is not authorized to conduct investigations per contract with SCDJJ.

115.371 (i):

The PAQ requires Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The center is not authorized to conduct investigations per contract with SCDJJ

115.371 (j):

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

ASPEN policy states the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was

	committed by a juvenile resident and applicable law requires a shorter period of retention. 115.371 (k): The PAQ requires the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy 7.71 states that the center request that the investigation continue solely because the source of the allegation recants the allegation, staff members resign, or resident is transferred or released. 115.371 (m): The PAQ requires when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. ASPEN PREA policy mandates that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained in protecting the crimes scene and cooperating with investigative units. The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, we stay informed at the conclusion of the investigation. We will assist as directed by the investigation. The facility PREA compliance manager indicated in interview that if it were a criminal investigation, she has a good working relationship with the local law enforcement. Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility superintendent. The center has not had an allegation of sexual abuse or sexual harassment in the last three PREA audits. The facility superintendent indicated the center has not had any allegations of sexual abuse or sexual harassment. Current operations and practices meet the requirements of PREA Standard 115.371 Corrective Action: (None)
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following documents and policy(s) were reviewed to determine compliance with standard 115.372: ASPEN Policy 6.72 Evidentiary Standard for Administrative Investigations 115.372 (a): The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct any investigations. However, policy 6.72 mandates that AMIKIDS Aspen imposes a standard no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Current operations and practices meet the requirements of PREA Standard 115.372. Corrective Action: (None)
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.373: ASPEN Policy 373 Agency Policy (SCDJJ 6.11), Prison Rape Elimination Act (PREA) Notification of Investigation Form (blank) Interviews with: Facility Administrator PREA Compliance Manager 115.373 (a): The PAQ requires Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility provided SCDJJ policy 6.11 which requires at the conclusion of any law enforcement investigation into sexual abuse, the victim or the victim's parent(s) or

legal guardian(s) shall be notified the investigation has concluded. The Statewide PREA Coordinator will send a letter notifying residents/parents /legal guardian of charges and of the outcome of the investigation including the identification of the investigative entity and state the findings.

Based on an interview with the PREA compliance manager at the conclusion of an investigation, the PREA Compliance Manager will inform the victim of the allegation in writing whether the allegation has been substantiated, unsubstantiated, unfounded.

In the last three PREA cycles there have been no allegation of sexual abuse or sexual harassment to require notifications.

115.373 (b):

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

The center provided that all investigations are channeled to the SCDJJ coordinator who makes the notifications.

There were no investigations which required a notification provided to residents.

115.373 (c):

The PAQ requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The center provided that all investigations are channeled to the SCDJJ coordinator who makes the notifications.

115.373 (d):

The PAQ requires Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e):

The PAQ requires All such notifications or attempted notifications shall be documented.

	The center provided that all investigations are channeled to the SCDJJ coordinator who makes the notifications. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.373 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.376: ASPEN Policy 6.76 Disciplinary sanctions for staff Team Member Reference Guide Handbook Interview with: Facility Administrator 115.376 (a)(b)(c) The PAQ requires staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ requires Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility provided Team Member Reference Guide Handbook, PREA Policy Disciplinary sanctions for Staff, and statement of fact. Team Member Reference Guide Handbook states AMIkids has a zero tolerance toward all forms of sexual abuse, assault, harassment and/or misconduct. In accordance with the Prison Rape Elimination Act (PREA) and AMIkids philosophy, AMIkids will not tolerate sexual assault, abuse, harassment, misconduct and/or sexual relationships performed by youth, Team Member, interns, volunteers, contractors or any other parties involved in such conduct. All individuals should be

in an environment where they are free from fear of sexual assault. Reports of any sexual assault will be investigated and with respect to the individual's safety, dignity, and privacy without fear of retaliation.

115.376 (d):

The PAQ requires all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

ASPEN PREA Policy indicates that all terminations for violations of agency sexual abuse policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal.

Policy 6.76 did not include all areas of the standard and was revised to include all areas of the standard. A corrective action plan was implemented. The center revised the policy to include;

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

2. Termination shall be the presumptive disciplinary sanction for staff who have been engaged in sexual abuse

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

4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

According to an interview with the facility administrator, all staff members who are terminated or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated are reported to the local law enforcement unless the activities were not clearly criminal.

