

PREA Facility Audit Report: Final

Name of Facility: Generations Alternative Program Bridges

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/18/2025

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: Rosa L. Webb

Date of Signature: 04/18/2025

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 03/03/2025

End Date of On-Site Audit: 03/04/2025

FACILITY INFORMATION

Facility name: Generations Alternative Program Bridges

Facility physical address: 821 Dunklin Bridge Road , Fountain Inn, South Carolina - 29644

Facility mailing address: PO BOX 80009, Simpsonville, South Carolina - 29680

Primary Contact

Name:	Jessica Williams
Email Address:	jessica@generationsgroup.com
Telephone Number:	864-243-5557 ex.222

Superintendent/Director/Administrator	
Name:	Sahe Edwards
Email Address:	sahe@generationsgroup.com
Telephone Number:	864-243-5557 ex.212

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

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	17
Average daily population for the past 12 months:	16
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
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:	n/a
Number of staff currently employed at the facility who may have contact with residents:	59
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Generations Group Homes of Greenville, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	820 Dunklin Bridge Road , Fountain Inn, South Carolina - 29644
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information
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Name:	Jessica Williams	Email Address:	jessica@generationsgroup.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4

- 115.317 - Hiring and promotion decisions
- 115.332 - Volunteer and contractor training
- 115.341 - Obtaining information from residents
- 115.362 - Agency protection duties

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-03
2. End date of the onsite portion of the audit:	2025-03-04

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:	PRISMA Health Care Julie Valentine Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	26
15. Average daily population for the past 12 months:	16
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:	17
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:	0
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:	0

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:	2
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):	The facility does not use segregated housing or isolation.
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:	59
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:	4

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:	1
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:	The auditor was provided a shift roster upon arrival at the facility on day one and was able to interview all random staff that were on post for the day., which met the minimum number of staff to be interviewed.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	17
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor was given a copy of the resident roster upon arrival to the facility. The auditor reviewed the roster and conducted interviews with all 17 residents.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

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):	There were no barriers in selecting or interviewing the random residents. The facility provided the auditor unimpeded access to all the residents.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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 1467 1469 1630"> <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 1675 1469 1756"> <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).	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
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:	<p>0</p>
41. 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>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
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:	<p>0</p>

42. 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>
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).	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
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:	<p>0</p>
43. 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>
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).	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
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:	<p>0</p>

44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
45. 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).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
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

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>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:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>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:</p>	<p>2</p>

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).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category. The facility does not use isolation.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional comments
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	14

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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):	The auditor was provided a shift roster upon arrival at the facility on day one and was able to interview all random staff that were on post for the day. which met the minimum number of random staff interviews.
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):	12
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
If "Other," provide additional specialized staff roles interviewed:	Grievance Staff Training Director Volunteer Coordinator Foodservice Staff
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1

62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor interviewed all specialized staff that were at the facility during the on-site visit. Some staff members were interviewed more than once due to their duties and responsibilities covering more than one specialized area.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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).

The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the second day of the visit, accompanied by the PREA Coordinator/Compliance Manager, the Facility Director, and the Agency Head. The facility is a 20 bed sex offender program for adolescent males. There are two housing units, one classified as intermediate and the other is classified as intensive. Upon admission, residents are placed in the intensive unit. Each housing unit had three bathrooms that included a toilet, sink and shower. The residents are assigned to a bathroom and must dress, shower and use the toilet in their assigned one. There are 16 cameras in the housing units. The auditor was given access to the control room and observed the different camera angles to ensure there were no identifiable blind spots. The auditor observed the PREA phone and the PREA box during the site visit. The phone is located in each housing unit and it used to make a PREA call. It only calls the hotline. The PREA box contains information that is used to make a PREA report. . During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The auditor observed a list of numbers that included outside emotional support services at every telephone accessible by the residents. The auditor observed the camera system throughout the facility and able to review the camera room to ensure that all cameras were in working order. The auditor tested the following critical functions:

- The facility's process for securing interpretation services
- Internal reporting methods for confined persons (grievance procedure)
- External reporting methods for confined persons (OHAN Hotline)
- Access to outside emotional support

services (Julie Valentine Center)

- Third-Party Reporting (calling the number provided on the posters)

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?

☒ Yes

☐ No

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

The auditor reviewed documents for staff and residents that were interviewed. Documents reviewed included personnel and training records. The documents reviewed for the residents included intake records, resident education, and risk screening instruments (initial and reassessment). The auditor also was able to review historical documents of past residents. There were no barriers to receiving any documentation.

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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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:

There were no reported allegations of sexual abuse in the past 12 months. There were no sexual abuse investigation files to 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:	There were no reported allegations of sexual harassment in the past 12 months. There were no sexual harassment investigation files to 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.	There were no reported allegations of sexual abuse or sexual harassment in the past 12 months. There were no sexual abuse or sexual harassment investigation files to review.

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>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) Generations Group Home GAP Organizational Chart (effective 11/2024) Interview with PREA Coordinator/Compliance Manager Observations during the site review <p>Reasoning and analysis by provision: 115.311 (a) PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include</p>

sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020): As a DJJ contracted group home, Generations holds a zero-tolerance approach to preventing, detecting, and responding to sexual assault and sexual harassment toward residents as well as staff. Any employee, contractor, or volunteer engaging in harassment or abuse of any kind will be subject to disciplinary action, up to and including termination. All incidents of sexual abuse and sexual harassment will result in the employee being placed on immediate suspension and prohibited from communicating with other employees and/or residents during the internal and external investigations. Any employee, contractor, or volunteer who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate. Sexual activities between residents, whether consensual or not, are prohibited at Generations. Should an investigation find that a resident willingly engaged in sexual behaviors with an employee or other resident, their status in the program may be jeopardized, their probation/parole may be violated, and/or criminal prosecution may occur. Any proven false allegation will result in disciplinary action in accordance with the DJJ standards and Generations' Level system as determined by the resident staffing team.

Observations during the site review:

The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, school, living areas, in all common areas, school, and all buildings.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Interview with PREA Coordinator/Compliance Manager: The Compliance Manager serves as the PREA Coordinator and the PREA Compliance Manager and reports to the Executive Director. The PREA Coordinator/Compliance Manager stated that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and to manage their PREA-related responsibilities. They are the only PREA Coordinator in the agency. If any issues with compliance are discovered, there is a meeting with the leadership team and discuss the best way to address the issue to ensure compliance.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance.</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with the Agency Head <p>Reasoning and analysis by provision: 115.312</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with the Agency Head: The agency does not contract with private agencies or other entities for the confinement of residents.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41, PREA Compliance (effective 08/01/2020) • Generations Group Policy 3.27, Head County and Safety Verification (effective 12/11/2021) • Interview with Facility Director • Interview with PREA Coordinator/Compliance Manager • 2025 Staffing Plan

Reasoning and analysis by provision: 115.313 (a) - Corrective Action

PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- The average daily number of residents in the past 12 months: 15
- The average daily number of residents on which the staffing plan was predicated: 20

Interview with Facility Administrator: The facility develops, implements and documents a staffing plan. It addresses adequate staffing levels to ensure the facility is in compliance with ratios. Video monitoring is part of the plan. The staffing plan is documented and computerized and stored electronically. The facility has a daily ratio that is required to be met. That can be accomplished by using on call or back up staff if necessary. When assessing staffing levels, the facility considers the facility considers all 11 of the requirements outlined in the standard. If there any any issues with meeting the plan, they would be documented. There have not been any in the past 12 months.

Interview with Facility PREA Coordinator/Compliance Manager: When developing the plan, the facility considers all 11 of the requirements outlined in the standard.

The facility did not have a staffing plan that addressed all 11 of the requirements as outlined in the standard.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Interview with Facility Director: The facility director stated that the facility has not had any time within the past 12 months that the plan was not met.

Reasoning and analysis by provision: 115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Generations Group Policy 3.41, PREA Compliance: At all times Generations will maintain the appropriate staff-to-resident ratio (1:4 awake, 1:7 asleep), as defined by state licensing and contract regulations, assuring that adequate supervision, coverage of blind spots, and safety of staff and residents. The use of video monitoring to supplement supervision is also available (except in rest rooms), as

well as periodic unannounced walk-thru checks performed by upper-level supervisors. In the event of emergency circumstances, Generations PREA Coordinator will fully document the reasoning for the deviation of the supervision staffing plan.

Interview with the Facility Director: The facility director stated that they are obligated by law to maintain staffing ratios. DJJ regulations, DSS and PREA set the staffing ratios. The intermediate dorm ratio is 1:8 waking and 1:16 sleeping. The intensive dorm ratio is 1:5 waking and 1:8 sleeping. The staffing ratios are 1:4 waking and 1:7 sleeping. Observations made during the site review: The auditor observed all areas where residents were present and found them to be in compliance with the required staffing ratios. Staff were visible in the facility and were supervising the residents, even while in the classrooms.

Observations made during the site review: The auditor observed all areas where residents were present and found them to be in compliance with the required staffing ratios. Staff were visible in the facility and were supervising the residents, even while in the classrooms.

Reasoning and analysis by provision: 115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Staffing plans for 2023 2024 and 2025: The auditor reviewed the staffing plans. The plans are completed at least annually.

Interview with the PREA Coordinator/Compliance Manager: The PREA Coordinator/ Compliance Manager is a member of the team and stated that the plan is reviewed and completed annually.

Reasoning and analysis by provision: 115.313 (e) - Corrective Action

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

There was no documentation that unannounced rounds were occurring at the facility.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is completed.

