

PREA Facility Audit Report: Final

Name of Facility: AMIkids WINGS Piedmont

Facility Type: Juvenile

Date Interim Report Submitted: 10/11/2024

Date Final Report Submitted: 04/21/2025

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: Kimbla Newsom

Date of Signature: 04/21/2025

AUDITOR INFORMATION

Auditor name: Newsom, Kimbla

Email: kimbla@justusadvocacy.com

Start Date of On-Site Audit: 08/28/2024

End Date of On-Site Audit: 08/29/2024

FACILITY INFORMATION

Facility name: AMIkids WINGS Piedmont

Facility physical address: 20238 South Carolina 72, Clinton, South Carolina - 29325

Facility mailing address: PO Box 1244, Clinton, South Carolina - 29325

Primary Contact

Name:	Tomika Allen
Email Address:	tallen@amikids.org
Telephone Number:	864-833-4505

Superintendent/Director/Administrator	
Name:	Michael Wright
Email Address:	mwright@amikids.org
Telephone Number:	843-240-3676

Facility PREA Compliance Manager	
Name:	Tomeka Allen
Email Address:	tallen@amikids.org
Telephone Number:	864-923-6275

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	12
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Womens/girls
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	13-18
Facility security levels/resident custody levels:	intensive
Number of staff currently employed at the facility who may have contact with residents:	21
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

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
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Name:	Wendell Watson	Email Address:	wlw@amikids.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

32

Number of standards not met:

11

- 115.313 - Supervision and monitoring
- 115.317 - Hiring and promotion decisions
- 115.318 - Upgrades to facilities and technologies
- 115.332 - Volunteer and contractor training
- 115.335 - Specialized training: Medical and mental health care
- 115.341 - Obtaining information from residents
- 115.352 - Exhaustion of administrative remedies
- 115.364 - Staff first responder duties
- 115.367 - Agency protection against

	<p>retaliation</p> <ul style="list-style-type: none">• 115.371 - Criminal and administrative agency investigations• 115.381 - Medical and mental health screenings; history of sexual abuse
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-28
2. End date of the onsite portion of the audit:	2024-08-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I emailed the South Carolina Children's Advocacy Center and did not receive any adverse information regarding the WINGS Piedmont Facility. Contact was also made with South Carolina Department of Juvenile Justice regarding any PREA-related incidents being brought to their attention for the WINGS Piedmont facility. No information was provided by SCDJJ of any PREA incidents or adverse conditions at the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	8
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	12
19. 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
20. 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:	1
21. 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
22. 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

23. 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
24. 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:	1
25. 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
26. 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
27. 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:	3
28. 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
29. 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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. 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:	22
31. 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:	15
32. 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:	2
33. 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**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
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35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all the residents.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5

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".

40. 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
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 938 1469 1099"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1149 1469 1227"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
40. 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).	Review of youth records, discussions with residents and staff.
41. 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:	1

42. 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
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 416 1469 577"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 622 1469 703"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. 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).	Review of youth records, discussions with residents and staff.
43. 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
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1384 1469 1545"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1590 1469 1671"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. 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).	Review of youth records, discussions with residents and staff.

44. 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
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
44. 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).	Review of youth records, discussions with residents and staff.
45. 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:	1
46. 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
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

46. 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).	Review of youth records, discussions with residents and staff.
47. 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
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
47. 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).	Review of youth records, discussions with residents and staff.
48. 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:	3

49. 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
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. 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).	Review of youth records and agency policy, discussions with residents and staff.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	gender and ethnicity
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	Volunteers and contractors were not available for interview during the onsite portion of the audit.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
70. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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.

72. 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

73. 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	2	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	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.

74. 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

75. 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.

76. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

The facility did not have any PREA investigative files available for review

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	The facility did not have any sexual harassment investigation files available for review.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>During the random resident interviews two youth reported that a former resident was peeking under the shower at a resident and was making inappropriate sexual comments to the resident. When the auditor inquired about this incident, facility administrators acknowledged that the incident occurred and that the alleged perpetrator was discharged from the program. The facility could not produce documentation of the incident nor provide any documentation of an official investigation into the matter.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

97. 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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), 115.311 (i.e., AMIkids Piedmont Policy # 6.11), and 2024 Organization Chart Interviews/Discussions with: <ul style="list-style-type: none"> Agency Head/Designee (Regional Director) Agency PREA Coordinator WING Piedmont PREA Compliance Manager/Business Manager

	<ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director <p>Analysis and triangulation of information: this standard requires the agency to have a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The WINGS Piedmont PAQ completed by facility officials indicates the agency’s zero-tolerance policy for sexual abuse and sexual harassment is in the form of AMIkids Piedmont Policy #6.11 with the subject “Zero-Tolerance; PREA Coordinator.”</p> <p>The Piedmont PREA Compliance Manager hold the official position as the Business Manager. The 2024 Organization Chart has the Business Manager reporting directly to the Executive Director, who reports to the Regional Director. Interviews with the Regional Director and PREA Coordinator took place during the pre-onsite audit phase, but neither were present during the onsite portion of the audit. The Regional Director indicated the PREA Coordinator has been given authority to oversee efforts for all AMIkids South Carolina facilities to comply with the PREA standards. The PREA Coordinator confirmed his role in overseeing efforts to implement and comply with the PREA Standards. The WINGS Piedmont Interim Executive Director and PREA Compliance Manager were interviewed, and they could discuss their roles in implementing and complying with the PREA standards. All coordination and preparation for this facility audit was handled by the PREA Compliance Manager and Interim Executive Director.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.311: based on complying in all material ways with this standard for the review period.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and · PREA 115.312 (i.e., AMIkids Piedmont Policy # 6.12) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager

	<p>Analysis and triangulation of information: this standard requires the agency that contracts with outside organizations for confinement of residents, to ensure those contractors adopt and comply with the PREA standards. The WINGS Piedmont PAQ completed by agency officials indicated the agency's standard for contracting with organizations providing placement services for children, is outlined in AMIkids Piedmont Policy # 6.12 with the subject "Contracting with Other Entities for Confinement of Residents."</p> <p>The AMIkids Piedmont Policy # 6.12 states "AMIkids Piedmont does not contract with outside entities to hold its residents." This information was confirmed in interviews with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.312: based on complying in all material ways with this standard for the review period.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.313 Supervision and monitoring</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.313 (i.e., AMIkids Piedmont Policy # 6.13, Attachment 6.13A, Attachment 6.13B), · AMIkids Staffing Plans – Piedmont document, · Unannounced PREA Observation Form · Annual Staff Plan Assessment form, and · AMIkids Daily Shift & Night Shift Logs <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager

- Intermediate/Higher-Level Facility Staff (5)

3. Site Review/Observations:

- Observations of youth and staff in campus programming
- Informal discussions with facility staff and residents
- Review of facility logbooks

Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The WINGS Piedmont PAQ indicates the facility's supervision and monitoring plan is outlined in AMIkids Policy #6.13 with the subject "Supervision and Monitoring."

The AMIkids Policy #6.13 indicates "facilities will comply with the staffing plan except during limited and discreet exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis." The policy goes further to state that "unannounced rounds...will be documented on the PREA Shift Observation form and/or in the facility logbook."

During the onsite audit no documentation was provided of unannounced PREA observations by supervisor-level staff. During interviews with intermediate/higher-level facility staff it was disclosed that rounds are conducted when they start their shift and can occur at other times throughout the day as well. The daily shift logs were reviewed; however, the logs did not reflect information that unannounced PREA observations were taking place by intermediate/higher-level facility staff. During pre-onsite audit interviews with the PREA Coordinator he did not disclose that he was involved in the staffing plan assessment with the facility. The WINGS Piedmont PREA Compliance Manager and Interim Executive Director did state that a staffing plan is in place for the facility. However, this information was not provided during the onsite portion of the audit.

Blank copies of the Annual PREA Staffing Plan Assessment and Unannounced PREA Observation Form were uploaded to the OAS by WINGS Piedmont officials during the evidence review period. The AMIkids Staffing Plans – Piedmont document was also uploaded to the OAS during the evidence review period, and it includes information on staffing/personnel; ratios; scheduling considerations; unplanned absences; hold-over list; deviations from the staffing plan; and excessive absences. No documentation was provided by the facility to reflect that the staff plan has been assessed on an annual basis.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.313: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard

	<p>115.313: PREA Standard 115.313 requires that the staffing plan “must be reassessed every year...this is done with the PREA Coordinator.” Additionally, PREA Standard 115.313 requires unannounced rounds by supervisors to “identify and deter staff sexual abuse and sexual harassment.” AMIkids WINGS Piedmont will need to complete and sign the Annual PREA Staffing Plan Assessment (i.e., AMIkids 6.13A form) as well as complete and document weekly unannounced rounds on each shift by supervisory-level staff on the Unannounced PREA Observation form (i.e., AMIkids 6.13B) and/or in the facility logbook. AMIkids WINGS Piedmont will need to provide copies of the Annual PREA Staffing Plan Assessment and Unannounced PREA Observations [for Oct-Dec 2024] to the auditor prior to conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, WINGS Piedmont officials did provide the auditor with an Annual PREA Staffing Plan Assessment that was dated for 3/20/25. The assessment indicates it was conducted by the PREA Compliance Manager, and it had the printed names of both the PREA Compliance Manager and Executive Director on the document. The completed form did not bear any signatures nor was there any indication the PREA Coordinator was involved in completing the assessment. A blank copy of the AMIkids “Unannounced PREA Observation Form” was also provided to the auditor on 4/8/25; however, no documentation was provided indicating unannounced PREA rounds had been conducted since the initiation of the CAP on 10/11/24. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.313.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.315 (i.e., AMIkids Piedmont Policy # 6.15), and · Shift logs <p>2. Interviews/Discussions with:</p>

	<ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager · Random Staff (12) · Random Residents (12) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> · Observations of youth and staff in programming <p>Analysis and triangulation of information: this standard requires facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or when done by medical practitioners. The WINGS Piedmont PAQ completed by agency officials indicates the facility's procedure for cross-gender viewing and searches is outlined in AMIkids Policy # 6.15 with a subject "Limits to Cross-Gender Viewing and Searches."</p> <p>The AMIkids Policy # 6.15 indicates "cross-gender strip and visual body cavity searches are prohibited" and "cross-gender pat-down searches are prohibited." The policy goes further to state that "AMIkids Piedmont will also train staff to conduct pat-down searches of cross-gender, transgender, and intersex residents in a professional and respectful manner." Review of shift logs did not reveal that any cross-gender searches had occurred at the facility during the past six months. During interviews with both staff and residents they stated the facility primarily has female staff and the few male staff on campus do not conduct any searches of the residents. This was also confirmed in interviews with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.315: based on complying in all material ways with this standard for the review period.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ),

- PREA 115.316 (i.e., AMIkids Piedmont Policy # 6.16),
- Interpreter MOU – W06.202, and
- Translator MOU

2. Interviews/Discussions with:

- WINGS Piedmont PREA Compliance Manager
- WINGS Piedmont Interim Executive Director
- Residents with Disabilities (1)
- Random Staff (12)

1. Site Review/Observations:

- Observations of PREA materials displayed in housing units

Analysis and triangulation of information: this standard requires agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The WINGS Piedmont PAQ completed by agency officials indicated the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in AMIkids Piedmont Policy #6.16 with the subject “Residents with Disabilities and Residents Who are Limited English Proficient.” The policy indicates “residents with limited English proficiency will have access to PREA information materials in regard to prevention, detection and response to sexual abuse and sexual harassment in their native language (written and verbal) or via verbal communication.”