There has been no adverse action taken against staff for violation of the agency's PREA policy or related policies.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.376 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.377: ASPEN Policy 6.77 Corrective action for contractors and volunteers Interview with: Facility Administrator 115.377 (a) The PAQ requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. The facility provided ASPEN Policy 6.77 and an interview with the executive director. ASPEN 6.77 state ASPEN shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer. Contractors or volunteers will be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to relevant licensing bodies. 115.377 (b) The PAQ requires the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The facility provided PREA Policy and interviews with the facility superintendent. In interview with the facility executive director, he indicated that he has the authority to take remedial measures to prohibit contractors or volunteers from entering the centers. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents. Policy states ASPEN shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of

	sexual abuse or sexual harassment by a contractor or volunteer. There have been no allegations of sexual abuse or sexual harassment involving contractors and volunteers during the last 12 months. A corrective action plan was implemented. Policy 6.77 did not include all areas of the standard and was revised to include all areas of the standard. The revised policy provides that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.377 based upon documentation provided and interviews conducted. Corrective Action (None)
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.378: ASPEN Policy 6.78 Interventions and disciplinary sanctions for residents PAQ Interview with: Facility Executive Director 115.378 (a) (b): The PAQ requires that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The PAQ requires that any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services.

Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The facility provided Policy – 6.78

Policy states AMIKIDS Aspen will subject residents who are found guilty of engaging in resident-on-resident sexual abuse, either through an administrative investigation or criminal investigation, to disciplinary sanctions. The standard establishes requirements to determine the type and level of sanction that can be imposed. Additionally, AMIKIDS Aspen will offer therapy, counseling, or other interventions designed to address and correct underlying reasons for sexual abuse. AMIKIDS Aspen will consider offering participation in such interventions to the offending resident.

AMIKIDS Aspen prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contract. AMIKIDS Aspen is prohibited from considering a resident report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred to constitute false reporting or lying. AMIKIDS Aspen is also prohibited from assuming that sexual activity between residents is sexual abuse unless it's determined that the activity was coerced.

1. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.
2. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
3. AMIKIDS Aspen does not use isolation as a disciplinary sanction.
4. AMIKIDS Aspen will refer residents to the Department of Mental Health for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
5. Residents will not be denied access to general programming or education for refusing to participate in such interventions.
6. AMIKIDS Aspen will only discipline residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.
7. AMIKIDS Aspen prohibits all sexual activity between residents.
8. AMIKIDS Aspen deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

AMIKIDS Aspen will not take disciplinary action unless findings are substantiated

Based on the PAQ and interviews with the facility executive director, there have been no allegations of sexual abuse or sexual harassment and no finding of

resident-on-resident consensual sexual activity.

115.378 (c):

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

According to the Policy 6.78 and interview with the facility executive director when determining what types of sanction, if any, should be imposed, the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior

115.378 (d):

The PAQ requires If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education.

The PREA Policy states that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It was further reported that if the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

According to the mental health staff, these services would be provided by a trained therapist from the community.

115.378 (e):

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

The facility provided policy 6.78 which indicates the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

ASPEN deems such activity to constitute sexual abuse if it determines that the activity is coerced by the resident.

115.378 (f):

The PAQ requires for the purpose of disciplinary action, a report of sexual abuse

	made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. Policy 6.78 states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. 115.378 (g): The PAQ requires an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The facility provided 6.78 which indicates the center prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Residents interviewed indicated they were advised that they would be discipline for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible to maintain a safe environment for all residents. The statement of fact indicated during this audit period this facility has not had any incidents that require intervention for residents having sexual conduct. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.378 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.381: VSAB and mental health referrals Interviews: Staff who conduct screenings

115.381 (a)

The PAQ required If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The facility provided Policy 6.81

Policy states AMIKIDS Aspen requires that any resident who is identified as a past sexual abuse victim or abuser) Pursuant to the screening conducted in standard 115.341, an individual in an institutional setting is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. The standard limits information related to sexual victimization or abuse in an institutional setting only to medical and mental health practitioners and other necessary staff. AMIKIDS Aspen also requires medical and mental health practitioners to 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).