The facility provided an updated staffing plan that included all 11 requirements of the standard on April 17, 2025. The facility provide unannounced facility rounds forms for the past 30 days. The auditor reviewed the forms. They indicated that the PREA unannounced rounds

were implemented on March 5, 2025 and were occurring on each shift.

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Generations Group Policy 3.41, PREA Compliance (effective 08/01/2020)
- Generations Group Policy 3.40, Searches and Contraband (effective 01/22/2014)
- Interviews with 14 Random Staff
- Interviews with 17 Random Residents
- Interview with Training Director
- Observations during the site review

Reasoning and analysis by provision:115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

Generations Group Policy 3.41, PREA Compliance: Clinical and administrative staff, as well as assigned shift supervisors, are authorized to conduct dormitory searches when there is reason to believe that a resident is in possession of any item categorized as contraband. Generations prohibits the use of any body-contact type of search, to include pat-down search, strip search, cavity search, and/or cross-gender viewing.

Generations Group Policy 3.40, Searches and Contraband: The search procedure will be inclusive of all possessions, but will not include body searches.

Interview with training director: The facility is a no-contact facility and does not do any searches.

Observation during site review: The auditor did not observe any searches being conducted on the residents. During informal conversations with staff it was stated that if a search is needed that involves touching a resident's body, that law enforcement would be called to assist and conduct the search.

Reasoning and analysis by provision: 115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Interviews with 14 random staff : All 14 random staff interview stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. The staff stated this was a no-touch facility and they were not allowed to conduct searches that would involve touching the resident. None of the staff provided an example of an exigent circumstance other than an emergency.

Interviews with 17 random residents: All 17 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Document Review: There was no documentation to be reviewed as the facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Observations during site review: The two housing units each have three bathrooms. Residents are assigned to a bathroom. They change clothes, shower and use the toilet, one at a time with the door closed. They are to be fully clothes when they enter and to be fully clothes with they exit the bathroom. This was verified during informal conversations with staff and residents. Staff on the opposite gender were observed announcing their presence upon entering the areas where the residents were located. The auditor reviewed log book entries where female staff announced their presence.

Interviews with random residents: All 17 residents stated that staff of the opposite gender announce their presence when entering the housing unit. All 17 residents

stated that they are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviews with random staff: All 14 staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All 14 staff stated residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Reasoning and analysis by provision: 115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. In the past 12 months: zero such searches occurred.

Generations Group Policy 3.41, PREA Compliance: Clinical and administrative staff, as well as assigned shift supervisors, are authorized to conduct dormitory searches when there is reason to believe that a resident is in possession of any item categorized as contraband. Generations prohibits the use of any body-contact type of search, to include pat-down search, strip search, cavity search, and/or cross-gender viewing.

Generations Group Policy 3.40, Searches and Contraband: The search procedure will be inclusive of all possessions, but will not include body searches.

Interview with training director: The facility does not do searches of transgender or intersex residents.

Interviews with random staff: All 14 staff interviewed stated they are aware of the policy or procedures prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status. Staff are not allowed to do searches of any type that involves touching the resident.

Interviews with residents that identify as transgender or intersex: There were no residents that identified as transgender or intersex during the onsite phase of the audit.

Reasoning and analysis by provision: 115.315 (f)

PAQ: The percent of all security staff who received training on conducting cross gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs was 0%

Interview with training director: The facility is a no-contact facility and does not do any searches. Due to not conducting any searches that involve touching the resident. The facility does not train on how to conduct searches.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41, PREA Compliance (effective 08/01/2020) • PREA brochure, English and Spanish • PREA posters, English and Spanish • Resident Education Procedures • Interview with Agency Head Designee • Interviews with Random Staff <p>Reasoning and analysis by provision: 115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>Generations Group Policy 3.41, PREA Compliance: Generations will ensure that residents with disabilities or limited English have an equal opportunity to participate in all aspects of the PREA standards. Generations will arrange effective communication (i.e. professional translator), provide education materials in alternative formats, and refer to outside resources to meet the needs of the resident.</p> <p>Resident Education Procedures: On the date of admission to the program, all residents and their parent/guardian will receive information regarding Generations' zero-tolerance policy and PREA concepts. They will sign a form acknowledging their understanding of the information. Within ten days of admission, residents will receive a PREA education packet including detailed information regarding the resident's right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and pertinent agency policies and procedures for responding to such incidents. Residents will sign an acknowledgement form, confirming they have received and understand the PREA education materials. This form will be filed in the resident's clinical chart. As needed, Generations will provide this information to residents with disabilities (limited English proficient, deaf, visually impaired, or residents who have limited reading skills).</p> <p>Interview with Agency Head/Designee: The agency head/designee confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to</p>

sexual abuse and sexual harassment. The facility provides whatever is needed for the residents.

During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing.

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

Generations Group Policy 3.41, PREA Compliance: Generations will ensure that residents with disabilities or limited English have an equal opportunity to participate in all aspects of the PREA standards. Generations will arrange effective communication (i.e. professional translator), provide education materials in alternative formats, and refer to outside resources to meet the needs of the resident.

Language Line Solutions: Translation services are provided by Language Line Solutions and are available to all residents.

Observations during site review: The auditor called the phone number provided for Language Line Solutions and verified that they provide these services to the facility. PREA posters and brochures were posted in both English and Spanish.

During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing.

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0

Generations Group Policy 3.41, PREA Compliance: Generations will ensure that residents with disabilities or limited English have an equal opportunity to participate in all aspects of the PREA standards. Generations will arrange effective communication (i.e. professional translator), provide education materials in alternative formats, and refer to outside resources to meet the needs of the

	<p>resident.</p> <p>Interviews with Random Staff: All random staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All stated that to the best of their knowledge this has never occurred.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41, PREA Compliance (effective 08/01/2020) • Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees (effective 02/21/2022) • Generations Group Policy 1.10, Harassment (sexual and other forms of harassment) (effective 04/13/2018) • Interview with Administrative (HR) Staff • Employee Background Documentation • Employee FBI Checks for 5 Year Background Checks <p>Reasoning and analysis by provision: 115.317 (a)</p> <p>PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Generations Group Policy 3.41, PREA Compliance: Each applicant will undergo a screening interview specifically designed to deter any person who may be seeking employment at Generations for purposes of exploitation. Prior to having any contact with the residents and annually thereafter, SLED, DSS Child Abuse and Neglect Central Registry background checks, and state and national Sex Offender</p>

Registry checks.

Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees: Each applicant will undergo a screening interview specifically designed to deter any person who may be seeking employment at Generations for purposes of exploitation. An FBI Fingerprint scan is required upon hire and every 5 years thereafter. State Law Enforcement Division (SLED), State Department of Social Services' Child Abuse and Neglect Central Registry, and state and national Sex Offender Registry background checks are required of all applicants prior to employment and must be updated annually.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees: All applicants for employment at Generations are required to disclose and undergo a SLED (state law enforcement division) investigation for any past record of criminal arrests and/or convictions. Applicants must also disclose the nature of any current criminal charges pending against them. All applicants for employment at Generations are required to undergo a routine DSS (Department of Social Services) investigation. Applicants are required to disclose the nature and extent of all their volunteer activities and positions that involve regular contact with children.

Interview with Administrative (HR) Staff: If the facility is able to get information related to sexual harassment, it is always considered.

Reasoning and analysis by provision: 115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) 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.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 24

Generations Group Policy 3.41, PREA Compliance: Each applicant will undergo a screening interview specifically designed to deter any person who may be seeking employment at Generations for purposes of exploitation. Prior to having any contact with the residents and annually thereafter, SLED, DSS Child Abuse and Neglect Central Registry background checks, and state and national Sex Offender Registry checks.

Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees:

Each applicant will undergo a screening interview specifically designed to deter any person who may be seeking employment at Generations for purposes of exploitation. An FBI Fingerprint scan is required upon hire and every 5 years thereafter. State Law Enforcement Division (SLED), State Department of Social Services' Child Abuse and Neglect Central Registry, and state and national Sex Offender Registry background checks are required of all applicants prior to employment and must be updated annually.

Interview with Administrative (HR) Staff: Everyone gets a background check before they can work with the residents. The facility does a FBI check, South Carolina SLED and DSS Central Registry check on everyone. Arrest reports are also considered. The background checks are done annually. Child abuse registry checks are completed in every state in which the employee has resided. The facility also searches the local and national sex offender registries.

Reasoning and analysis by provision: 115.317 (d)

PAQ: Agency policy requires that a criminal background check records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 0

Generations Group Policy 3.41, PREA Compliance: Prior to having any contact with the residents and annually thereafter, SLED, DSS Child Abuse and Neglect Central Registry background checks, and state and national Sex Offender Registry checks.

Interview with Administrative (HR) Staff: Everyone gets a background check before they can work with the residents. The facility does a FBI check, South Carolina SLED and DSS Central Registry check on everyone. Arrest reports are also considered.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that either criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees: Each applicant will undergo a screening interview specifically designed to deter any person who may be seeking employment at Generations for purposes of exploitation. An FBI Fingerprint scan is required upon hire and every 5 years thereafter. State Law Enforcement Division (SLED), State Department of Social Services' Child Abuse and Neglect Central Registry, and state and national Sex Offender Registry background checks are required of all applicants prior to employment and must be updated annually.