AMIkids Piedmont Policy # 6.16 indicates the facility “prohibits the use of 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.” Interviews with both the WINGS Piedmont PREA Compliance Manager and Interim Executive Director revealed the facility does have an agreement with a provider for interpreter services; however, the agreement may need to be updated. In interviews with staff, they stated that residents are not used as interpreters for other residents, and the staff could not recall having a youth placed who was limited English proficient, deaf, or blind. One resident who had been identified as having a learning disability was interviewed and she stated information is provided to her in a format that she understands, and that staff provide help to her if she has difficulty understanding materials or information distributed to her.

Documentation uploaded to the PREA Online Audit System (OAS) during the evidence review period included an unsigned/undated letter of agreement that states “AMIkids Piedmont dba WINGS Piedmont has identified M.W. as a provider of

	<p>interpreter services for language interpretation needed by AMIkids Piedmont youth that do not speak English. The interpreter will communicate with you in their primary language and translate information back to AMIkids Piedmont, and/or other related parties as determined.” A second translator MOU was provided to the auditor that is signed and dated by both parties (i.e., AMIkids WINGS Piedmont and D.G.P) on 3/20/18. If AMIkids is currently using M.W. for interpreter services, AMIkids WINGS Piedmont will need to get the letter of agreement signed/dated by both parties.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.316: based on complying in all material ways with this standard for the review period.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p>
	<p>115.317 Hiring and promotion decisions</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> • WINGS Piedmont Pre-Audit Questionnaire (PAQ), • PREA 115.317 (i.e., AMIkids Piedmont Policy # 6.17), and • WINGS Piedmont Employee/Contractor Human Resources (HR) files – background check records, self-evaluation reviews, state child registry checks and clearances (i.e., Policy Acknowledgment, Self-Declaration of Sexual Abuse/Sexual Harassment, State Law Enforcement Division – SLED Catch results, Request for Criminal History Record Review and/or Research for Group Home Employees, AMIkids Justification Statement for Hiring, South Carolina Department of Social Services background check results letter, Sex Offender Registry Check results, National Sex Offender Public Website searches, <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> • Administrative Staff (Human Resources Representative)/PREA Compliance Manager • WING Piedmont Interim Executive Director • Random Staff (12)

Analysis and triangulation of information: this standard requires agencies to conduct criminal background checks of employees and contractors who may interact with residents. The procedure for hiring and promotions of staff is outlined in AMIkids Piedmont Policy #6.17 with a subject "Hiring and Promotion Decisions."

AMIkids Piedmont Policy #6.17 indicates in Procedure (1): "Background screenings shall be conducted to ensure all AMIKIDS PIEDMONT employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards." The policy goes further to state in Procedure (3) "all provider and AMIKIDS PIEDMONT employees will be rescreened every five years continued employment." Finally, in Procedure (6) of the policy it states "AMIKIDS PIEDMONT shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of review of current employees." The WINGS Piedmont PAQ indicated there has been 21 persons hired in the past 12 months and no contracts for services. The PREA Compliance Manager who also serves at the human resources representative explained the background check process to include what happens at each step and what information is obtained. The WINGS Piedmont Interim Executive Director was also interviewed, and he explained his role in the hiring process which includes interviewing staff, completing and signing off on human resource files. During staff interviews they talked briefly about the hiring process and the information they had to provide prior to working directly with residents.

Employee human resources files were reviewed for 20 staff and one contractor, and the "Self-Declaration of Sexual Abuse/Sexual Harassment" completed form was missing for five (5) employees. This form indicates that "by my signature below, I understand my continuing affirmative duty to disclose any changes in my reporting status as indicated above." All other information in the employee HR files followed the PREA standards and agency policy.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.317: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.317: PREA Standard 115.317 requires that "employees have an ongoing obligation to disclose any such" sexual misconduct. AMIkids WINGS Piedmont will need to provide copies of the completed and signed AMIkids Self-Declaration of Sexual Abuse/Sexual Harassment form for staff persons D.W., B.R., R.S., C. P., and L.B. (if they are still employed by AMIkids WINGS Piedmont) to the auditor prior to conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.

	<p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, WINGS Piedmont officials notified the auditor that four of the five staff that were missing the completed and signed acknowledgments (i.e., AMIkids Self-Declaration of Sexual Abuse/Sexual Harassment form) were no longer with the agency. The signed acknowledgment was not provided for fifth employee still on staff, nor for any employees hired since the corrective action phase began on 10/11/24. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p>
	<p>115.318 Upgrades to facilities and technologies</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none">· WINGS Piedmont Pre-Audit Questionnaire (PAQ),· PREA 115.318 (i.e., AMIkids Piedmont Policy # 6.18), and· AMIkids PREA Physical Plant Considerations form <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none">· WINGS Piedmont Interim Executive Director· WINGS Piedmont PREA Compliance Manager· Upper-Level Staff (2) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none">· Observations of areas with video surveillance on campus· Observations of areas under construction on campus <p>Analysis and triangulation of information: this standard requires the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The WINGS Piedmont PAQ completed by agency officials indicates the facility’s standard regarding upgrades to facilities and technologies is</p>

outlined in AMIkids Policy #6.18 with the subject “Upgrades to Facilities and Technologies.”

AMIkids Piedmont Policy #6.18 states “AMIkids will consider the effect of any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency’s ability to protect residents from sexual abuse.” During the site tour the auditor observed a ramp being built behind the administration building. During the interview with the WINGS Piedmont Interim Executive Director, he stated that no new technology has been added to the facility. However, discussions have occurred to repaint the dorms and add more cameras to the multipurpose/café in the location where meds are administered, and in the kitchen area. The auditor inquired about the modification observed with the handicap accessible ramp being added behind the administration building. More specifically, the auditor asked what considerations were made with respect to new addition and its impact on protecting residents from sexual abuse. The Interim Executive Director was made aware by the auditor that considerations to protect residents from sexual abuse must be made when acquiring, expanding, or modifying the physical plant or adding monitoring technology. The parent agency does have a form to document physical plant and monitoring technology considerations, and this information was shared by the auditor with the WINGS Piedmont PREA Compliance Manager and Interim Executive Director.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.318: based on not providing documentation to show compliance in all materials ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.318: PREA Standard 115.318 states “the agency must consider how any upgrades might affect or improve its ability to protect residents from sexual abuse.” AMIkids WINGS Piedmont will need to provide copies of all completed and signed AMIkids PREA Physical Plant Considerations form for any acquired, designed, expanded, renovated, or monitoring technology made at the facility during the audit review and corrective action period. The completed AMIkids PREA Physical Plant Considerations form will need to be provided to the auditor prior to conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.

Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, WINGS Piedmont officials notified the auditor that “existing cameras and technology are adequate and there have been no upgrades in the previous 3 years.” WINGS Piedmont officials failed to address the effects of the modifications being made to the physical plant (i.e., handicap accessible ramp that was being installed during the onsite portion of the audit). Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.318.

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1401 371">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 871 445" style="list-style-type: none"> <li data-bbox="280 412 871 445">1. Review of documentation consisting of: <ul data-bbox="280 486 1425 701" style="list-style-type: none"> <li data-bbox="280 486 1023 519">· WINGS Piedmont Pre-Audit Questionnaire (PAQ), <li data-bbox="280 557 1425 629">· PREA 115.321 (i.e., AMIkids Piedmont Policy # 6.21, and Attachment 6.22A), and <li data-bbox="280 667 844 701">· Sexual Abuse Incident Check Sheet <li data-bbox="280 739 715 772">2. Interviews/Discussions with: <ul data-bbox="280 813 970 916" style="list-style-type: none"> <li data-bbox="280 813 962 846">· WINGS Piedmont Interim Executive Director <li data-bbox="280 884 970 916">· WINGS Piedmont PREA Compliance Manager <p data-bbox="280 1025 1481 1480">Analysis and triangulation of information: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings and criminal prosecutions. WINGS Piedmont PAQ completed by agency officials indicates the procedure for evidence protocol and forensic examinations of investigations into allegations of sexual abuse is outlined in AMIkids Policy # 6.21 with the subject "Evidence Protocol and Forensic Medical Examinations." The policy indicates all sexual abuse allegations are reported to the Clinton Department of Public Safety, South Carolina Department of Social Services, and the Department of Juvenile Justice." Additionally, the policy indicates "if and when a rape crisis center is not available to provide victim advocate services, AMIkids Piedmont will provide a qualified staff member from Gateway Counseling."</p> <p data-bbox="280 1518 1469 1888">AMIkids Piedmont Policy #6.21 indicates that "All victims of sexual will be offered access to forensic medical examinations via the Clinton Department of Public Safety, Department of Social Services, or Lauren's County Memorial Hospital." The WINGS Piedmont Interim Executive Director and PREA Compliance Manager confirmed the policy and procedure in place with respect to evidence protocol and forensic medical examinations. A Sexual Abuse Incident Check Sheet was uploaded to OAS for this standard during the evidence review period. This form includes information about the initial report or allegation of sexual abuse, initial PREA review 48 to 72 hours after report, and ongoing PREA retaliation monitoring.</p> <p data-bbox="280 1926 1481 2042">Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.321: based on complying in all material ways with this standard for the review period.</p>