115.381 (b)

The PAQ requires If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a mental health practitioner within 14 days of the intake screening.

The facility provided intake screening forms for all residents, which includes a request to see mental health or medical staff. The resident handbook also states that at any time during their stay at the center, a resident can request to see a medical or mental health professional.

The AMIKids-Aspen PREA Policy states that “If the screening completed indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, ASPEN employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (c):

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

The facility provided PREA Policy which requires any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly

	limited to medical and mental health practitioners. 115.381 (d): The PAQ requires medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. There were no youth who claimed they had been a victim of sexual abuse in the past. This was confirmed by an interview with all but one resident and a review of all fifteen residents' VSAB. Current operations and practices meet the requirements of PREA Standard 115.381 based on interviews conducted and documentation reviewed. Corrective Action: None
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.382: AMIKids Aspen Policy 6.82 Access to emergency medical and mental health services Medical Forms Consent for Treatment Request for Health Information Consent to Report 115.382 (a) The PAQ requires resident victims of sexual abuse to 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. The facility provided ASPEN Policy 6.82, and MOU with Pathway to Healing. AMIKIDS ASPEN will provide timely, unimpeded treatment services to every victim without financial cost and regardless of whether the victim names the abuser or

cooperates with any investigation arising out of the incident.

The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

Resident victims of sexual abuse are 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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility has an MOU with Pathway to Healing that provides victim advocates. They indicated they presently do not have a SANE staff, however would utilize the SANE staff at PRISMA Health/Richland Hospital.

In an interview with the Pathway to Healing staff, she indicated their staff or trained on conducting SAFE. There is always a victim advocate with the child during the examination.

Prior to the SAFE the victim advocate will meet with the child and explain the procedures and remain with the resident during the examination and interview process. The victim advocacy center has staff on duty or on call twenty-four hours a day.

115.382 (b):

The PAQ requires If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided a coordinated response plan.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The coordinated response plan provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. Interviews with Prisma Health Prisma Health/Richland Hospital indicated there is an on call SAFE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted through Pathway to Healing.

115.382 (c):

	The PAQ requires resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility provided PREA Policy 6.82 and interview with medical staff. The Pathway to Healing staff indicated that the information about emergency contraception and sexually transmitted infections prophylaxis is part of the SANE process, and any child will have follow up services as part of the SANE process. The same information will be provided to victims in the follow-up meeting, examination and mental health follow-up. Policy indicates victims of sexual abuse receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis. Administrative staff indicated that the center would transport a victim of sexual abuse to the Prisma Health/Richland Hospital. 115.382 (d): The PAQ requires Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility provided the ASPEN PREA Policy and PREA Response Plan Following Resident Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. The policy revealed emergency services will be provided by medical and mental health staff located in close proximity of the center. The Pathway to Healing staff indicated they would provide follow-up service with resident either by telephone, at the center or in their office. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.382 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following documents and policy(s) were reviewed to determine compliance with standard 115.383:

ASPEN Policy 6.83 Ongoing medical and mental health care for sexual abuse victims and abusers

Interview with:

Pathway to Healing

Executive Director

115.383 (a):

The PAQ requires the facility to 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.

The facility provided ASPEN Policy 6.83 and interviews with medical staff, mental health staff, and staff with Pathway to Healing.

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

The facility executive director indicated in the interview that the facility would provide treatment, as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone who provides information on prior victimization or past predator behavior in order to comply with the standard.

Residents receive a mental health and medical screening upon arrival at the center and can request these services at any time.

The mental health staff indicated they see each resident when they arrive at the center and a minimum of once a month. They are usually seen each week. When the youth arrive at the center, I do a mental health evaluation and develop a treatment plan when appropriate.

The Pathway to Healing in interview indicated that anyone who goes for a SANE is scheduled for a follow-up meeting with the victim advocate. Typically, a youth is offered the services of a trained community volunteer to provide ongoing services to the youth.

The Pathway to Healing provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to the South Carolina Coalition against sexual victimization.

115.383 (b):

The PAQ requires the evaluation and treatment of such victims shall include, as

appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provided the Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the executive director and residents confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

115.383 (c):

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

In interview the medical and mental health staff indicated the services provided to the youth meet or exceed community standards.