Interview with Administrative (HR) Staff: Background checks are completed every

	<p>year. FBI fingerprinting is completed every five years.</p> <p>Reasoning and analysis by provision: 115.317 (f)</p> <p>PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>Interview with the Administrative (HR) Staff: This is part of the written application process.</p> <p>Reasoning and analysis by provision: 115.317 (g)</p> <p>PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Generations Group Policy 1.20, Recruitment, Screening and Selection of Employees: All applicants for employment at Generations are required to disclose and undergo a SLED (state law enforcement division) investigation for any past record of criminal arrests and/or convictions. Applicants must also disclose the nature of any current criminal charges pending against them.</p> <p>Reasoning and analysis by provision: 115.317 (h)</p> <p>PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Interview with the Administrative (HR) Staff: The facility would provide the information, as well as whether or not they are eligible for re-hire status. The facility could not provide a classified document that would come in the criminal records check.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

	<ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency Head • Interview with Facility Director <p>Reasoning and analysis by provision: 115.318 (a)</p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with Agency Head: The safety and security of the residents are considered when designing, acquiring or planning substantial modifications to facilities.. The facility looks at ways to protect them and keep them safe.</p> <p>Interview with facility director: The dining room was remodeled in 2016. The safety and security of the building was considered to ensure there were no blind spots. There has not been any expansions or modifications since the last PREA audit.</p> <p>Reasoning and analysis by provision: 115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Interview with agency head: There has been no updates or newly installed equipment since the last PREA audit. The facility reviews the monitoring system on a daily basis to ensure they are maintaining safety and to look for ways to use the monitoring system to improve safety and supervision.</p> <p>Interview with facility director: The DVR system was updated prior to the last PREA audit in 2020. Camera are replaced when they become outdated. The facility is always looking at the monitoring system to make sure all areas of the facility are covered.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile

Facilities)

- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- Interviews with Random Staff
- Interview with Medical and Mental Health Staff
- Interview with PREA Coordinator/Compliance Manager
- Agreement with Julie Valentine
- Interview with SANE/SAFE Nurse

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is not responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Administrative investigations are conducted by Out of Home Abuse and Neglect (OHAN DSS).

Interviews with random staff: All 14 random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They stated that it was the responsibility of law enforcement to gather any usable evidence and that their responsibility was to protect and preserve the scene.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Generations Group Policy 3.41 PREA Compliance: Due to the limitations of our scope of practice, Generations is unable to perform forensic medical examinations. Should a resident need or request medical attention, they will be transported (by EMS, law enforcement, or company vehicle) to a local emergency room for appropriate examination by SAFE or SANE staff, without cost.

Interview with mental health staff: The facility does not conduct forensic examinations.

	<p>Interview with SANE/SAFE Nurse: Prisma Health, is a member of the Regional Upstate Sexual Assault Nurse Examiner Program in Upstate South Carolina. The facility provides 24/7 on-call coverage for any patient that arrives to one of the facilities across four counties in the Upstate of South Carolina.</p> <p>Reasoning and analysis by provision: 115.321 (d) PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p> <p>Agreement with Julie Valentine Center: Julie Valentine Center agrees to provide victim advocates, forensic interviewers, nurse practitioners, and SANE or SAFE examiners as needed on site.</p> <p>Interview with PREA Coordinator/Compliance Manager: Victim advocates are usually provided by the Rape Crisis Center. The facility contacts them when this service is needed. There have been no incidents where a victim advocate was needed within the past 12 months.</p> <p>Reasoning and analysis by provision: 115.321 (e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>Generations Group Policy 3.41 PREA Compliance: Generations will provide resources for a victim advocate.</p> <p>Agreement with Julie Valentine Center: Julie Valentine Center agrees to provide victim advocates, forensic interviewers, nurse practitioners, and SANE or SAFE examiners as needed on site.</p> <p>Interview with PREA Coordinator/Compliance Manager: This is provided by the Rape Crisis Center upon request from the facility.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- Generations Group Policy 3.29 Staff Boundaries and Reporting Procedures for Allegations of Abuse and Neglect (effective 06/07/2021)
- Interview with Agency Head

Reasoning and analysis by provision: 115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. There were no administrative or criminal investigations to be completed during the past 12 months.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0
- In the past 12 months, the number of allegations resulting in an administrative investigation: 0
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Generations Group Policy 3.41 PREA Compliance: Upon receiving a report of alleged sexual abuse or sexual harassment, Generations conducts a thorough internal investigation, as well as makes notifications to outside agencies (SCDJJ, Office of Inspector General, OHAN, law enforcement, etc.). The internal investigation is carried out regardless of the quality of evidence, credibility of alleged victim, or in cases when the victim recants the allegation. The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.

Generations Group Policy 3.29 Staff Boundaries and Reporting Procedures for Allegations of Abuse and Neglect: The Executive Director, Compliance Director, Clinical Director or designee will make a report to the Department of Social Services OHAN (Out of Home Abuse and Neglect Unit), and when indicated, to the Department of Juvenile Justice (to include the Office of Inspector General, case manager, and program monitor), based upon findings from the internal investigation. A report will also be made to the law enforcement agency that has proper jurisdiction if the alleged incident is believed to involve criminal behavior.

Interview with Agency Head: The facility contacts DJJ and OHAN. OHAN leads the investigation, The facility provides any and all information that they have. OHAN conducts the interviews and all steps of the investigation. They have 45 days to complete the investigation.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual

	<p>harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Generations Group Policy 3.41 PREA Compliance: Upon receiving a report of alleged sexual abuse or sexual harassment, Generations conducts a thorough internal investigation, as well as makes notifications to outside agencies (SCDJJ, Office of Inspector General, OHAN, law enforcement, etc.). The internal investigation is carried out regardless of the quality of evidence, credibility of alleged victim, or in cases when the victim recants the allegation. The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.</p> <p>Reasoning and analysis by provision: 115.322 (c)</p> <p>Generations Group Policy 3.41 PREA Compliance: Upon receiving a report of alleged sexual abuse or sexual harassment, Generations conducts a thorough internal investigation, as well as makes notifications to outside agencies (SCDJJ, Office of Inspector General, OHAN, law enforcement, etc.). The internal investigation is carried out regardless of the quality of evidence, credibility of alleged victim, or in cases when the victim recants the allegation. The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interviews with Random Staff

- Interview with Training Director
- Training Curriculum
- Staff PREA Training Acknowledgement Forms

Reasoning and analysis by provision: 115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Generations Group Policy 3.41: Staff who directly supervise the residents will be trained on their responsibilities related to PREA during the Orientation process and biennial thereafter. Up to date PREA refresher courses will be offered quarterly.

Generations Policy 4.05 details the procedures and guidelines for training volunteers and contractors. PREA trainings will include: 1. Zero-tolerance policy for sexual abuse and harassment; 2. Sexual abuse and harassment prevention, detection, reporting, and response; 3. Residents' right to be free from sexual abuse and harassment; 4. Resident and Employee rights to be free from retaliation for reporting sexual abuse and harassment; 5. The dynamics of sexual abuse and harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents, including LGBTI, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

and 11. Relevant laws regarding the applicable age of consent.

Training curriculum: The auditor reviewed the PREA training curriculum and verified it covers all 11 requirements of the standard..

Interview with training director: The facility has a PREA training packet. Training is provided the first day an employee reports for work and at least once per year after that. It is usually conducted twice per year.

Staff training acknowledgement forms/quizzes: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on site visit. All staff have documented records of receiving PREA training. There are no current employees who have not received at least the initial training.

South Carolina legal age of consent for sexual contact is 16 years old.

Interviews with Random Staff: All 14 random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent. All staff knew that the age of consent was 16 years old.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training curriculum: The auditor reviewed the PREA training curriculum and verified it is tailored to the unique needs and attributes of the residents at the facility.

Staff training acknowledgement forms/quizzes: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the onsite visit. All staff have received all phases of the PREA training and it is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with

	<p>residents receive refresher training on PREA requirements is annually.</p> <p>Staff training acknowledgement forms/quizzes: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on site visit. All staff have documented records of receiving PREA training annually. There are no current employees who have not received at least the initial training.</p> <p>Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.</p> <p>Interview with training director: Staff are trained at least annually. There are usually two trainings per year.</p> <p>Reasoning and analysis by provision: 115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Staff training acknowledgement forms/quizzes: The auditor reviewed the training records and acknowledgement forms for all staff interviewed during the on site visit. All staff have received all phases of the PREA training. The facility requires staff to sign the acknowledgement forms documenting that they understood the training they had received.</p> <p>Findings: Based on the analysis, the facility exceeds the provisions for this standard and corrective action is not required.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Policy 4.05 Code of Conduct for Volunteers (effective 09/13/2017) • Interview with Volunteer • Interview with Contractor • Interview with Volunteer Coordinator • Volunteer Training Packet • Volunteer PREA Training Acknowledgement Forms <p>Reasoning and analysis by provision: 115.332 (a)</p>

PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

- The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 3

Generations Group Policy 4.05 Code of Conduct for Volunteers: Generations has developed reformative policies and procedures regarding volunteer screening, conduct and training as it relates to abusive behavior. These policies will protect and provide the means by which child abuse will be prevented in our working environment. It is the policy of Generations to carefully screen all volunteers before they are placed in a position of authority over the residents. This screening process is designed to minimize the possibility of any abusive person gaining access to vulnerable children.

Volunteer Acknowledgement of PREA Training: The auditor reviewed the acknowledgement forms for volunteers and contractors for the completion of PREA Training. The training was documented as being completed.