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1401 371">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 1423 1088" style="list-style-type: none"> <li data-bbox="280 412 1423 663">1. Review of documentation consisting of: <ul data-bbox="280 483 1423 663" style="list-style-type: none"> <li data-bbox="280 483 1031 517">· WINGS Piedmont Pre-Audit Questionnaire (PAQ), <li data-bbox="280 551 1353 584">· PREA 115.322 (i.e., AMIkids Policy # 6.22, and Attachment 6.22A), and <li data-bbox="280 618 1066 651">· Sexual Abuse Incident Check Sheet (i.e., PREA log) <li data-bbox="280 770 981 949">2. Interviews/Discussions with: <ul data-bbox="280 842 981 949" style="list-style-type: none"> <li data-bbox="280 842 970 875">· WINGS Piedmont Interim Executive Director <li data-bbox="280 909 981 943">· WINGS Piedmont PREA Compliance Manager <li data-bbox="280 983 1423 1088">3. Site Review/Observations: <ul data-bbox="280 1055 1423 1088" style="list-style-type: none"> <li data-bbox="280 1055 1423 1088">· Review of the South Carolina Department of Juvenile Justice (SCDJJ) website <p data-bbox="280 1200 1477 1447">Analysis and triangulation of information: this standard requires the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. WINGS Piedmont PAQ completed by agency officials indicated the policy in place to ensure referrals of allegations for investigation is AMIkids Policy #6.22 with the subject "Policies to Ensure Referrals of Allegations for Investigations."</p> <p data-bbox="280 1480 1477 1603">WINGS Piedmont officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals for allegations for investigation in the past 12 months:</p> <ul data-bbox="280 1637 1390 1861" style="list-style-type: none"> <li data-bbox="280 1637 1390 1715">o The number of allegations of sexual abuse and sexual harassment that were received = 0 <li data-bbox="280 1749 1350 1783">o The number of allegations resulting in an administrative investigation = 0 <li data-bbox="280 1816 1222 1850">o The number of allegations referred for criminal investigation = 0 <p data-bbox="280 1895 1449 2051">The South Carolina (SC) Department of Juvenile Justice (DJJ) website does have a link to a PREA policy that includes Policy # 328 that is titled "Investigations." AMIkids Piedmont Policy # 6.22 indicates "in the event of sexual abuse allegations the Clinton Department of Public Safety, the South Carolina Department of Social</p>

	<p>Services, and the Department of Juvenile Justice will be notified immediately.” The policy goes further to state that AMIkids Piedmont will document referrals made in their PREA log. AMIkids Piedmont Policy # 6.22 does not delineate the responsibilities of the investigative bodies. During interviews with the Interim Executive Director and PREA Compliance Manager, it was confirmed the entities listed in the policy to conduct criminal and administrative investigations. There was no documentation provided to the auditor to support that PREA logs were completed for the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.322: based on complying in all material ways with this standard for the review period.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.331 (i.e., AMIkids Piedmont Policy # 6.31), · PREA Training Agenda, · PREA Training Course, and · Training Documents – ID child abuse training, keeping kids safe training, mandated reporting, PREA training 1, and PREA Training Agenda <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager · Random Staff (12) <p>Analysis and triangulation of information: this standard requires the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. WINGS Piedmont PAQ completed by agency officials indicates employee training on the agency’s zero tolerance toward all forms of sexual abuse and sexual harassment is outlined in AMIkids Piedmont</p>

	<p>Policy # 6.31 with the subject "Employee Training."</p> <p>AMIkids Policy # 6.31 indicates that training for new hires is completed within 180 days of employment. The in-service training includes eleven (11) PREA topics in line with the employee training requirements listed in the PREA standards. AMIkids staff also receive annual refresher PREA training as per the policy. The policy goes further to state that "employees will sign training sign in forms or have electronic verification signifying that they have understood the PREA training." The PREA training agenda form has information on 10 topical areas specific to PREA Standard 115.331-1 and the form includes a section for staff to print and sign their name. The PREA training course is titled "PREA (1-Hr) and this course explains what PREA is and to whom it applies; explains why PREA was enacted; determines how PREA impacts correctional personnel role; understanding the PREA audit process; review of and understanding local PREA policies and zero tolerance policies for sexual abuse and sexual harassment; examine the relationship between PREA and organization culture change to achieve a safe environment.</p> <p>Training records (i.e., certificates of completion) for 20 employees were reviewed by the auditor on site with no deficiencies observed. During staff interviews most could talk about the content in the PREA training course and all stated initial PREA training took place prior to having routine contact with the residents, and staff disclosed that annual refresher training also occurs with PREA topics. The WINGS Piedmont PREA Compliance Manager and Interim Executive Director discussed when new hires receive training and how employees are notified and receive annual refresher training.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.331: based on complying in all materials ways with this standard for the review period.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.332 Volunteer and contractor training</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and · PREA 115.332 (i.e., AMIkids Piedmont Policy # 6.32), · PREA Training Agenda form, and

- Volunteer/Contractor training records –Policy Acknowledgment form (i.e., AMIkids attachment 6.32A)

2. Interviews/Discussions with:

- WINGS Piedmont Interim Executive Director
- WINGS Piedmont PREA Compliance Manager; and

Analysis and triangulation of information: this standard requires volunteer or contract staff who interact with residents to be trained on their responsibilities under the agency's policies and procedures for sexual abuse and sexual harassment. The WINGS Piedmont PAQ completed by agency officials indicates the process for volunteer and contractor training is outlined in AMIkids Policy # 6.32 with the subject "Volunteer and Contractor Training."

Several attachments were uploaded in the Online Audit System (OAS) by WINGS Piedmont facility staff to include a list of 10 contract providers, 1 individual contractor, a volunteer church groups (20-30 members), and 6 board members. The volunteer/contractor policy acknowledgment form was also uploaded to the OAS. This form indicates "I ____ do hereby document that I have received AMIkids PREA Policy Standard 6 Sexual Abuse Prevention and Response and fully understand the contents contained in the policy." During the onsite audit discussion that took place with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager they confirmed the contractor, volunteer, and board member list uploaded to OAS. No documentation was provided to support that those individual contractor, volunteers, and board members that have routine contact with residents had received training according to the PREA standards and AMIkids Policy # 6.32. The auditor did share with local leadership that the leader of the church group could be trained (and relay the reporting requirements to his members that come on site) and sign on behalf of that organization in that the church members rotate their visits. There were no volunteers or contractors present during the onsite portion of the audit to be interviewed.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.332: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.332: PREA Standard 115.332 states volunteers and contractors who interacts with residents must be trained about their responsibilities under agency policy and procedures for sexual abuse and sexual harassment. AMIkids WINGS Piedmont will need to train all volunteers and contractors (who have contact with residents) and have each person sign the policy acknowledgment form. The completed and signed volunteer and contractor PREA policy acknowledgment for those interacting with residents at the facility will need to be provided to the auditor prior to conclusion of

	<p>the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, WINGS Piedmont officials provided the auditor with a brochure for training of volunteers; however, no copies of completed and signed policy acknowledgments by all volunteer and contract staff were provided to the auditor. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.332.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none">· WINGS Piedmont Pre-Audit Questionnaire (PAQ),· PREA 115.333 (i.e., AMIkids Piedmont Policy # 6.33),· Resident education (i.e., Prison Rape Elimination Act Acknowledgment form 6.33A),· WINGS Piedmont Student Handbook 2024 <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none">· WINGS Piedmont PREA Compliance Manager· Random Residents (12)· Intake Staff (2) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none">· Observations made throughout common areas of the facility· Informal discussions with residents <p>Analysis and triangulation of information: this standard requires the agency to educate residents on the facility’s zero tolerance policy for sexual abuse and</p>

	<p>harassment. Additionally, residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The WINGS Piedmont PAQ completed by agency officials indicated that resident education on PREA requirements is outlined in AMIkids Policy # 6.33 with the subject "Resident Education."</p> <p>The WINGS Piedmont PREA Compliance Manager informed the auditor that the Human Services Professionals serve as intake staff and these individuals complete the resident education with students placed at the facility. AMIkids Piedmont Policy #6.33 states "AMIkids Piedmont will ensure that key information about the agency's PREA policies is continuously and readily available or visible through posters located in each building, resident handbooks, and/or other written formats." The student handbook was also reviewed that included PREA information on pages 18-19. This information relates to prevention and reporting sexual harassment, sexual misconduct, and sexual assault/rape; reporting of sexual harassment, sexual misconduct, sexual assault/rape; PREA report hotline number; counseling and medical assistance; risks; legal consequences; and disciplinary action. The PREA resident education materials was provided for all 12 residents placed during the onsite portion of the audit. Majority of the resident education was completed on day one of the youth's arrival to the program with accompanying initials/signatures of the staff person completing the PREA education and resident admitted. There were a few resident education materials that had signatures but no corresponding date of completion. Interviews with intake staff and residents confirmed when and how resident education is completed. During the site tour, the auditor observed zero tolerance posters throughout the campus in common areas for both staff, residents, volunteers/contractors, and visitors to see.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.333: based on complying in all material ways with this standard for the review period.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.334 (i.e., AMIkids Policy # 6.34), Training certificate; and

	<ul style="list-style-type: none"> · South Carolina Department of Juvenile Justice, Policy #328, Investigations <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager · WINGS Piedmont Interim Executive Director <p>Analysis and triangulation of information: this standard requires the agency to conduct specialized training to investigative staff on conducting investigations in confinement facilities. The WINGS Piedmont PAQ completed by agency officials indicated that specialized training for investigators on PREA requirements is outlined in AMIkids Policy # 6.34 with the subject "Specialized Training: Investigators." This policy indicates "AMIkids Piedmont does not employ investigators. AMIkids Piedmont will rely on law enforcement agencies and the Department of Juvenile Justice to conduct investigations and will cooperate with their investigations." The policy goes further to state that "The Department of Juvenile Justice, Department of Public Safety, or Department of Justice component shall conduct investigations of allegations of sexual abuse (including resident-on-resident sexual abuse and staff sexual misconduct."</p> <p>The WINGS Piedmont Interim Executive Director and PREA Compliance Manager confirmed the facility does not conduct formal investigations into sexual abuse and sexual harassment but rather outside entities such as Clinton Department of Public Safety and DJJ conduct PREA investigations. While it is that outside entities conduct investigations of PREA incidents, the agency PREA Coordinator has received specialized training for investigations and his certificate of completion was provided to the auditor by the agency PREA Coordinator. The auditor reviewed the DJJ website and accessed Policy #328, titled Investigations.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.334: based on complying in all material ways with this standard for the review period.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.335 Specialized training: Medical and mental health care</p> <p>The evidence relied upon to determine compliance with this standard included:</p>

1. Review of documentation consisting of:

- WINGS Piedmont Pre-Audit Questionnaire (PAQ),
- PREA 115.335 (i.e., AMIkids WINGS Policy # 6.35),
- AMIkids WINGS Piedmont Organization Chart 2024, and
- AMIkids WINGS Staffing List

2. Interviews/Discussions with:

- WINGS Piedmont Interim Executive Director
- WINGS Piedmont PREA Compliance Manager
- Human Services Professionals (2)

Analysis and triangulation of information: this standard requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. The WINGS Piedmont PAQ completed by agency officials indicated specialized training for medical and mental health staff on PREA requirements is outlined in AMIkids Policy # 6.35 with the subject "Specialized Training: Medical and Mental Health Care."