PREA Policy states that Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards.

115.383 (d-e):

The PAQ requires Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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

ASPEN PREA Policy states forensic medical exams, and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

PREA Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.

In interview with Pathway to Healing, victims will be offered pregnancy test and

	provided information on access to lawful pregnancy-related medical services during the SANE process. 115.383 (f) The PAQ requires Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. PREA Policy states that “Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards. As part of the intake process, residents complete a medical screening that includes if resident is sexually active. 115.383 (g) The PAQ requires treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ASPEN Policy 6.82 indicates that all treatment services will be provided at no cost to the victim. 115.383 (h) The PAQ requires the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing Vulnerability Assessment. The auditor has determined that current operations and practices meet the requirements of PREA Standard 115.383 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.386:

ASPEN Policy 6.86 – Sexual Abuse Incident Reviews

Interviews with:

Incident Review Team PREA Compliance Manager

Executive Director

115.386 (a):

The PAQ requires the facility to 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.

The PAQ indicated there have been no incident review team meetings in the last 12 months.

The facility provided PREA Policy 6.86

Policy mandates AMIKIDS Aspen conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

1. Sexual abuse incident review will ordinarily be conducted within 30 days of concluding criminal or administrative investigation.
2. The sexual abuse incident review team will include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement and submit such report to the Executive Director and PREA compliance manager.
4. AMIKIDS ASPEN will implement the recommendations for improvement or document the reasons for not doing so.

The Executive Director was aware of his role to convene the Incident Review Team and provide the investigative files at the meeting.

115.386 (b):

The PAQ requires Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been no allegation of sexual abuse that required an IRT meeting.

115.386 (c):

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

The Sexual Abuse Incident Report provides a list of staff who would participate in the meeting. The list includes Executive Director, Director of treatment, and supervisory staff.

115.386 (d):

The PAQ requires The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The facility provided interviews with Incident Review Team Member, Facility PREA compliance manager, superintendent and agency head.

Each was asked if they would review the following based on the PREA policy.

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

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

Assess the adequacy of staffing levels in that area during different shifts.

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

Prepare a report of its findings utilizing a critical incident review form. Implement the recommendations for improvement.

Document implementation of recommendations or its reasons for not doing so.

	A member of the incident review team, agency head, executive director, PREA compliance manager confirmed that all areas identified above are reviewed in completing and incident review in interviews. 115.386 (e): The PAQ requires the facility shall implement recommendations for improvement or shall document its reasons for not doing so. The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the executive director, review documentation confirmed the incident review team meeting are documented, including recommendations. The interview with the Incident Review Team Member confirmed the facility prepared a report of its findings and recommendations for improvement when conducting a sexual abuse incident review. The PREA compliance manager and executive director indicated that any recommendations that can be made at the center are completed as soon as possible. Any recommendations that includes large expenses are forwarded to South Carolina Department of Juvenile Justice and AMIKids regional supervisor. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.386 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.387: ASPEN policy 6.87 Data Collection South Carolina Department of Juvenile Justice PREA annual report 2024 115.387 (a)(b): The PAQ requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The South Carolina Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions. AMIKids-Aspen will provide the South Carolina Department of Juvenile Justice with information/data when requested in order to accomplish that task.

The auditor reviewed the annual report for 2024 and 2025.

In interviews with the PREA compliance manager, the SCDJJ provides the standardized instrument utilized to gather the information that is sent to his office at least once a year.

SCDJJ utilizes the DOJ Form SSV-5 and Survey of Sexual Victimization Report as their standardized instrument, All data from the previous calendar year is provided to the Department of Justice as requested each year.

115.387 (c):

The PAQ requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

SCDJJ utilizes the DOJ Form SSV-5 and Survey of Sexual Victimization Report as its standardized instrument. All data from the previous calendar year is provided to the Department of Justice as requested each year115.387 (d):

The PAQ requires the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with SCDJJ.

115.387 (e):

The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

AMIKids-Aspen does not contract for confinement of residents.

115.387 (f):

The PAQ requires that, upon request, the agency provide all such data from the previous calendar year to the Department of Justice no later than June 30.