Interview with volunteer coordinator: Volunteers are trained on the basics of PREA. The training is delivered by the Volunteer Coordinator. The training consists of prevention, detection and response, which includes how to report. Volunteers are trained to not touch anything in the event of an incident. They are to call staff for assistance.

Interviews with Volunteer and Contractor who have contact with residents: They stated they have been trained on their responsibilities regarding sexual abuse and sexual harassment. The training consisted of what to look for, boundaries, how to make a report and who to report to. They stated they were given a copy of the zero tolerance policy.

Reasoning and analysis by provision: 115.332 (b)

PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews with Volunteer and Contractor who have contact with residents: The auditor interviewed one volunteer and one contractor. Both stated they have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Reasoning and analysis by provision: 115.332 (c)

PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

	<p>Volunteer/Intern Acknowledgement PREA Training: The auditor reviewed the acknowledgement forms for volunteers and contractors for the completion of PREA Training. Their signature on the form indicated that they understood the training they had received</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Juvenile PREA Orientation • Resident PREA Handbook • Intake Packet • Resident PREA Training Acknowledgement Forms • Interview with Intake Staff • Interviews with Random Residents • Observations during site review <p>Reasoning and analysis by provision: 115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.</p> <ul style="list-style-type: none"> • The number of residents admitted in past 12 months who were given this information at intake: 15 <p>Generations Group Policy 3.41 PREA Compliance: On the date of admission to the program, all residents and their parent/guardian will receive information regarding Generations' zero-tolerance policy and PREA concepts. They will sign a form acknowledging their understanding of the information. Within ten days of admission, residents will receive a PREA education packet including detailed information regarding the resident's right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and pertinent agency policies and procedures for responding to such incidents. Residents will sign an acknowledgement form, confirming they have received and understand the PREA education materials. This form will be filed in the resident's clinical chart.</p>

Interview with intake staff: Residents are provided with the South Carolina Department of Social Services Policy and the Generations Group Policy. They both address the zero tolerance policy for sexual abuse and sexual harassment. The facility provides a packet of PREA information to every new resident. The packet tells them how to communicate and how to report. The intake staff goes over everything with them. Transfers are treated the same as a new resident.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education as soon as they got to the facility during the intake process. The residents stated that this information was provided verbally, thru the PREA orientation, brochures and the handbook.

Observations during the site review: The auditor observed PREA signage all around the facility, in every building and even in the school.

Reasoning and analysis by provision: 115.333 (b)

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

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 15

Generations Group Policy 3.41 PREA Compliance: Within ten days of admission, residents will receive a PREA education packet including detailed information regarding the resident's right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and pertinent agency policies and procedures for responding to such incidents.

Interview with intake staff: PREA education occurs on day one. The facility provides the DJJ PREA Orientation and any other additional information that would be needed. The residents are informed of their rights and how to communicate effectively. It occurs on day one and will always be within 72 hours.

Interviews with Random Residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All of the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the

facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Interview with intake staff: Residents who transfer to the facility are treated the same as new residents and get the same education. All residents are given PREA education on the first day of admission.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Generations Group Policy 3.41 PREA Compliance: As needed, Generations will provide this information to residents with disabilities (limited English proficient, deaf, visually impaired, or residents who have limited reading skills).

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, school, common areas, and all buildings.

Reasoning and analysis by provision: 115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Youth Acknowledgement of PREA Education and PREA Documentation: The auditor reviewed a sample of the signed Youth Acknowledgement of PREA Education and Documentation forms for residents who had been admitted in the past 12 months, as well as the current residents. The signed form documents that the residents have received the education and have understood the material they were given.

Reasoning and analysis by provision: 115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The following educational materials were provided in both English and Spanish versions: Resident Handbook, brochures, PREA Education flyers. Residents are given a copy of these at intake. In addition, this information is gone over with the resident by staff during intake.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in

	<p>all areas of the facility to include the dining room, visitation room, school, common areas. and all buildings.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) <p>Reasoning and analysis by provision: 115.334 (a) PAQ - The agency does not conduct administrative or criminal sexual abuse investigations.</p> <p>Reasoning and analysis by provision: 115.334 (b) The agency does not conduct administrative or criminal sexual abuse investigations and does not employ investigators.</p> <p>Generations Group Policy 3.41 PREA Compliance: The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome, and in substantiated cases the employment and criminal status of the abuser. Documentation of these notifications will be maintained by the Program Director.</p> <p>Reasoning and analysis by provision: 115.334 (c) The agency does not conduct administrative or criminal sexual abuse investigations and does not employ investigators.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interviews with Mental Health Contracted Services Staff <p>Reasoning and analysis by provision: 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ul style="list-style-type: none"> • The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0 • The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0 <p>Generations Group Home does not employ medical or mental health staff. Residents receive medical services offsite. Mental health care is a contracted service through Greeneville Mental Health.</p> <p>Interview with mental health contracted services staff: Mental health stated that they had received specialized PREA training from the facility. In addition, they had received additional training as an independent contractor.</p> <p>Reasoning and analysis by provision: 115.335 (b) PAQ: The agency medical staff at this facility does not conduct forensic medical exams.</p> <p>Generations Group Home does not employ medical or mental health staff. Residents receive medical services offsite. Mental health care is a contracted service through Greeneville Mental Health.</p> <p>Interview with mental health contracted services: Mental health does not conduct forensic exams.</p> <p>Reasoning and analysis by provision: 115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Generations Group Home does not employ medical or mental health staff. Residents receive medical services offsite. Mental health care is a contracted service through</p>

	<p>Greeneville Mental Health. Medical care is received offsite.</p> <p>Reasoning and analysis by provision: 115.335 (d) PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.</p> <p>Generations Group Home does not employ medical or mental health staff. Residents receive medical services offsite. Mental health care is a contracted service through Greeneville Mental Health.</p> <p>Finding: Based on this analysis, the facility does not employ medical or mental health staff. Residents receive medical services offsite. Mental health care is a contracted service through Greeneville Mental Health.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness • Interviews with Random Residents • Interview with PREA Coordinator/Compliance Manager • Residents Completed VSAB • VSAB Form <p>Reasoning and analysis by provision: 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.</p> <ul style="list-style-type: none"> • The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 15

Generations Group Policy 3.41 PREA Compliance: Within 72 hours of admission, information is gathered by the admitting staff to assess the resident's potential risk of harm to self/others, antecedents to aggressive behavior, effectiveness of previously utilized interventions, relevant psychological and social factors, and medical factors that may put the resident at risk. The Generations Health Screening for Youth form is completed with the resident and includes a Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) screening tool. A comprehensive Psychosocial Assessment is also completed within 30 days.

Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: Residents are screened on the day admission for risk of sexual abuse victimization or sexual abusiveness toward other residents. The screening is done on the day the resident is admitted to the facility, and never goes as far as 72 hours. It is part of the intake or admission packet. The information for the assessment is gotten through conversations with the resident, a review of the documentation that comes with the youth to the facility and a self-evaluation of yes/no questions on the assessment. Resident's risk levels are reassessed every three months, once a quarter. All transfer residents are considered new residents.

Interviews with random residents: All of the 17 random residents stated they remember when they first came to the facility being asked questions like where they had ever been sexually abused, whether they identified with being gay, bisexual or transgender, whether they had any disabilities, and whether they thought they might be in danger at the facility. The ones that had been at the facility longer than three months, stated they have been asked these questions again.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Random sample of resident Vulnerability Assessment: The auditor reviewed a random sample of the resident's Vulnerability Assessment from residents who had admitted within the past 12 months and the residents that were interviewed. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; 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; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interview with Staff That Performs Screening For Risk of Victimization and

	<p>Abusiveness: The initial screening considers: the boy's age, size, race, gender identification, social skills, prior victimization, aggression, court charges and history.</p> <p>Reasoning and analysis by provision: 115.341 (d) PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.</p> <p>Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: The information for the assessment is obtained through conversations with the resident, a review of the documentation that comes with the youth to the facility and a self-evaluation of yes/no questions on the assessment. It is given in a one-on-one setting. The questions are asked as written. Review and court records, any mental health or medical records.</p> <p>Reasoning and analysis by provision: 115.341 (e) PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>Interview with Agency PREA Coordinator/Compliance Manager: The agency has outlined that only counselors, on call staff, manager's and directors. medical and mental health would have access if needed. The assessment is stored electronically</p> <p>Interview with Staff That Performs Screening For Risk of Victimization and Abusiveness: PREA Compliance Manager, Executive Director and upper level staff (management) shall have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard and corrective action is not required.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Policy 3.31 One-to-One Room Guidelines (effective 07/30/2020)

- Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
- Interview with PREA Coordinator/Compliance Manager
- Interview with Facility Director
- Interview with Mental Health Staff

Reasoning and analysis by provision: 115.342 (a)

PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Generations Group Policy 3.41 PREA Compliance: To ensure the safety of the resident, the information obtained from these assessments may be used to determine a resident's housing, bed, and program assignment, as well as their proximity to the staff members. Generations prohibits placing LGBTQI residents in particular houses/beds solely based on such identification. Housing and program assignments will be made for transgender or intersex residents on a case-by-case basis and will be re-assessed bi-annually.

Interview with PREA Coordinator/Compliance Manager: The assessment guides or helps determine the dorm placement and the resident's individualized care plan. This is a sex offender program, so the assessment helps guide the planning process.

Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness: The assessment helps to look at placement, bed, or dorm assignment. This information is added to the care plan.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Generations Group Policy 3.31 One-to-One Room Guidelines: The one-to-one (1:1) Room is used as a low stimulus environment for residents who are emotionally unstable or physically disruptive to the milieu. The 1:1 Room should be clear of any items that could be used by a resident as a weapon. Staff must visually supervise residents at all times and must remain outside the 1:1 Room. Residents are to remain in the 1:1 Room for the least amount of time required to regain control emotionally and physically. Staffs are to follow TCI guidelines regarding tension reduction and rapport building before allowing the resident to re-join the milieu. Consequences for behaviors preceding the acting out episode are to be explained to and acknowledged by the resident prior to re-joining the milieu. Staff must have permission from a Shift Supervisor before allowing the resident to re-join the milieu.

Interview with facility director: The facility does not use isolation.

Interview with mental health staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.342 (c)

PAQ: The facility 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. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Generations Group Policy 3.41 PREA Compliance: Generations prohibits placing LGBTQI residents in particular houses/beds solely based on such identification.

Housing and program assignments will be made for transgender or intersex residents on a case-by-case basis and will be re-assessed bi-annually.

Interview with PREA Coordinator/Compliance Manager: The facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. The facility does not currently have any residents that are lesbian, gay, bisexual, transgender, or intersex.

Reasoning and analysis by provision: 115.342 (d)

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

Generations Group Policy 3.41 PREA Compliance: Generations prohibits placing LGBTQI residents in particular houses/beds solely based on such identification.

Housing and program assignments will be made for transgender or intersex residents on a case-by-case basis and will be re-assessed bi-annually.

Interview with PREA Coordinator/Compliance Manager: Transgender or intersex residents housing and program assignments would be the same for other residents.

A case-by-case basis determines the dorm placement.

There were no transgender or intersex residents identified by the facility to be interviewed.

Reasoning and analysis by provision: 115.342 (e)

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

Interview with PREA Coordinator/Compliance Manager: The facility always considers whether the housing and programming assignments will ensure the resident's health and safety.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents are reassessed every three months. Transgender and intersex residents would be treated the same as the other residents.

There are currently no transgender or intersex residents at the facility.

Reasoning and analysis by provision: 115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Interview with PREA Coordinator/Compliance Manager: Safety and security is a top priority

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents views and perceptions are considered during the assessment process.

Reasoning and analysis by provision: 115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Interview with PREA Coordinator/Compliance Manager: Everyone showers separately. Only one resident is allowed in the bathroom at a time.

Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness: All residents shower separately. They have to change clothes, shower and use the toilet in assigned bathroom with the door closed.

Reasoning and analysis by provision: 115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0.

Interview with facility director: The facility does not use isolation.

Interview with mental health staff: The facility does not use isolation.

	<p>Reasoning and analysis by provision: 115.342 (i)</p> <p>PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Interview with facility director: The facility does not use isolation.</p> <p>Interview with mental health staff: The facility does not use isolation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Policy 3.29 Staff Boundaries and Reporting Allegations of Abuse and Neglect (effective 06/07/2021) • Resident PREA Handbook • Interviews with Random Staff • Interviews with Random Residents • Interview with PREA Coordinator/Compliance Manager <p>Reasoning and analysis by provision:115.351 (a)</p> <p>PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Generations Group Policy 3.41 PREA Compliance: Upon admission, residents are educated on how to report sexual abuse or sexual harassment and/or retaliation for internally reporting to any Generations employee (direct care, clinical, administrative, etc.). Residents can ask someone else to help them make a report, i.e. family, attorney, probation officer, outside advocate, caseworker. Residents are also provided a list of local resources for externally reporting (DSS, OHAN) and/or victim advocate services, including mailing addresses, phone numbers, emergency hotline numbers, etc. Residents are equipped with necessary materials for reporting (private phone with direct access to an emergency hotline, pre-stamped</p>

envelopes, grievance paper) and written education materials detailing how to make verbal, written, anonymous, and third-party reports. Generations has a Memorandum of Understanding for community services with victim advocates, mental health departments, legal representatives, emergency medical services.

Resident PREA Handbook: The auditor reviewed the Resident PREA Handbook and verified that the residents are provided information about multiple ways to report sexual abuse or sexual harassment.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment by using the PREA phone, by telling a staff member, or writing a grievance.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by asking to use the PREA phone, by telling a staff member, writing a grievance, or telling someone who does not work at the facility.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. Phone numbers for outside services and reporting were located next to every phone. The auditor tested the ways to report by calling the hotline and the rape crisis center.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not detain residents solely for civil immigration purposes.

Resident PREA Handbook: The auditor reviewed the Resident PREA Handbook and verified that the residents are provided information about ways to report to a public or private entity that is not part of the agency.

Interview with PREA Coordinator/Compliance Manager: Residents can use the PREA phone for these calls. The transmission is immediate. The facility provides the information and numbers for the residents to make a call on the PREA phone.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment by using the PREA phone, by telling a staff member, by writing a grievance, or telling someone who does not work at the facility. They stated that they could make an anonymous report, as well.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. Phone numbers for outside services and reporting were located next to every phone. The auditor tested the ways to report by calling the PREA

	<p>number. The call goes to the Office of Home Abuse and Neglect (OHAN)</p> <p>Reasoning and analysis by provision:115.351 (c) PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.</p> <p>Generations Group Policy 3.29 Staff Boundaries and Reporting Allegations of Abuse and Neglect: The reporting staff member must also complete a written incident report detailing the abusive behavior they witnessed or the verbal allegations of abuse reported to them. The written report must be submitted to the Facility Director, Clinical Director, or designee no later than the end of the shift in which the incident occurred. The written report will include specific and detailed descriptions of the behavior witnessed and/or verbatim statements made to them regarding the allegations of abuse. The written report will not make any inference, state any opinions or draw any conclusions about the validity, extent and/or seriousness of the alleged abuse.</p> <p>Reasoning and analysis by provision: 115.351 (d) PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Interview with PREA Coordinator/Compliance Manager: The facility provides paper and pencil to complete a report or grievance as outlined in the handbook. There is a standardized grievance form. It can be on that or on a piece of notebook paper. There is a locked grievance box. Access is available 24/7.</p> <p>Reasoning and analysis by provision: 115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by contacting OHAN</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Generations Group Policy 3.36 Resident Grievance Procedures (effective 11/29/2021)
- Resident PREA Handbook
- Interview with Grievance Staff
- Observations during site review

Reasoning and analysis by provision: 115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Generations Group Policy 3.36 Resident Grievance Procedures: Residents have the right to file a written grievance any time they feel they have been treated unfairly without fear of retaliation. In order to provide a confidential system for doing so, a locked box is available in the dining hall. Grievances should be explained in writing and placed in the locked box. The Clinical Director retrieves all resident grievance forms daily and is responsible for assuring that the reports are kept confidential, investigated, and resolved in a timely manner. Resident grievances may also be written and submitted to the Clinical Director directly. The Clinical Director will review all reports, routing the reports to the appropriate department for investigation and resolution. Within 3 business days, Clinical Director will provide a response to the resident. When appropriate, residents will be informed of the nature of the resolution. Residents may appeal the resolution to the Executive Director. Reports involving allegations of abuse or neglect will be immediately addressed.

Resident PREA Handbook: The grievance policy is outlined in the handbook. It includes the steps that need to be taken, as well as the timelines (if any) associated with filing a grievance.

Observations during site review: The auditor observed the locked grievance boxes and the Executive Director explained that all grievances are scanned to the Department of Juvenile Justice and are handled by them.

Reasoning and analysis by provision: 115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Interview with grievance staff: The youth are allowed to use the grievance system to report sexual abuse, sexual harassment, and retaliation by staff or other peers. There is no specific time limit for filing a grievance related to sexual abuse or harassment. A youth might be asked to informally resolve a grievance in situations where the issue can be addressed through direct communication and mutual understanding, without the need for formal procedures. This approach is often encouraged to the facilities to resolve minor disputes or misunderstandings quickly

and amicably. If the informal resolution is unsuccessful or the issue is too serious to be resolved informally, the youth can then proceed with the formal grievance process.

Reasoning and analysis by provision: 115.352 (c)

PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Grievances are scanned to the South Carolina Department of Juvenile Justice and are not handled by the facility staff.

Interview with grievance staff: The goal is to keep the pool of people who have access to the grievance as small as possible to maintain confidentiality and protect the privacy of the individuals involved. For the camps there is a designee at each facility who is responsible for collecting and distributing the grievance to SCDJJ daily.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Interview with grievance staff: The outcome of the grievance process is communicated to the youth, including any actions taken and the rationale behind the decision.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident,

regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Interview with grievance staff: There is an emergency grievance process designed to address urgent issues that pose an immediate threat to a youth's health, safety, or welfare. Immediate Forwarding: Emergency grievances are forwarded immediately, without substantive review and forwarded to our investigation Department (SLES). Expedited Responses: The process provides for expedited responses at every level of decision-making to ensure timely resolution. Independent Review: The emergency procedure includes review by a person or entity not under the supervision or control of the institution.