AMIkids Piedmont Policy # 6.35 indicates "WINGS Piedmont will train all full and part-time medical and mental health care practitioners" in their PREA requirements." The PAQ did not list the number of medical and mental health care staff who work regularly in the facility. However, the staffing list and agency organization chart does indicate medical/mental health staff are/may be employed by the facility. For instance, the organization chart lists a nurse position, two human services professionals (HSP) as well as a mental health professional (MHP) position. During the site tour the auditor observed the offices of the HSPs and MHP in the administration building. Both HSPs were also interviewed, and they shared their role with the organization that includes completing the screening for victimization and abusiveness, conducting the PREA education, meeting with residents weekly to discuss case planning and management, assigning residents to their housing units, and checking the grievances boxes daily and scanning them to the DJJ representative responsible for addressing them. The HSPs did not state during interviews that they have received any specialized PREA training specific to medical/mental health care staff. Additionally, the staff training records did not reflect any specialized PREA training for AMIkids medical/mental health care professionals.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.335: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

	<p>Corrective action recommended for substantial compliance with PREA standard 115.335:</p> <p>PREA Standard 115.335 along with AMIkids Piedmont Policy # 6.35 requires that all medical and mental health care practitioners employed by the facility must get specialized PREA training. AMIkids WINGS Piedmont will need to ensure that all nurses, mental health professionals, and human services professionals receive specialized PREA training for medical and mental health care. It is recommended that the facility consider the course, “Behavioral Health Care for Sexual Assault Victims in Confinement Setting” and “PREA 201 for Medical and Mental Health Care Practitioners” that are available online through the National Institute of Corrections. The auditor will need a copy of the certificate(s) of completion of specialized training for all AMIkids WINGS Piedmont medical and mental health care employed staff (i.e., HSPs, MHP, nurse) prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented with respect to medical and mental health care staff receiving specialized training. It has been determined by the auditor that the agency does not meet Standard 115.335.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p>
	<p>115.341 Obtaining information from residents</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.341 (i.e., AMIkids Policy # 6.41, and Attachment 6.41A), · VSAB for Youth (i.e., Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form RC-8050-2), and · Alert log (attachment 6.41A), <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont PREA Compliance Manager · Random Residents (12)

- Staff that Perform Screening for Risk of Victimization and Abusiveness (2)

3. Site Review/Observations:

- Observations of youth in programming and on housing units
- Informal discussions with facility staff and residents

Analysis and triangulation of information: this standard requires the agency to gather and use information about each resident's personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The WINGS Piedmont PAQ completed by agency officials indicated the process for obtaining information from residents is outlined in AMIkids Policy # 6.41 with the subject "Screening for Risk of Victimization and Abusiveness."

The WINGS Piedmont PREA Compliance Manager informed the auditor that the Human Services Professionals (HSPs) complete the intake process for all residents placed at the facility. AMIkids Piedmont Policy # 6.41 indicates "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 policy goes further to state that "if youth is determined to be at risk it will be documented in the alert log." The VSAB was uploaded to the OAS for one resident and dated for 04/20/20. During the onsite audit documentation reviews, the completed and signed VSAB was reviewed for all 12 residents placed. All but one VSAB was completed within 72 hours of the residents arriving to the facility. The auditor did not observe any periodic reassessments being completed for any of the residents. This information was also confirmed in interviews with the residents who disclosed they were asked several questions regarding vulnerability and victimization during the intake process, but none reported anyone asking these same questions as a follow-up. Further, the intake staff who complete the screenings for victimization and abusiveness did not report that they complete any VSAB reassessment for any residents. During the site tour the auditor observed two housing units (i.e., Dorm 1 & 2) with both being occupied by residents at the time of the onsite audit.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.341: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.341:

PREA Standard 115.341 and AMIkids Piedmont Policy # 6.41 requires the agency to "gather and use information about each resident's personal history and behavior within 72 hours after a resident arrives and periodically throughout the resident's confinement." AMIkids WINGS Piedmont will need to identify which category of

	<p>residents (e.g., residents as being vulnerable for victimization and residents that score a certain number or higher on the VSAB) who will receive a periodic reassessment using the VSAB and designate a timeframe in which the reassessment will occur. This change in practice should be reflected in AMIkids Piedmont Policy # 6.41 or the procedural forms used to conduct the screening for risk of victimization and abusiveness. The intake staff will also need to sign a policy acknowledgement that they understand the information that was provided to them in the revised policy/procedure. The auditor must receive a copy of the revised policy (or procedural form) along with reassessment completed for any residents since the onsite audit. Additionally, the signed policy acknowledgments for all AMIkids intake staff will also need to be provided to the auditor. This information will need to be sent to the auditor prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with the completed screening for risk of victimization and abusiveness (i.e., VSAB) for a new admission that took place on 1/6/25. No documentation was provided regarding a periodic reassessment of any residents, neither revisions to AMIkids policy or procedure, nor documentation of staff being trained on the revised process. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.341.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.342 (i.e., AMIkids Piedmont Policy # 6.42), Responsive Planning document, and Facility logbooks Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont PREA Compliance Manager

- WINGS Piedmont Interim Executive Director
- Human Services Professionals (2)
- Random Staff (12)

3. Site Review/Observations:

- Observations of staff and residents in common areas of the facility

Analysis and triangulation of information: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program, education, and work assignments for residents. WINGS Piedmont PAQ completed by agency officials indicated the procedure for placement of residents in housing, bed, program, education, and work assignments is outlined in AMIkids Policy # 6.42 with the subject "Use of Screening Information."

WINGS Piedmont officials provided the following responses on the Pre-Audit Questionnaire with respect to use of screening information in the past 12 months:

o The number of residents at risk for sexual victimization who were placed in isolation = 0

o The number of residents at risk for sexual victimization who were placed in isolation who have been denied access to large muscle exercise, and/or legally required education or special education services = 0

The AMIkids Piedmont Policy # 6.42 denotes isolation can be used as a last resort with a review every 30 days but is "only used when less restrictive measures are not adequate to keep them or other residents safe, and then only until alternative means of keeping all residents safe can be arranged." The policy goes further to state that "AMIkids Piedmont prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status." In interviews with the WINGS Piedmont Interim Executive Director, PREA Compliance Manager and Human Services Professionals (HSPs) they all stated that isolation is not used at the facility and none of them could recall having any transgender or intersex residents placed during the audit review period. The HSPs complete the housing assignments of all residents, and they disclosed these assignments are made based on vulnerability for victimization and abusiveness but not on a resident's LGBTQI status. The HSPs went further to state that since the facility only operates two dorms, housing assignments can also be based on bed availability on dorms, at the time of a resident's admission. During random staff interviews, only one staff person reported that a transgender resident may have been placed at the facility several years ago. That staff person went further to state that the resident was not isolated from others and assigned to a dorm like all the other residents. During the site tour the auditor visited the housing units and both had an open bay floor plan. There were no individual rooms on these dorms that would allow for isolation of residents.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.342: based on complying in all material ways with this standard for the review period.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.351 (i.e., AMIkids Piedmont Policy # 6.51), Team Member Reference Guide-Reporting Ethical Concerns/Activities, and AMIkids WINGS Piedmont Student Handbook 2024 Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont Interim Executive Director WINGS Piedmont PREA Compliance Manager Random Staff (12) Random Residents (12) Site Review/Observations: <ul style="list-style-type: none"> Observations made on housing units and other areas of programming Informal discussions with facility staff and residents <p>Analysis and triangulation of information: this standard requires the agency to provide several internal ways for residents to privately report sexual abuse or sexual harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The WINGS Piedmont PAQ completed by agency officials indicated the process for resident reporting is outlined in AMIkids Piedmont Policy # 6.51 with the subject "Resident Reporting."</p>

	<p>The AMIkids Policy # 6.51 denotes the reporting methods of informing staff, completing a grievance form, speaking with treatment counselors, and speaking with anyone to include the Director. The policy goes further to state that the public or private entity outside of the agency that can be contacted by residents is the abuse hotline (i.e., Beyond Abuse). The AMIkids WINGS Piedmont Student Handbook also has information on pages 18-19 regarding reporting mechanisms for residents to include using the internal grievance system and contacting Beyond Abuse, the outside reporting agency for sexual abuse and sexual harassment incidents. During the facility tour the auditor observed the hotline number posted for the outside reporting agency. The auditor contacted the number to verify a live representative would answer and that did occur. The facility utilizes walkie talkies for staff to communicate and shift phones were observed that can be used if a resident would like to contact the hotline for any reason. During random interviews with both staff and residents both groups could list the reporting mechanisms in place to disclose PREA concerns to include the entities outside the agency they can make a report.</p> <p>On Page 14 of the “AMIkids, Inc. & Affiliated Program: Team Member Reference Guide” is the information on PREA. This guide is for staff and includes information on the American with Disabilities Act, PREA, and reporting ethical concerns and activities. The PREA information states “AMIkids has zero tolerance toward all forms of sexual abuse, assault, harassment, and/or misconduct.” The information on reporting ethical concerns states “AMIkids encourages all team members to raise serious concerns internally so AMIkids can address and correct inappropriate (illegal, dishonest or fraudulent) conduct and actions.” Additionally, the guide provides a hotline number for staff to anonymously report concerns, or they are provided instructions with how to report concerns online.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.351: based on complying in all material ways with this standard for the review period.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.352 Exhaustion of administrative remedies</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.352 (i.e., AMIkids Piedmont Policy # 6.52), and

- Grievance Procedure – outlined in AMIkids WINGS Piedmont Student Handbook 2024

2. Interviews/Discussions with:

- WINGS Piedmont Interim Executive Director
- WINGS Piedmont PREA Compliance Manager
- Random Residents (12)
- Human Services Professionals (2)

3. Site Review/Observations:

- Observations in multipurpose building/cafe that has grievance box and forms

Analysis and triangulation of information: this standard requires agencies to have procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The WINGS Piedmont PAQ completed by agency officials indicated exhaustion of administrative remedies is outlined in AMIkids Piedmont Policy # 6.52 with the subject “Exhaustion of Administrative Remedies.”