ASPEN policy mandates that upon request, the center shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The facility PREA compliance manager indicated that he is required to submit an

	annual report to the SCDJJ. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.387 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.388: Interview with: PREA Compliance Manager Agency Head Facility Executive Director 115.388 (a)(b): The PAQ requires The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The SCDJJ PREA coordinator provides a statistical review for the past four years and a summary of the analysis of the comparison. In reviewing the documentation, the SCDJJ indicated that Analysis of the aggregated data collected illustrates the agency's commitment to sexual safety in our facilities and culture of zero-tolerance. The agency head indicated the agency compares reports in order to review policies and enhance training. The interviewed PREA Coordinator reported that the agency reviewed data collected and aggregated pursuant to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings. We have not had an allegation of sexual abuse or sexual harassment in the years we have conducted

	PREA audits. Therefore, there has not been anything to compare with each year. The agency leadership reviews and approves the after-action plan following the leadership review and sign off on the final report. In the reports there is not specific identifying information made available to the public regarding who was involved in any specific matter. It is specified that this information is not included in the report for HIPPA and other privacy considerations. 115.388 (c): The PAQ requires the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The annual report is reviewed by PREA coordinator, his supervisor and agency leadership staff and signed by the Agency Head. It is then uploaded to the South Carolina Department of Juvenile Justice reporting portal. 115.388 (d): The PAQ requires the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. ASPEN PREA Policy - Data Collection indicates that all information that is placed on the website will not include personal identities. The interviewed PREA Coordinator reported that if they redact specific material from the report, it is when publication would present a clear and specific threat to the safety and security of the facility. They would indicate the nature of what was redacted. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.388 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following documents and policy(s) were reviewed to determine compliance with standard 115.389: ASPEN Policy 6.89 Data, Storage, Publication, and Destruction

	Interview PREA coordinator PREA Compliance Manager 115.389 (a)(b) (c) (d): The PAQ requires the agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ requires the agency to maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility provided the ASPEN Policy 6.89 Data, Storage, Publication, and Destruction, which states the South Carolina Department of Juvenile Justice is responsible for ensuring that incident-based and aggregated data are securely retained. AMIKids Aspen data will be made readily available to the public at least annually through the South Carolina Website. The South Carolina Department of Juvenile Justice is responsible for maintaining sexual abuse data collected pursuant to 115.387 for at least 10 years after the data of initial collection, unless Federal, State, or local law requires otherwise. AMIKids Aspen will provide South Carolina DJJ with information/data when requested in order to accomplish this task. The PREA compliance manager indicated that the center executive director would maintain hard copies of the annual report, without retracting information, in a lock file cabinet in his office. All other documents that are retracted are loaded to the SCDJJ reporting portal. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.389 based upon documentation provided and interviews conducted. Corrective Action: (None)
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115.401	Frequency and scope of audits
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	Auditor Overall Determination: Meets Standard Auditor Discussion The following documents and policy(s) were reviewed to determine compliance with standard 115.401: South Carolina Department of Juvenile Justice website Interview with: Executive Director PREA Compliance Manager The PAQ requires during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The facility provided ASPEN PREA Policy which requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act This is the first audit of AMIKids-Aspen. 115.401 (h): The PAQ requires the auditor to have access to, and shall observe, all areas of the audited facilities. During the audit, I was allowed access to all areas of the center. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations. There were no limitations on interviewing staff or residents and no obstacles in conducting tours during waking and sleeping hours. 115.401 (i): The PAQ requires the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided on a timely basis. 115.401 (m): The PAQ requires the auditor shall be permitted to conduct private interviews with residents.
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	I interviewed staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility. 115.401 (n): The PAQ requires residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Postings were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to the auditor. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided. Corrective Action: (None)
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision) 115.403: South Carolina Department of Juvenile Justice website This is the first audit for this facility. It will be posted on the South Carolina Department of Juvenile Justice website. The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided. Corrective Action: (None)

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	Policies to ensure referrals of allegations for investigations	

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	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	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

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

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	yes

	system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	

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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

	prosecution?	
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes

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

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	Access to emergency medical and mental health services	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	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 cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

	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.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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