Reasoning and analysis by provision: 115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Resident PREA Handbook • Agreement with Julie Valentine Center • Interviews with Random Residents • Interview with Facility Director • Interview with PREA Coordinator/Compliance Manager • Observations during site review <p>Reasoning and analysis by provision: 115.353 (a)</p> <p>PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Generations Group Policy 3.41 PREA Compliance: Residents are also provided a list of local resources for externally reporting (DSS, OHAN) and/or victim advocate services, including mailing addresses, phone numbers, emergency hotline numbers, etc.</p> <p>Document Review - The auditor reviewed the Resident PREA Handbook and verified that this information is given to the residents in written form. It includes addresses and phone numbers.</p> <p>Interviews with random residents: All residents interviewed stated that they were aware that there were services available outside of the facility for dealing with sexual abuse if they needed it. Some stated these were sexual assault centers. They all stated that the facility gave them this information in their handbook, and there are posters all around the facility with the information. They all stated that the call was free. They all stated that they could call these services anytime and that the calls with these calls would remain private unless they were required to tell someone. The reason they gave was in case someone was being hurt.</p> <p>Observations from site review. There was signage throughout the facility that</p>

provided information on outside support services. The auditor contacted Julie Valentine Center. They confirmed that the residents can call anytime, the service is always free and the calls remain private unless these would be concerns of harm due to being mandated reporters

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Resident PREA Handbook: The auditor reviewed the handbook and verified that the residents are provided information on outside support services and the extent to which communications will be monitored is included.

Interview with random residents: The 17 residents interviewed stated that the calls with these calls would remain private unless someone was being hurt.

Reasoning and analysis by provision: 115.353 (c)

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Agreement with Julie Valentine Center: Agrees to conduct emergency and/or non-elective juvenile evaluation, interviews, or examinations and provide services as requirement.

Reasoning and analysis by provision: 115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Interview with the facility director: Attorneys can make phone calls or visit the facility. The facility provides access as needed and requested. The resident's have calls with their parents or guardians twice a week and visitation is once a month. Residents on level 4 can call anytime.

Interview with the PREA Coordinator/Compliance Manager: Attorneys and case managers can call or come visit anytime. There is no limited access. The residents can call or meet with them privately. The residents get two calls per week with their parent or guardian. They can also write them. There is no limit to the letters that they can send. Visitation takes place the second Saturday of each month.

Interviews with the random residents. All 17 residents stated that they get at least two phone calls per week with their parents or guardians and visitation is once per month. Some stated that they can earn off campus visits with their parents. They all stated that they had access to their attorneys if needed.

	Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Resident PREA Handbook • Observations during site review <p>Reasoning and analysis by provision: 115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Observations during on site visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone numbers on third party reporting. The auditor also observed names and phone numbers located by all the telephone for outside emotional services.</p> <p>Resident PREA Handbook: The auditor reviewed the handbook and verified that the residents were given information on how to access third party reporting.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Generation Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse of Neglect (effective 06/07/2021)
- Generations Group Policy 1.02 Confidentiality and Harassment (effective 06/07/2017)
- Interview with Facility Director
- Interview with PREA Coordinator/Compliance Manager
- Interview with Mental Health Staff
- Interviews with Random Staff

Reasoning and analysis by provision: 115.361 (a)

PAQ: The agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Generation Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse of Neglect: Any staff member who has knowledge, suspicion, or information of alleged abuse or harassment by a resident or staff member toward a resident must provide a verbal report of the incident to the immediate supervisor. Should the allegations involve the supervisor, the staff member is to report directly to the administrator on call. The verbal report must be made to the administrator on call within the same shift time frame as the incident occurred. Any staff member must report any allegations of abuse toward a resident regardless of their knowledge or opinions regarding the behavior, diagnosis, service status and/or past history of the resident making the allegations.

Interview with random staff: All 14 random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They stated all incidents are reported to the PREA phone, OHAN, DJJ, or the South Carolina State Police, as well as to their supervisor.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

South Carolina Reporting Laws: Mandated reporters must report abuse or neglect when, in their professional capacity, they receive information giving them reason to believe that a child's physical or mental health has been, or may be, adversely affected by abuse or neglect. A decision to report must be based upon a reasonable belief that a child has been, or may be, abused or neglected. Thus, mandatory reporters need not have conclusive proof that a child has been abused or neglected prior to reporting abuse or neglect to the proper authorities.

Interview with Random Staff: All 14 random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

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

Generations Group Policy 1.02 Confidentiality and Harassment: In the course of your employment with Generations, you will work with confidential information concerning the residents, their families, staff, or matters relating to finances. A very important part of our position is to protect the privacy of our residents and staff members. Information of a privileged or confidential nature is to be closely guarded and should only be discussed within the group home on a need to be informed basis.

Generation Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse or Neglect: The Clinical Director (or designee) will also instruct any and all staff members who are aware of the allegations to refrain from discussing the allegations in any situation outside of the investigation procedures until the investigation process is completed.

Interviews with Random Staff: All 14 random staff interviewed stated that the agency requires them to report and that is done by reporting to OHAN.

Reasoning and analysis by provision: 115.361 (d)

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

Interviews with mental health staff: Mental health staff that was interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They stated they are required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to a designated supervisor or official upon learning of it. They stated they are required to report to the OHAN Hotline.

Reasoning and analysis by provision: 115.361 (e)

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

	<p>be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p>Interview with facility director: When the facility receives a sexual abuse, OHAN completes an ERMIS (Event Reporting Management Information System) report. It is sent to legal and they will make all of the notifications. These notifications will be made within 24 hours.</p> <p>Interview with PREA Coordinator/Compliance Manager: Parents are notified by the appropriate team. It can be OHAN (Out of Home Abuse and Neglect) Investigations Unit or South Carolina Department of Social Services, County law enforcement can also assist in making the notifications, This is done right away.</p> <p>Reasoning and analysis by provision: 115.361 (f) PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.</p> <p>Interview with the facility director: All allegations of sexual abuse and sexual harassment are reported directly to OHAN. There are no facility investigators.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with the Agency Head • Interview with the Facility Director • Interview with Random Staff <p>Reasoning and analysis (by provision): 115.362 (a) PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p>

	<ul style="list-style-type: none"> • In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0 <p>Interview with agency head: When staff learn that a resident is subject to a risk of imminent sexual abuse, immediate action will be taken to ensure the safety of the resident. This could include putting the resident on closer supervision, look at shift schedules, move schedules. Do whatever is necessary.</p> <p>Interview with facility director: Separate the resident from possible harm and put a plan in place to provide protection. This would be done immediately.</p> <p>Interviews with random staff: All 14 random staff stated they would separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and complete an incident report.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard and corrective action is not required.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generation Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse or Neglect (effective 06/07/2021) • Interview with Facility Director • Interview with Agency Head <p>Reasoning and analysis by provision: 115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0 <p>Reasoning and analysis by provision: 115.363 (b)</p>

	<p>PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Generation Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse or Neglect: It is the policy of Generations Group Home to protect their residents from abuse (physical, sexual, verbal and/or emotional) by staff or other residents. Generations actively supports the South Carolina statutes related to the mandated reporting of child abuse. In addition, Generations reserves the right to report such information to the law enforcement agency with proper jurisdiction if a crime is believed to have been committed against a resident. It is the policy of Generations to actively support and cooperate with the criminal prosecution of any staff member who is thought to have acted in a criminal manner during an incident of client exploitation. Upon request, Generations will also response by providing notification to any agency or person in accordance with the state law.</p> <p>Reasoning and analysis by provision: 115.363 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Interview with facility director: This has not happened in the past 12 months. It would be treated as any other report. It would be reported to OHAN immediately.</p> <p>Reasoning and analysis by provision: 115.363 (d) PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 <p>Interview with agency head: Office of Out of Home Abuse and Neglect (OHAN) is the designated point of contact for all investigations. They determine whether or not an investigation is warranted or if a referral is needed for a criminal investigation. The designated point of contact at the facility will depend on the time of day and what staff member is in charge. The allegation would be treated the same as any other and would immediately be report to OHAN or DJJ.</p> <p>Interview with facility director: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, OHAN would be immediately contacted. There have been no incidents of this occurring.</p> <p>Finding: Based on this analysis, the facility substantially meets the provisions for this standard and corrective action is not required.</p>
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115.364	Staff first responder duties
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- PREA Staff Training
- Interview with Random Staff
- Interview with Security First Responder

Reasoning and analysis by provision: 115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

- In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report

requested 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: 0

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0

Generations Group Policy 3.41 PREA Compliance: All employees of Generations are considered First Responders. In the event that a sexual assault occurs on site, Generations staff will immediately separate the victim and abuser by moving them to separate locations on campus. Staff will then notify the Staff in Charge (SIC), who will then assist with clearing the other residents out of the room, preserving and protecting any crime scene or evidence. The SIC will notify the Administrator On-Call and local law enforcement. Generations staff who are with the alleged victim and alleged abuser will prohibit them from any actions that may destroy potential evidence on their person or belongings. If more assistance is needed to secure the scene and manage the environment, "Staff Support" will be called to the area. Once law enforcement arrives, the support staff will return the other residents to their designated area, while the witnessing staff, SIC, and on-call staff will accompany the alleged victim and alleged abuser in the investigation. Should the alleged victim need medical attention or a forensic exam, Generations has service agreements with the Dept. of Mental Health and Prisma Health Emergency Room. An administrator will contact the residents' parent/guardian and agency caseworker to notify them of the alleged assault and investigation process.