AMIkids Policy # 6.52 indicates “AMIkids WINGS Piedmont does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse.” The policy goes on to state that “AMIkids Piedmont policy that a resident grievance regarding sexual abuse is an allegation of sexual abuse. Therefore, reporting and investigation policy and procedures will be initiated.” The policy goes further to state that sexual harassment grievances are addressed thru the facility grievance process.

WINGS Piedmont officials provided the following responses on the Pre-Audit Questionnaire with respect to administrative remedies in the past 12 months:

- o The number of grievances that were filed that alleged sexual abuse = left blank
- o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = left blank
- o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = left blank
- o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = left blank

During random resident interviews, two residents disclosed that they filed grievances regarding sexual misconduct incidents that occurred within the past twelve months. One youth disclosed that she filed an initial grievance when another

resident was peering at her under the stall while she was showering. The accused victim stated the initial grievance was placed in the grievance box, but she was concerned that the box may have been broken. The student stated she had to file a second grievance on the incident, but it was a verbal grievance to her Human Services Professional (HSP). The youth could not recall how much time had gone by between the initial grievance and second grievance but stated that not until the second grievance was filed, was anything done about the other youth peering under the shower at her. The accused victim stated that the facility implemented a new procedure after the verbal grievance was filed in that now only one resident could be showering at a time and staff would be monitoring to ensure this practice was in place. The youth went on to say that the resident that was peering under the stall at her was no longer at the facility because she was involved in separate incident with another resident. The information provided by this youth was corroborated in random interviews with staff in that two staff persons stated they were aware of an incident of a resident looking under the stall at another resident while she showered. During the site tour with the lead HSP she showed the auditor where the grievance box was placed in the multipurpose/café building. The auditor observed the HSP having difficulty opening the box with her key which appeared to be getting jammed. The HSPs did not disclose any PREA-related incidents to the auditor during random/specialized staff interviews. The HSPs collect all grievances from the box and scans them to the South Carolina Department of Juvenile Justice (SCDJJ) representative assigned to address all facility grievances. During another random resident interview, a resident reported making a verbal grievance to staff about another resident making an unwelcome advance by kissing her. The accused victim stated the accused offender was discharged from the program but nothing else happened from the incident. The auditor discussed both incidents (shared from the youth interviews) with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager. They were aware of the incidents and stated that new procedures were put in place on the dorms because of the incidents. However, no documentation of the filed grievances, notifications, investigation, and findings were provided to the auditor for review.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.352: based on not providing any documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.352:

AMIkids Piedmont Policy # 6.52 states the agency does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse. Therefore, reporting and investigation policy and procedures will be initiated.” The policy goes further to state that “allegations of sexual harassment grievances will be addressed through the facility grievance process.” Two residents reported filing written and/or verbal grievances regarding alleged sexual abuse and/or harassment incidents. However, no documentation was made available to the auditor regarding the grievances filed,

	<p>notifications, investigations, or findings on these alleged incidents. AMIkids WINGS Piedmont will need to ensure that all allegations of alleged sexual abuse and sexual harassment are formally processed through the facility grievance process or initiated through the investigation policy and procedures. Additionally, documentation of such incidents along with the administrative remedies and findings must be maintained by AMIkids WINGS Piedmont officials in their PREA investigation files. AMIkids WINGS Piedmont will need to repair or replace the grievance box in the multipurpose/café building. Further, if any documentation exists on the specific incidents listed above, that information will need to be provided to the auditor. Proof of repairs to the grievance box along with any documentation on the two PREA-related grievance incidents (if available) will need to be provided to the auditor prior to the conclusion of the corrective action period (CAP) that ends on April 8, 2024. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with a completed PREA-related grievance filed by a resident on 7/2/24. The grievance filed alleged “at shower time she looked under the stall; she was sliding under my stall and same as last time looking at me with her tongue out.” No documentation was provided regarding the merits and decision of the grievance filed within 90 days of notification. Additionally, AMIkids officials did not provide proof that a new grievance box had been installed at the facility. Facility officials did; however, indicate in writing that a new grievance box had been put in place. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.352.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> • WINGS Piedmont Pre-Audit Questionnaire (PAQ), • PREA 115.353 (i.e., AMIkids Policy # 6.53), • Letter of Agreement with Beyond Abuse, • AMIkids PREA brochure for students, and

- AMIkids WINGS Piedmont Student Handbook 2024

2. Interviews/Discussions with:

- WINGS Piedmont PREA Compliance Manager
- WINGS Piedmont Interim Executive Director
- Random Residents (12)

3. Site Review/Observations:

- Observations made on housing units and other areas of programming

Analysis and triangulation of information: this standard requires the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The WINGS Piedmont PAQ completed by agency officials indicated the process for resident access to outside support services and legal representation is outlined in AMIkids Policy # 6.53 with the subject "Resident Access to Outside Confidential Support Services." Policy # 6.53 indicates that "AMIkids Piedmont will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the resident's sexual abuse while in custody. This will be done by entering into agreements with local service providers." The policy goes further to state that "contact information on supportive services is provided to residents during the intake process and is posted throughout the facility. The policy goes further to state that residents are "permitted 1 call per week to their parents/guardians, 2 face-to-face visits or skypes per month, and unlimited written communication via email to their parents/guardians."

The letters of agreement between AMIkids WINGS Piedmont and Beyond Abuse was reviewed by the auditor. The agreement signed by both parties on 2/20/18 indicates "in the event of a sexual assault, Beyond Abuse agrees to provide residents of AMIkids Piedmont victim support via the agency's hotline service." Posters and brochures with the contact information for Beyond Abuse was observed during the site tour in common areas of the facility. The WINGS Piedmont Interim Executive Director and PREA Compliance Manager both confirmed the agreement in place with Beyond Abuse to provide outside confidential support services to residents placed at WINGS Piedmont facility. WINGS Piedmont facility leadership shared that residents placed are from DJJ and they have not had any residents placed who were detained solely for civil immigration purposes. It is recommended that the facility have the contact information for South Carolina immigration services be maintained by the intake staff in the event the facility is ever to receive a resident who is detained solely for civil immigration purposes. During random resident interviews students were aware of Beyond Abuse being the outside supportive services organization available to them and some were currently receiving counseling services through this organization. Finally, on page 19 of the AMIkids WINGS Piedmont Student

	<p>Handbook, is the hotline number for Beyond Abuse.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.353: based on complying in all material ways with this standard for the review period.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.354 (i.e., AMIkids Piedmont Policy # 6.54), · PREA Poster 1, · PREA Poster 2, and · PREA Poster 3 <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager · Random Residents (12) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> · Observations made on housing units and other areas of programming · Review of the South Carolina Department of Juvenile Justice (SCDJJ) website <p>Analysis and triangulation of information: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The WINGS Piedmont PAQ completed by agency officials indicated that third-party reporting is outlined in AMIkids Policy # 6.54 with the subject “Third-Party Reporting.”</p> <p>The AMIkids Piedmont Policy # 6.54 indicates “sexual abuse and sexual harassment pamphlets with reporting information will be available at the check-in counter/desk</p>

	<p>of the facility and visitor areas.” During the site tour pamphlets and posters were visible in common areas of the facility. PREA Posters had contact information for Beyond Abuse, Clinton Police Department, Laurens Community Hospital, AMIkids WINGS Piedmont Treatment Director, AMIkids WINGS Piedmont Director of Operations, and AMIkids WINGS Piedmont Executive Director. The WINGS Piedmont Interim Executive Director and PREA Compliance Manager confirmed the third-party reporting mechanisms for family members or guardians, legal personnel, and victim advocates to report sexual abuse or sexual harassment on behalf of residents placed at the facility. The SCDJJ website was visited and the hotline number for the Division of Investigation Services is visible for anyone to contact regarding PREA incidents. Finally, during random resident interviews each stated there was someone outside the agency that they could report sexual abuse and sexual harassment incidents on behalf of other residents.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.354: based on complying in all material ways with this standard for the review period.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361 Staff and agency reporting duties</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.361 (i.e., AMIkids Piedmont Policy # 6.54), · PREA Poster, and · Team Member Reference Guide – Reporting Ethical Concerns Activities <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · Agency Head (Regional Director) · WINGS Piedmont PREA Compliance Manager · Human Services Professionals (2) · Random Staff (12)

Analysis and triangulation of information: this standard requires agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local services, while also protecting the alleged victim's privacy. Additionally, this standard requires facility management to report allegation of sexual abuse to the appropriate agency office, the alleged victim's parent or legal guardian and legal representative. The WINGS Piedmont PAQ indicates that staff and agency reporting duties are outlined in AMIkids Policy # 6.54 with the subject "Third-Party Reporting." AMIkids Piedmont Policy # 6.54 does not address staff and agency reporting duties according to PREA Standard 115.361.

Documentation uploaded to the Online Audit System (OAS) for this standard includes a PREA Poster with the hotline number for Beyond Abuse. Further, a staff guide for reporting ethical concerns activities was also uploaded to OAS. The PREA information in the guide is of the agency's zero tolerance towards sexual abuse, assault, harassment and/or misconduct. Furthermore, the guide states "AMIkids encourages all team members to raise serious concerns internally so AMIkids can address and correct inappropriate (illegal, dishonest or fraudulent) conduct and actions." The Regional Director was interviewed during the pre-onsite audit phase, and she reported she was aware of at least one PREA-related incident that occurred at the AMIkids WINGS Piedmont facility. No details were provided on the incident during that phase of the audit.

During the onsite portion of the audit random staff reported they are mandatory reporters of all sexual abuse and sexual harassment incidents brought to their attention and they are required to make an immediate report up their chain of command for such incidents. The WINGS Piedmont Interim Executive Director (or designee) is responsible for reporting PREA incidents to law enforcement and the licensing entity for the agency. The Human Services Professionals (HSPs) function as intake staff and they stated it is explained to residents the staff's duty to report and limitations to confidentiality when disclosing sexual abuse incidents.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.361: based on not providing documentation to show full compliance in all material ways with this standard.