Interview with security first responder: Separate the victim and alleged abuser. Preserve any evidence. Block off the area. No washing, no changing clothes, no using the bathroom for both parties. Report to immediate supervisor in charge. The supervisor in charge will make all other notifications.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

	<ul style="list-style-type: none"> • Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0 <p>Generations Group Policy 3.41 PREA Compliance: All employees of Generations are considered First Responders. In the event that a sexual assault occurs on site, Generations staff will immediately separate the victim and abuser by moving them to separate locations on campus. Staff will then notify the Staff in Charge (SIC), who will then assist with clearing the other residents out of the room, preserving and protecting any crime scene or evidence. The SIC will notify the Administrator On-Call and local law enforcement. Generations staff who are with the alleged victim and alleged abuser will prohibit them from any actions that may destroy potential evidence on their person or belongings. If more assistance is needed to secure the scene and manage the environment, "Staff Support" will be called to the area. Once law enforcement arrives, the support staff will return the other residents to their designated area, while the witnessing staff, SIC, and on-call staff will accompany the alleged victim and alleged abuser in the investigation. Should the alleged victim need medical attention or a forensic exam, Generations has service agreements with the Dept. of Mental Health and Prisma Health Emergency Room. An administrator will contact the residents' parent/guardian and agency caseworker to notify them of the alleged assault and investigation process.</p> <p>Interview with security first responder: Separate the victim and alleged abuser. Preserve any evidence. Block off the area. No washing, no changing clothes, no using the bathroom for both parties. Report to immediate supervisor in charge. The supervisor in charge will make all other notifications.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • PREA Staff Training • Interview with Facility Director <p>Reasoning and analysis by provision: 115.365 (a) PAQ: The facility has developed a written institutional plan to coordinate actions</p>

	<p>taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Generations Group Policy 3.41 PREA Compliance: All employees of Generations are considered First Responders. In the event that a sexual assault occurs on site, Generations staff will immediately separate the victim and abuser by moving them to separate locations on campus. Staff will then notify the Staff in Charge (SIC), who will then assist with clearing the other residents out of the room, preserving and protecting any crime scene or evidence. The SIC will notify the Administrator On-Call and local law enforcement. Generations staff who are with the alleged victim and alleged abuser will prohibit them from any actions that may destroy potential evidence on their person or belongings. If more assistance is needed to secure the scene and manage the environment, "Staff Support" will be called to the area.</p> <p>Once law enforcement arrives, the support staff will return the other residents to their designated area, while the witnessing staff, SIC, and on-call staff will accompany the alleged victim and alleged abuser in the investigation. Should the alleged victim need medical attention or a forensic exam, Generations has service agreements with the Dept. of Mental Health and Prisma Health Emergency Room. An administrator will contact the residents' parent/guardian and agency caseworker to notify them of the alleged assault and investigation process.</p> <p>Interview with facility director: The facility has a response plan that lays out the role of staff. Separate the parties is the first thing. Secure the scene. Make all necessary notifications and document.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency Head <p>Reasoning and analysis by provision: 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p>

	<p>Interview with Agency Head: The agency does not do or have collecting bargaining agreements.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interview with Agency Head • Interview with Facility Director • Interview with Staff Member Who Monitors Retaliation <p>Reasoning and analysis by provision: 115.367 (a) PAQ: The agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>Generations Group Policy 3.41 PREA Compliance: Generations will make every effort to protect all residents and staff members who report sexual abuse or sexual harassment from any form of retaliation and will monitor the case for at least 90 days with periodic status checks. Staff and residents are encouraged to report any retaliation they experience, witness, or hear of by utilizing the Grievance process. Program Director and Human Resources Manager will monitor the grievance boxes and will address any reports of retaliation in a timely manner. Housing transfers, campus transfers, and schedule changes may be enforced, as necessary.</p> <p>Reasoning and analysis by provision: 115.367 (b) PAQ: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Generations Group Policy 3.41 PREA Compliance: Generations will make every effort to protect all residents and staff members who report sexual abuse or sexual harassment from any form of retaliation and will monitor the case for at least 90</p>

days with periodic status checks. Staff and residents are encouraged to report any retaliation they experience, witness, or hear of by utilizing the Grievance process. Program Director and Human Resources Manager will monitor the grievance boxes and will address any reports of retaliation in a timely manner. Housing transfers, campus transfers, and schedule changes may be enforced, as necessary.

Interview with agency head: The agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by monitoring for retaliation for 90 days. There is also close observation of all parties and communicate among staff. The facility would make any changes necessary to ensure the resident's safety.

Interview with facility director: For allegations of sexual abuse and sexual harassment, retaliation is monitored for 90 days. The facility would monitor, and watch for changes in behavior. Ways to address any retaliation would be to make room changes if needed, change staff schedule, and reassign if necessary. The facility would also offer counseling and a transfer if necessary. The facility would remove the staff or the resident from the situation.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Interview with facility director: For allegations of sexual abuse and sexual harassment, retaliation is monitored for 90 days. The facility would monitor, and watch for changes in behavior. Ways to address any retaliation would be to make room changes if needed, change staff schedule, and reassign if necessary. The facility would also offer counseling and a transfer if necessary. The facility would remove the staff or the resident from the situation. The facility monitors retaliation for 90 days. This can be extended for as long as needed.

Interview with Staff Member Who Monitors Retaliation: If a resident makes an allegation, the facility will monitor all interactions and communication between that resident with staff and other residents. In addition to we will let the resident know that what retaliation is and if they feel targeted or retaliated against to informed the identified staff that the resident is comfortable informing.

Reasoning and analysis by provision: 115.367 (d)

PAQ: In the case of residents, such monitoring shall also include periodic status

	<p>checks.</p> <p>Generations Group Policy 3.41 PREA Compliance: Generations will make every effort to protect all residents and staff members who report sexual abuse or sexual harassment from any form of retaliation and will monitor the case for at least 90 days with periodic status checks.</p> <p>Interview with Staff Member Who Monitors Retaliation: The facility would initiate contact and would have an identified staff members check on them each shift.</p> <p>Reasoning and analysis by provision: 115.367 (e)</p> <p>PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>Generations Group Policy 3.41 PREA Compliance: Generations will make every effort to protect all residents and staff members who report sexual abuse or sexual harassment from any form of retaliation and will monitor the case for at least 90 days with periodic status checks. Staff and residents are encouraged to report any retaliation they experience, witness, or hear of by utilizing the Grievance process. Program Director and Human Resources Manager will monitor the grievance boxes and will address any reports of retaliation in a timely manner. Housing transfers, campus transfers, and schedule changes may be enforced, as necessary.</p> <p>Interview with agency head: The facility would monitor and observe and make any changes as needed.</p> <p>Interview with facility director: The facility would remove the staff or the resident from the situation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.31 One-to-One Room Guidelines (effective 07/30/2020) • Interview with Facility Director • Interview with Mental Health Staff

	<p>Reasoning and analysis by provision: 115.368 (a)</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <ul style="list-style-type: none"> • The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 • The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 <p>Generations Group Policy 13.31 One-to-One Room Guidelines: The one-to-one (1:1) Room is used as a low stimulus environment for residents who are emotionally unstable or physically disruptive to the milieu. The 1:1 Room should be clear of any items that could be used by a resident as a weapon. Staff must visually supervise residents at all times and must remain outside the 1:1 Room.</p> <p>Interview with facility director: The facility does not use isolation. The facility uses one-to-one rooms to help the resident calm down and redirect.</p> <p>Interview with mental health staff: The facility does not use isolation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- Generations Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse and Neglect (effective 06/07/2021)
- South Carolina Department of Social Services Child Abuse, Child Neglect Booklet
- South Carolina Department of Social Services Training Plan
- South Carolina Department of Juvenile Justice Investigator Training
- Interview with Facility Director
- Interview with PREA Coordinator/Compliance Manager

Reasoning and analysis by provision: 115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Generations Group Policy 3.41 PREA Compliance: The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.

Generations Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse and Neglect: The Executive Director, Compliance Director, Clinical Director and/or Facility Director will thoroughly review all information and will make a report to the OHAN Unit of the Department of Social Services and, when indicated, to the Department of Juvenile Justice (to include the Office of Inspector General, case manager, and program monitor)

Reasoning and analysis by provision: 115.371 (b)

South Carolina Department of Social Services Training Plan: The majority of training delivery for the department of Social Services is performed by the USC Center for Child and Family Studies along with our various other partners. There is however a few key training events that are delivered in-house. Module 8 of the CPS track describes the OHAN investigative process and differentiate between a licensing issue and a report of abuse or neglect. Explain the differences between investigating a foster home and investigating a birth parent for child maltreatment. Describe the steps that an OHAN investigator and county assessment worker must take in investigating an OHAN case. It also describes the appeals process. Module 13- Sexual Abuse teaches the definition of sexual abuse and how to identify the indicators and dynamics of it. Participants will also learn how to identify age-appropriate sexual knowledge and behaviors including precocious knowledge and behaviors. SCDSS investigators are certified investigators.

South Carolina Department of Juvenile Justice Investigators: South Carolina Department of Juvenile Justice (SC DJJ) investigator training involves specific requirements and programs, including a basic training program at the South Carolina Criminal Justice Academy (CJA), as well as other relevant training and

continuing education. The training duration is typically 12 weeks for new recruits. After the CJA training, there is a 600-hour field training program to provide practical on-the-job experience. Depending on the specific responsibilities of the investigator, there may be additional specialized training in areas like juvenile justice laws, investigations, and detention procedures. Ongoing professional development is important for all investigators to stay current with legal updates, new techniques, and best practices.

Reasoning and analysis by provision: 115.371 (c)

Generations Group Policy 3.29 Staff Boundaries and Reporting Procedures for Allegations of Abuse and Neglect: 1. The preliminary investigation will include both a review of the verbal and written reports, as well as a thorough and separate interview of each of the parties involved in, or witness to, the incident of alleged abuse. These interviews will focus on gathering detailed and specific information in an objective manner.