Corrective action recommended for substantial compliance with PREA standard 115.361:

PREA Standard 115.361 requires agencies to "comply with child abuse reporting laws and know how to properly report incidents of sexual abuse and sexual harassment to supervisors or officials and to state or local services agencies." AMIkids WINGS Piedmont must create a policy to address staff and agency reporting duties, as per PREA Standard 115.361. The policy (i.e., AMIkids Policy 6.54) provided to the auditor for this standard only addresses third-party reporting. The auditor

	<p>must receive a copy of the new/revised policy prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with AMIkids Piedmont Policy 6.61, Staff and Agency Reporting Duties. The policy dated for 3/7/25 complies in all material ways with the PREA standards. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.361.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.362 (i.e., AMIkids Piedmont Policy # 6.62), Resident case management files, and Daily shift logs Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont Executive Director Agency PREA Coordinator AMIkids WINGS Piedmont PREA Compliance Manager Agency Head/Designee (Regional Director) Random Staff (12) Random Residents (12) <p>Analysis and triangulation of information: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The WINGS Piedmont PAQ indicates the agency protection duties are outlined in AMIkids Piedmont Policy # 6.62 with the subject "Agency Protection Duties." The policy states "AMIkids Piedmont will take immediate action to protect a</p>

	<p>resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse.” The action taken will be documented in the daily shift log and the residents case management file. The policy goes further to state “the resident 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 alternative means of keeping all residents safe can be arranged.”</p> <p>During random resident interviews two residents disclosed they filed PREA grievances on the same resident who alleged peered under the shower at one resident and kissed the other resident on separate occasions. Both residents who reported the PREA grievances stated the alleged offender was removed from the program. During the pre-onsite audit phase, the Regional Director did state she was aware of a PREA-related incident that occurred at WINGS Piedmont. During the pre-audit phase, the PREA Coordinator did not disclose being made of any PREA incident at the facility. During the onsite audit both the WINGS Piedmont Interim Executive Director and PREA Compliance Manager stated there were no instances during the audit review period that any residents were subject to a substantial risk of imminent sexual abuse. They were aware of the PREA grievances filed by the residents and stated that immediate actions were taken to protect the residents. None of the youth involved in the alleged incidents were isolated. However, the alleged offender was no longer placed at the facility. When the auditor conducted random staff interviews all stated they would take immediate action when a resident is subject to a substantial risk of imminent sexual abuse. In review of the daily shift logs, the auditor did not observe any information on residents being isolated during the review period. Additionally, no documentation was provided from the resident case management files to reflect isolation occurred for any residents on assigned to the program.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.362: based on complying in all material ways with this standard for the review period.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), and PREA 115.363 (i.e., AMIkids Piedmont Policy # 6.63) Interviews/Discussions with:

	<ul style="list-style-type: none"> · WINGS Piedmont Executive Director · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager · Agency Head/Designee (Regional Director) <p>Analysis and triangulation of information: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The WINGS Piedmont PAQ indicates that reporting PREA incidents to other confinement facilities is outlined in AMIkids Piedmont Policy # 6.63 with the subject "Reporting to Other Confinement Facilities."</p> <p>AMIkids Piedmont Policy # 6.63 indicated "the Executive Director is or designee will notify the appropriate investigative agency" (i.e., Clinton Department of Public Safety, abuse hotline, and the Department of Juvenile Justice). The policy goes further to state that "the Executive Director or designee will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to occur." Interviews with the WINGS Piedmont Interim Executive Director revealed that he has not been made aware of any reports from resident at the facility who reported a PREA-related incident had occurred at another confinement facility. The Regional Director and PREA Coordinator was interviewed during the pre-on-site audit phase and neither disclosed being aware of reports made by AMIkids WINGS Piedmont residents of a PREA-related incident occurring at another residential facility. During random resident interviews none of the youth reported any sexual abuse or sexual harassment incidents that occurred at another confinement facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.363: based on complying in all material ways with this standard for the review period.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.364 Staff first responder duties</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p>

- WINGS Piedmont Pre-Audit Questionnaire (PAQ),
- PREA 115.364 (i.e., AMikids Piedmont Policy # 6.64)

2. Interviews/Discussions with:

- WINGS Piedmont Executive Director
- WINGS Piedmont PREA Compliance Manager
- Staff Who Have Act as First Responders (6)

3. Site Review/Observations:

- Observations made in Dorms 1 & 2, Administration building, multipurpose/cafe, and the Education building

Analysis and triangulation of information: this standard requires that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The WINGS Piedmont PAQ indicates that staff 1st responder duties are outlined in AMikids Piedmont Policy # 6.64 with the subject “Staff First Responders Duties.”

The WINGS Piedmont Interim Executive Director and PREA Compliance Manager stated that all staff are trained as first responders at the facility. Six (6) staff were selected for interview on their duties as a first responder. The staff were able to state their duties of separating the alleged victim from the alleged abuser and request that the alleged victim not do anything that could potentially destroy any physical evidence. The staff first responders did not; however, share what should occur with the alleged abuser if time allowed for the collection of physical evidence. In review of AMikids WINGS Piedmont Policy # 6.64 and no information was included with respect to the alleged abuser.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.364: based on not providing documentation to show full compliance in all material ways with this standard.

Corrective action recommended for substantial compliance with PREA standard 115.364:

PREA Standard 115.364 requires “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.” AMikids WINGS Piedmont will need to revise policy # 6.64 to include this language regarding the alleged abuser and ensure that all staff are trained on the revised policy. The auditor will need a copy of the revised policy and signed PREA policy acknowledgments that all staff understand their duties as a

	<p>first responder. The auditor must receive a copy of the revised policy and signed policy acknowledgments from all AMIkids WINGS Piedmont staff prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with a AMIkids Piedmont updated Policy 6.64; however, it does not reflect requirements of what should happen with the alleged abuser. Additionally, no documentation was provided to indicate staff have received training on the updated policy. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.364.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.365 (i.e., AMIkids Policy No. 6.65), and · Institutional Plan (i.e., Attachment 6.22A) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The WINGS Piedmont PAQ indicates the facility coordinated response is outlined in AMIkids Policy # 6.65 with the subject "Coordinated Response."</p> <p>The AMIkids Piedmont Policy # 6.65 states the agency "has written institutional plans to coordinate the actions taken in response to incidents of sexual abuse. The plan coordinates actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership." The policy goes further to state</p>

	<p>the facility will use Prisma Health Laurens County Hospital for medical assessments and Prisma Health Laurens County counselors for crisis intervention counseling. This information in the policy was confirmed in interviews with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager. A copy of the institutional plan was also uploaded to the Online Audit System (OAS) and the document outlines seven actions consistent with those listed in PREA Standard 115.365.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.365: based on complying in all material ways with this standard for the review period.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), and PREA 115.366 (i.e., AMIkids Piedmont Policy # 6.66) Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont PREA Compliance Manager WINGS Piedmont Interim Executive Director <p>Analysis and triangulation of information: this standard requires the agency to avoid entering into agreements that would forbid the agency from removing an alleged staff sexual abuser from the post that involves interaction with residents, as a preventive measure during an investigation or a determination of discipline. The WINGS Piedmont PAQ indicates preservation of the agency's ability to protect residents from contact with abusers is outlined in AMIkids Policy # 6.66 with the subject "Preservation of Ability to Protect Residents from Contact with Abusers."</p> <p>AMIkids Piedmont Policy 6.66 indicates the agency does not enter collective bargaining agreements. This information was confirmed by the Interim Executive Director and PREA Compliance Manager during interviews and discussions.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.366: based on complying in all material</p>

	ways with this standard for the review period.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.367 Agency protection against retaliation</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.367 (i.e., AMIkids Policy # 6.67), and · PREA Retaliation Monitoring Report form (i.e., AMIkids Attachment 6.67A) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager · Random Residents (12) <p>Analysis and triangulation of information: this standard requires the agency to protect residents and staff from retaliation coming from other residents and staff. The WINGS Piedmont PAQ indicates the agency’s procedure for protection against retaliation is outlined in AMIkids Policy # 6.67 with the subject “Protection Against Retaliation.”</p> <p>AMIkids Piedmont Policy # 6.67 indicates “the Operations Department, headed by the Director of Operations is responsible for monitoring possible retaliation.” A blank copy of the PREA Retaliation Monitoring Report form was uploaded the OAS by WINGS Piedmont officials. During interviews with the WINGS Piedmont Interim Executive Director, PREA Compliance Manager, and Director of Operations none reported they have conducted retaliation monitoring of residents or staff during the review period. During random resident interviews two (2) residents stated they filed PREA-related grievances against another resident within the past twelve months. The alleged victims who reported PREA-related incidents via the grievance system were not monitored (for retaliation) by staff for at least 90 days following the filed grievances. Additionally, no documentation was provided to the auditor to reflect</p>

	<p>that PREA retaliation monitoring occurred.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.367: based on not providing documentation to show full compliance in all material ways with this standard.</p> <p>Corrective action recommended for substantial compliance with PREA standard 115.367: PREA Standard 115.367 requires that following a report of alleged sexual abuse or harassment the agency must “protect residents and staff from retaliation from other residents and staff.” If the two residents, M.B. & J. D. are still at the facility, AMIkids WINGS Piedmont’s Operations Department needs to immediately monitor both residents for retaliation (at least 90 days) using the AMIkids PREA Retaliation Monitoring Report (form 6.67A). The facility must also ensure that retaliation monitoring occurs for all residents or staff who report sexual abuse or harassment, or those that cooperate with investigations into incidents of sexual abuse and sexual harassment. The auditor must receive a copy of the completed PREA Retaliation Monitoring Reports for the residents identified above, prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with a blank copy of the PREA retaliation monitoring form but no completed retaliation monitoring reports for the two youth who reported PREA-related incidents. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.367.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.368 (i.e., AMIkids Piedmont Policy # 6.68) · Facility Logbooks (i.e., Daily Shift Logs & Night Shift Logs) <p>2. Interviews/Discussions with:</p>

	<ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager · Human Services Professionals (2) <p>Analysis and triangulation of information: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The WINGS Piedmont PAQ indicates the agency's procedure for post-allegation protective custody is outlined in AMIkids Policy # 6.68 with the subject "Post-Allegation Protective Custody."</p> <p>AMIkids Piedmont Policy No. 6.68 states "it is the policy of AMIkids Piedmont not to utilize isolation. Youth requiring protective custody will be assigned a direct staff to provide one to one supervision of the youth." This information in the policy was confirmed in interviews with the AMIkids WINGS Piedmont Human Services Professionals, PREA Compliance Manager, and Interim Executive Director. Facility logbooks were also reviewed by the auditor and no entries reflect any residents being placed in isolation or being on a one-to-one status.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.368: based on complying in all material ways with this standard for the review period.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.371 Criminal and administrative agency investigations</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.371 (i.e., AMIkids Piedmont Policy # 6.71), and · South Carolina Department of Juvenile Justice (SCDJJ) Policy 328, Investigations <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager

	<ul style="list-style-type: none">· WINGS Piedmont Interim Executive Director <p>Analysis and triangulation of information: this standard requires that all allegations of sexual abuse and sexual harassment be promptly investigated through an objective investigation. The WINGS Piedmont PAQ completed by agency officials indicates the facility's procedure for criminal and investigative agency investigations are outlined in AMIkids Policy # 6.71 with the subject "Criminal and Administrative Agency Investigations."</p> <p>AMIkids Piedmont Policy # 6.71 indicates "AMIkids Piedmont does not have a legal capability of conducting its own investigations into allegations of sexual abuse and sexual harassment. AMIkids Piedmont will rely on the Clinton Department of Public Safety and/or the Department of Juvenile Justice to investigate sexual abuse." This information in the policy was confirmed in interviews with the WINGS Piedmont PREA Compliance Manager and Interim Executive Director. The facility did not provide documentation to the auditor of a letter of agreement with the investigation entities. The auditor did review the SCDJJ website and observed its agency policy on PREA investigations.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.371: based on not providing documentation to show full compliance in all material ways with this standard for the review period.</p> <p>Corrective action recommended for substantial compliance with PREA standard 115.371: PREA Standard 115.371 requires "allegations of sexual abuse and sexual harassment must receive a prompt, thorough and objective investigation." AMIkids will need to provide a copy of its letter of agreement with or contract with the entities (i.e., Clinton Department of Public Safety) responsible for conducting criminal and administrative investigations into sexual abuse and sexual harassment. The auditor must receive a copy of the signed letter of agreement between AMIkids WINGS Piedmont and the investigative entity prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. AMIkids officials did not provide documentation that the PREA-related grievances filed by residents received a prompt investigation. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and · PREA 115.372 (i.e., AMIkids Piedmont Policy # 6.72) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · AMIkids WINGS Piedmont Interim Executive Director · AMIkids PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires the agency to consider allegations to be substantiated if most of the evidence supports it. The WINGS Piedmont PAQ indicates the evidentiary standard for administrative investigations is outlined in AMIkids Piedmont Policy # 6.72 with the subject “Evidentiary Standard for Administrative Investigations.”</p> <p>AMIkids Piedmont Policy # 6.72 indicates “AMIkids Piedmont imposes a standard no higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” This information from the policy was confirmed in discussions with the PREA Compliance Manager and Interim Executive Director.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.372: based on complying in all material ways with this standard for the review period.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.373 (i.e., AMIkids Piedmont Policy # 6.73), and · Resident PREA Allegation Status Notification (Attachment 6.73A)

	<p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WINGS Piedmont Interim Executive Director · WINGS Piedmont PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The WINGS Piedmont PAQ indicates the facility's procedure for resident reporting is outlined in AMIkids Policy No. 6.73 with the subject "Reporting to Residents."</p> <p>AMIkids Piedmont Policy # 6.73 indicates "unless an allegation is determined to be unfounded, at the conclusion of the investigation AMIkids Piedmont will inform the resident who made the allegation of sexual abuse of the status of the accused staff abuser...AMIkids Piedmont will inform the resident of indictments or convictions of alleged resident abuser." A blank copy of the Resident PREA Allegation Status Notification form was uploaded to the OAS. This form includes information on substantiated, unsubstantiated, or unfounded incidents. The form also includes information (i.e., 4 options to select from) on the status of the employee or alleged abuser.</p> <p>AMIkids officials provided the following responses on the WINGS Piedmont Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months:</p> <ul style="list-style-type: none"> o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0 o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation = 0 o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0 o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No <p>Interviews with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager revealed that no incidents of sexual abuse or sexual harassment has been completed by the outside investigative entity during the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.373: based on complying in all material ways with this standard for the review period.</p>
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115.376	Disciplinary sanctions for staff
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	<div data-bbox="279 114 981 152">Auditor Overall Determination: Meets Standard</div> <div data-bbox="279 192 564 230">Auditor Discussion</div> <div data-bbox="279 271 821 309">115.376 Disciplinary sanction for staff</div> <div data-bbox="279 342 1401 380"><p>The evidence relied upon to determine compliance with this standard included:</p></div> <div data-bbox="279 414 873 452"><p>1. Review of documentation consisting of:</p></div> <div data-bbox="279 486 1023 667"><ul style="list-style-type: none">· WINGS Piedmont Pre-Audit Questionnaire (PAQ),· PREA 115.376 (i.e., AMIkids Policy No. 6.76)· AMIkids form 115.376 (b)</div> <div data-bbox="279 701 715 739"><p>2. Interviews/Discussions with:</p></div> <div data-bbox="279 772 1423 922"><ul style="list-style-type: none">· WINGS Piedmont Interim Executive Director· Administrative (Human Resources) Staff /WINGS Piedmont PREA Compliance Manager</div> <div data-bbox="279 1028 1461 1193"><p>Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The WINGS Piedmont PAQ indicates the facility’s supervision and monitoring plan is outlined in AMIkids Policy # 6.76 with the subject “Disciplinary Sanctions for Staff.”</p></div> <div data-bbox="279 1227 1476 1556"><p>AMIkids Piedmont Policy # 6.76 indicates “it is the policy of AMIkids Piedmont that staff is subject to disciplinary sanctions up to and including terminations for violating agency sexual abuse or sexual harassment policies.” The WINGS Piedmont PREA Compliance Manager and the Interim Executive Director did not report to the auditor any sanctions or terminations of staff for violating the agency zero tolerance PREA policies. The policy does not include any language of reporting those individuals fired for violating PREA policies to law enforcement and relevant licensing bodies.</p></div> <div data-bbox="279 1590 1460 1671"><p>WINGS Piedmont officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months:</p></div> <div data-bbox="279 1704 1481 2056"><ul style="list-style-type: none">o The number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies = 0o The number of staff from the facility that have disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies = 0o The number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies = 0</div>
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	<p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.376: based on not providing documentation to show full compliance in all material ways with this standard.</p> <p>Corrective action recommended for substantial compliance with PREA standard 115.376:</p> <p>PREA Standard 115.376 requires in cases where a staff member has been fired (or has resigned) after violating the agency’s sexual abuse or sexual harassment policies, this must be reported to both: law enforcement (unless what happened was clearly not criminal) and relevant licensing bodies.” AMIkids WINGS Piedmont will need to revise Policy #6.76 to reflect the reporting requirements to law enforcement and relevant licensing bodies. The auditor must receive a copy of the revised policy prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.</p> <p>Corrective Action (Phase IV) Follow-Up: On April 8, 2025, AMIkids WINGS Piedmont officials provided the auditor with a AMIkids Piedmont Policy 6.76, Disciplinary Sanctions for Staff. The policy complies in all material ways with the PREA standards. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.376.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), and PREA 115.377 (i.e., AMIkids Piedmont Policy # 6.77) Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont Interim Executive Director WINGS Piedmont PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires consequences for contractor or volunteer violations of the agency’s sexual abuse and sexual harassment policies. The WINGS Piedmont PAQ indicates corrective action for contractors and volunteers is outlined in AMIkids Policy # 6.77 with the subject</p>

	<p>“Corrective Action for Contractors and Volunteers.”</p> <p>AMIkids Policy # 6.77 indicates that contractor and volunteer PREA violators will be reported to law enforcement agencies and to relevant licensing bodies. This information from the policy was confirmed in discussion with both the WINGS Piedmont Interim Executive Director and PREA Compliance Manager. Additionally, the feedback from discussions with local leadership was consistent what was documented on the PAQ submitted by the facility during the evidence review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.377: based on complying in all material ways with this standard for the review period.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.378 (i.e., AMIkids Policy # 6.78), and AMIkids Incident Report form Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont Interim Executive Director WINGS Piedmont PREA Compliance Manager <p>Analysis and triangulation of information: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The WINGS Piedmont PAQ indicates interventions and disciplinary sanctions for residents are outlined in AMIkids Policy # 6.78 with the subject “Disciplinary Sanctions for Residents.”</p> <p>AMIkids Piedmont Policy # 6.78 indicates “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.” The policy goes further to state that “AMIkids Piedmont will refer resident to the Gateways Counseling for therapy, counseling or other interventions designed to address and</p>

	<p>correct the underlying reasons or motivations for abuse.” The policy also indicates that only substantiated findings could result in disciplinary actions against residents. The WINGS Piedmont Interim Executive Director and PREA Compliance Manager, stated that except for the counseling provider listed, all other information in the policy is accurate. The facility relies on Beyond Abuse or Prisma Health Laurens County to provide counseling services to its residents. A blank copy of the AMIkids Incident Report form was uploaded to the Online Audit System (OAS) during the evidence review period.</p> <p>WINGS Piedmont officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months:</p> <ul style="list-style-type: none"> o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0 <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.378: based on complying in all material ways with this standard for the review period.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.381 Medical and mental health screenings; history of sexual abuse</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.381 (i.e., AMIkids Piedmont Policy # 6.81), and · Mental Health/Substance Abuse Referral Summary form 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Staff that Perform Screening for Risk of Victimization and Abusiveness (2) · Resident Who Disclosed Prior Sexual Victimization During Risk Screening (3)

Analysis and triangulation of information: this standard requires facilities to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The WINGS Piedmont PAQ indicates information on this standard is outlined in AMIkids Policy # 6.81 with the subject “Medical and Mental Health Screenings: History of Sexual Abuse.”

AMIkids Piedmont policy # 6.81 “all residents who have ever perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.” The policy goes further to state that “medical and mental health staff will maintain a form documenting compliance with the above required services.” A blank copy of the Mental Health/Substance Abuse Referral Summary form was uploaded to the Online Audit System (OAS) during the evidence review period. The Human Services Professionals (HSPs) confirmed in interviews that residents are offered a follow-up with a medical or mental health practitioner after disclosing victimization or abusiveness during the intake process. During random resident interviews, three (3) youth reported past victimization that occurred in the community. Each youth stated that follow-up services with a mental health practitioner was offered to them. There was no documentation provided to the auditor of referrals made for the 3 residents that disclosed past victimization.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.381: based on not providing documentation to show full compliance in all material ways with this standard for the review period.

Corrective action recommended for substantial compliance with PREA standard 115.381: PREA Standard 115.381 states “the facility must offer the resident a follow-up meeting with a medical or mental health practitioner as soon as possible, but within 14 days of the intake screening” for all residents who experienced sexual victimization or has been sexually abusive. AMIkids WINGS Piedmont must complete the Mental Health/Substance Abuse Referral Summary form (or have documentation indicating the resident declined referral services) for all residents who have experienced sexual victimization or has been sexually abusive within 14 of the intake screening. The auditor will need a copy of the referral form completed for residents M.B., J. C., and G.V. (or documentation stating the residents declined referral services), who were placed at the facility during the onsite portion of the audit. Additionally, the auditor must receive a copy of VSABs completed for any new admissions since the first day of the corrective action period along with the completed Mental/Health Substance Abuse Referral Summary form for all residents who experienced sexual victimization or has been sexually abusive. The auditor will need these completed documents prior to the conclusion of the corrective action period (CAP) that ends April 8, 2025. The auditor reserves the right to conduct a follow-up visit to the facility during the CAP to verify compliance with this standard.

Corrective Action (Phase IV) Follow-Up: During Phase IV of the audit WINGS Piedmont officials did not provide documentation to reflect that the recommended corrective actions had been implemented. AMIkids officials did not provide documentation of referrals to mental health care practitioners within 14 days of the

	intake screening for residents who disclosed past victimization. Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.381.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and · PREA 115.382 (i.e., AMIkids Piedmont Policy # 6.82) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Human Services Professionals (2) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations of outside support service numbers posted in the administration building <p>Analysis and triangulation of information: this standard requires the facility the provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The WINGS Piedmont PAQ indicates access to emergency medical and mental health services are outlined in AMIkids Policy # 6.82 with the subject "Access to Emergency Medical and Mental Health Services."</p> <p>In review of AMIkids Piedmont Policy # 6.82, it indicates "AMIkids Piedmont will provide treatment services to every victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." AMIkids WINGS Piedmont Human Services Professionals stated that Beyond Abuse provides crisis intervention services to residents and Laurens County Hospital provides medical treatment. This information on the medical and mental health services providers was observed on a PREA poster provided to the auditor and posted in administration building. It is recommended by the auditor that AMIkids WINGS Piedmont modify Policy # 6.82 to add language that emergency medical treatment and crisis intervention services will begin quickly. Additionally, it is recommended that additional posters of the outside support services provider/ hotline number be added to Dorm 1 and the school/classrooms.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the</p>

	auditor that the agency meets Standard 115.382: based on complying in all material ways with this standard for the review period.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and · PREA 115.383 (i.e., AMIkids Piedmont Policy # 6.83) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Human Services Professional (2) · AMIkids WINGS Piedmont Executive Director · AMIkids WINGS Piedmont PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires nonemergency medical and mental health treatment to be offered to resident who are victims of sexual abuse in the facility. The WINGS Piedmont PAQ indicates ongoing medical and mental health care for sexual abuse victims and abusers is outlined in AMIkids Policy # 6.83 with the subject "Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers."</p> <p>The AMIkids Piedmont Policy # 6.83 denotes that "AMIkids offers medical and mental health evaluation and, as appropriate, treatment to all residents who are victimized or have been an abuser in any jail, lockup, or juvenile facility." Additionally, "an attempt will be made by AMIkids to conduct mental health evaluations of all known resident-on-resident abusers within 60 days of learning of such an abuse history." Further, the policy states "AMIkids will offer treatment when it is deemed appropriate by mental health professionals with documentation of the referral process." This information in the policy was confirmed in interviews with the Human Services Professionals. Facility leadership stated that no resident had been a victim of sexual abuse at the facility nor was any sexual abusers placed at the facility during the onsite portion of the audit.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.383: based on complying in all material</p>

	ways with this standard for the review period.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · PREA 115.386 (i.e., AMIkids Piedmont Policy # 6.86), and · Sexual Abuse Incident Review Report (Attachment 6.86A) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator · WINGS Piedmont PREA Compliance Manager · WINGS Piedmont Executive Director · WINGS Piedmont Director of Operations <p>Analysis and triangulation of information: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The WINGS Piedmont PAQ indicates the procedures for the sexual abuse incident review is outlined in AMIkids Policy # 6.86 with the subject "Sexual Abuse Incident Reviews."</p> <p>The AMIkids Policy # 6.86 indicates the Director of Operations prepares reports and findings from the sexual abuse incident reviews (SAIRs) and submits them to the Executive Director and the PREA Compliance Manager. The policy goes further to state the SAIR will include upper-level management officials with input from line supervisors, investigators, medical or mental health practitioners. A blank copy of the Sexual Abuse Incident Review Report was uploaded to the OAS. Interviews with the Regional Director and PREA Coordinator during the pre-onsite audit revealed they had not completed a Sexual Abuse Incident Review (SAIR) during the audit review period. This was also confirmed during the onsite audit with the WINGS Piedmont Interim Executive Director, PREA Compliance Manager and Director of Operations.</p>

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.386: based on complying in all material ways with this standard for the review period.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.387 (i.e., AMIkids Piedmont Policy # 6.87), and South Carolina Department of Juvenile Justice - 2022 PREA Statistical Data report Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont PREA Compliance Manager Site Review/Observations: <ul style="list-style-type: none"> Review of PREA section on the South Carolina Department of Juvenile Justice agency website <p>Analysis and triangulation of information: this standard is about the incident- based data gathered by the facility for every allegation of sexual abuse at its campus. The WINGS Piedmont PAQ indicates its standard for data collection is outlined in AMIkids Policy # 6.87 with the subject "Data Collection."</p> <p>AMIkids Piedmont Policy # 6.87 indicates 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." This information in the policy was confirmed by the AMIkids WINGS PREA Compliance Manager. The auditor reviewed the SC DJJ website and did observe annual reports from 2017-2021 that aggregated PREA allegation by month, total allegations by type, status of allegation types, and number of allegations by facility (i.e., alternative placement/group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). WINGS Piedmont also uploaded a copy of the DJJ PREA Data report from 2022.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the</p>

	auditor that the agency meets Standard 115.387: based on complying in all material ways with this standard for the review period.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), PREA 115.388 (i.e., AMIkids Piedmont Policy # 6.88), and South Carolina Department of Juvenile Justice - 2022 PREA Statistical Data report (i.e. 2022 PREA Statistical Data Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont Interim Executive Director WINGS Piedmont PREA Compliance Manager Site Review/Observations: <ul style="list-style-type: none"> Review of PREA section on the South Carolina Department of Juvenile Justice (SCDJJ) agency website <p>Analysis and triangulation of information: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The WINGS Piedmont PAQ indicates sexual abuse and sexual harassment data review for corrective action is outlined in AMIkids Policy # 6.88 with the subject "Data Collection."</p> <p>AMIkids Piedmont Policy # 6.88 indicates SCDJJ completes the annual report to include identifying problem areas and develop a correction action plan if needed. The policy goes further to state that "AMIkids will provide South Carolina Office of Juvenile Justice with information/data when requested in order to accomplish this task." The information in the policy was confirmed in discussions with the WINGS Piedmont Interim Executive Director and PREA Compliance Manager.</p> <p>The auditor reviewed the SCDJJ website and did observe an annual report from 2021 that aggregated PREA allegation by month, total allegations by type, status of allegation types, and number of allegations by facility (i.e., alternative placement/</p>

	<p>group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). The report did not have any qualitative information such as commentary on problem areas or any necessary corrective action plan.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.388: based on complying in all material ways with this standard for the review period.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WINGS Piedmont Pre-Audit Questionnaire (PAQ), and PREA 115.389 (i.e., AMIkids Piedmont Policy # 6.89) Interviews/Discussions with: <ul style="list-style-type: none"> WINGS Piedmont PREA Compliance Manager Site Review/Observations: <ul style="list-style-type: none"> Review of PREA section on the South Carolina Department of Juvenile Justice (SCDJJ) agency website <p>Analysis and triangulation of information: this standard requires that sexual abuse data be stored, published and retained by the agency. The WINGS Piedmont PAQ indicates the agency's process for data storage, publication and destruction is outlined in AMIkids Policy # 6.89.</p> <p>AMIkids Policy # 6.89 denotes that South Carolina Office of Juvenile Justice ensures incident-based and aggregate data are securely retained for at least ten (10) years. Review of the South Carolina DJJ website did have the list and final report of PREA audits completed for owned, operated, and contracted facilities. AMIkids is responsible for providing SC DJJ with "information/data when requested in order to accomplish this task." The information in the policy was confirmed in discussions with the WINGS Piedmont PREA Compliance Manager.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.389: based on complying in all material ways with this standard for the review period.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), · Final PREA Reports – South Carolina Department of Juvenile Justice Agency Website · Google search of information about the WINGS Piedmont facility <p>Analysis and triangulation of information: this standard requires agencies to have all operated and contracted facilities audited once during every three-year audit cycle period. The WINGS Piedmont PAQ indicates the frequency and scope of PREA audits is outlined in SC DJJ Policies.</p> <p>South Carolina Department of Juvenile Justice has three (3) PREA-Related policies posted on its public website to include: Policy No. 321, Prevention of Sexual Offenses toward Youth; Policy No. 328, Investigations, and Policy No. 336, Application of the PREA Standards</p> <p>Review of the agency website by the auditor revealed nine (9) SCDJJ Facility PREA Audit Reports from 2018-2023. Additionally, Statistical data is also included for those facilities from 2017-2022. Further, 15 PREA Reports for Community Based Marine and Wilderness Camps were observed from 2018-2021 for AMIkids facilities to include AMIkids WINGS Piedmont. Finally, two PREA Final Reports were included for Camp Aspen dated for 2014 and 2017. Each facility has been audited at least once in the current three-year cycle with the Final PREA Report available on the agency website.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.401: based on complying in all material ways with this standard for the review period.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WINGS Piedmont Pre-Audit Questionnaire (PAQ), and

· Final PREA Reports – South Carolina Department of Juvenile Justice agency website

Analysis and triangulation of information: this standard regarding audit content and findings, is outlined in South Carolina DJJ Policy # 336, Application of the PREA Standards.

Review of the South Carolina DJJ website by the auditor revealed the last PREA Final Report completed for the agency was on 12/1/23 for one of its state operated DJJ facilities. PREA Final Reports are also made available on the agency's website for 8 AMIkids contract facilities and another non-AMIkids contract facility. The last PREA Final Report for AMIkids WINGS Piedmont was completed on June 22, 2021

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.403: based on complying in all material ways with this standard for the review period.

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?	no
	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?	no
	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?	no
	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?	no
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)	no
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	no
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

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

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

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

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

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	no
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.)	no
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
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)?	no
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

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

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	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.)	no
	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.)	no
	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.)	no
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.)	no

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.)	no
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

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

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

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

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

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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.)	no
	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.)	no
	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.)	no
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 the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	no
	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?	no
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	no

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

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

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	no
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?	no
	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?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	no

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	no
	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?	no
	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?	no
	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?	no
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	no
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
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?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
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?	no
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	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?	no
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?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

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

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

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

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

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	no
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?	no
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

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

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

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

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

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