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: During the investigation, DSS can visit the facility to see where the reported abuse and/or neglect took place. They can privately interview the child or children that were involved in the report or any other children if they think that it is necessary. DSS may also interview employees, administrative staff and any other individuals who may have been involved in or have knowledge of the incident. They may also review any policy or procedure, documents or records related to the operation of the facility or to the reported abuse or neglect.

Reasoning and analysis by provision: 115.371 (d)

Generations Policy 3.41 PREA Compliance: The internal investigation is carried out regardless of the quality of evidence, credibility of alleged victim, or in cases when the victim recants the allegation.

Reasoning and analysis by provision: 115.371 (e)

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: DSS will also call law enforcement if the investigation indicates a criminal violation such as: sexual abuse/assault; child exploitation (drug or alcohol abuse or contributing to the delinquency of a minor); severe injuries requiring medical attention; or, any other allegations that meet DSS's or law enforcement's criteria. Law enforcement can investigate on any DSS case, including those involving foster parents, child care workers and group home employees and criminal charges can be filed against the person found responsible.

Reasoning and analysis by provision: 115.371 (f)

Generations Policy 3.41 PREA Compliance: The internal investigation is carried out regardless of the quality of evidence, credibility of alleged victim, or in cases when the victim recants the allegation.

Reasoning and analysis by provision: 115.371 (g)

Generations Policy 3.41 PREA Compliance: The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: Once DSS makes a decision about the investigation, notification is sent to the subject of the report, in writing, within five days. The letter will include a determination fact sheet.

Reasoning and analysis by provision: 115.371 (h)

Generations Group Policy 3.41 PREA Compliance: Upon receiving a report of alleged sexual abuse or sexual harassment, Generations conducts a thorough internal investigation (see policy 3.29), as well as makes notifications to outside agencies (SCDJJ, Office of Inspector General, OHAN, law enforcement, etc.). The office of Out of Home Abuse and Neglect (OHAN) conducts administrative investigations to determine whether staff actions or failures to act contributed to the abuse. At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded.

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: Law enforcement can investigate on any DSS case, including those involving foster parents, child care workers and group home employees and criminal charges can be filed against the person found responsible.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

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

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: DSS will also call law enforcement if the investigation indicates a criminal violation such as: sexual abuse/assault; child exploitation (drug or alcohol abuse or contributing to the delinquency of a minor); severe injuries requiring medical attention; or, any other allegations that meet DSS's or law enforcement's criteria. Law enforcement can investigate on any DSS case, including those involving foster parents, child care workers and group home employees and criminal charges can be filed against the person found responsible.

Reasoning and analysis by provision: 115.371 (j)

Generations Group Policy 3.41: Within 30 days of each substantiated or unsubstantiated sexual abuse investigation, the Directors of Generations will conduct an incident review to determine if any related policies and procedures need

	<p>to be altered to better prevent, detect, and respond to sexual abuse and harassment. The physical location of the incident, staffing ratios, and video surveillance equipment will be observed. The team of Directors will also discuss any motivating factors that contributed to the abuse/harassment (i.e. race, ethnicity, gender identity, gang affiliation, etc.). The Compliance Director will maintain sexual abuse allegation data and will compile annual reports with data analysis. These reports will be discussed and corrective action plans will be developed as necessary. This data will be securely maintained for a period of at least 10 years.</p> <p>Reasoning and analysis by provision: 115.371 (k)</p> <p>Reasoning and analysis by provision: 115.371 (m)</p> <p>Interview with facility director: Investigators communicate with the executive director throughout the process by emails or phone calls. Communication is by email. IIB keeps the facility administrator informed during the investigation process. A report is sent to the facility administrator when the investigation is completed.</p> <p>Interview with PREA Coordinator/Compliance Manager: The facility remains informed of the investigation through phone calls and emails. The facility manager is the point of contact.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Internet Research <p>Reasoning and analysis by provision: 115.372 (a)</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>In South Carolina Department of Social Services (DSS) cases, the burden of proof is established through a "preponderance of the evidence". This means that DSS must demonstrate that it is more likely than not that abuse or neglect occurred, requiring</p>

	<p>a probability of at least 51%.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provision of this standard and corrective action is not needed.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • South Carolina Department of Social Services Child Abuse, Child Neglect Booklet • Interview with Facility Director <p>Reasoning and analysis by provision: 115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <ul style="list-style-type: none"> • The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 • Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 <p>Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome.</p> <p>South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: Once DSS makes a decision about the investigation, notification is sent to the subject of the report, in writing, within five days. The letter will include a determination fact sheet and a notice of the individual's right to appeal the decision.</p>

Interview with facility director: The facility director stated that both the residents and their parents or guardians are informed.

Reasoning and analysis by provision: 115.373 (b)

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome.

South Carolina Department of Social Services Child Abuse, Child Neglect Booklet: Once DSS makes a decision about the investigation, notification is sent to the subject of the report, in writing, within five days. The letter will include a determination fact sheet and a notice of the individual's right to appeal the decision.

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months

Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome, and in substantiated cases the employment and criminal status of the abuser. Documentation of these notifications will be maintained by the Program Director.

There were no residents who reported sexual abuse.

	<p>Reasoning and analysis by provision: 115.373 (d)</p> <p>PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome, and in substantiated cases the employment and criminal status of the abuser. Documentation of these notifications will be maintained by the Program Director.</p> <p>Reasoning and analysis by provision: 115.373 (e)</p> <p>PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that were documented: 0 <p>Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. At the conclusion of the investigations, Generations administrator (Program Director) will inform the resident, parent/guardian, and agency caseworker of the outcome, and in substantiated cases the employment and criminal status of the abuser. Documentation of these notifications will be maintained by the Program Director.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- Generations Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse and Neglect (effective 06/07/2021)

Reasoning and analysis by provision: 115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Generations Group Policy 3.41 PREA Compliance: Any employee, contractor, or volunteer engaging in harassment or abuse of any kind will be subject to disciplinary action, up to and including termination. All incidents of sexual abuse and sexual harassment will result in the employee being placed on immediate suspension and prohibited from communicating with other employees and/or residents during the internal and external investigations. Any employee, contractor, or volunteer who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate.

Generations Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse and Neglect: A final determination regarding an accused staff member's employment will be based on the results of both the internal and formal investigations. Any person who is found to have abused a resident as a result of this investigation process will be immediately terminated from their employment at Generations. If the incident is also found to have involved criminal behavior, Generations will request that the law enforcement agency with proper jurisdiction prosecute the appropriate persons to the fullest extent of the law. Other types of appropriate disciplinary action may be taken against an accused staff member when the incident of abuse is not validated but their behavior was clearly found to be detrimental to the resident's safety and progress in services.

There were no disciplinary records to review for the past 12 months.

Reasoning and analysis by provision: 115.376 (b)

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

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Generations Group Policy 3.41 PREA Compliance: Any employee, contractor, or volunteer engaging in harassment or abuse of any kind will be subject to disciplinary action, up to and including termination. All incidents of sexual abuse and sexual harassment will result in the employee being placed on immediate suspension and prohibited from communicating with other employees and/or

	<p>residents during the internal and external investigations. Any employee, contractor, or volunteer who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate.</p> <p>Reasoning and analysis by provision: 115.376 (d) PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Generations Group Policy 3.29 Staff Boundaries and Reporting Procedure for Allegations of Abuse and Neglect: A final determination regarding an accused staff member's employment will be based on the results of both the internal and formal investigations. Any person who is found to have abused a resident as a result of this investigation process will be immediately terminated from their employment at Generations. If the incident is also found to have involved criminal behavior, Generations will request that the law enforcement agency with proper jurisdiction prosecute the appropriate persons to the fullest extent of the law. Other types of appropriate disciplinary action may be taken against an accused staff member when the incident of abuse is not validated but their behavior was clearly found to be detrimental to the resident's safety and progress in services.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not needed.</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>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Policy 4.05 Code of Conduct for Volunteers (effective 09/13/2017) • Interview with Facility Director <p>Reasoning and analysis by provision: 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact</p>

with residents.

- In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

Generations Group Policy 4.05 Code of Conduct for Volunteers: It is the policy of Generations to protect their residents from abuse (physical, sexual, verbal and/or emotional) by staff, volunteers, or other residents in services. Generations actively supports the South Carolina statutes related to the reporting of child abuse. In addition, Generations reserves the right to report such information to the law enforcement agency with proper jurisdiction if a crime is believed to have been committed against a resident. It is the policy of Generations to actively support and cooperate with the criminal prosecution of any staff member or volunteer who is thought to have acted in a criminal manner during an incident of client exploitation.

Generations Group Policy 3.41 PREA Compliance: Any employee, contractor, or volunteer engaging in harassment or abuse of any kind will be subject to disciplinary action, up to and including termination. All incidents of sexual abuse and sexual harassment will result in the employee being placed on immediate suspension and prohibited from communicating with other employees and/or residents during the internal and external investigations. Any employee, contractor, or volunteer who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate.

Reasoning and analysis by provision: 115.377 (b)

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Generations Group Policy 3.41 PREA Compliance: Any employee, contractor, or volunteer engaging in harassment or abuse of any kind will be subject to disciplinary action, up to and including termination. All incidents of sexual abuse and sexual harassment will result in the employee being placed on immediate suspension and prohibited from communicating with other employees and/or residents during the internal and external investigations. Any employee, contractor, or volunteer who engages in sexual conduct and/or sexual misconduct with any resident will be terminated and will be subjected to criminal prosecution, if appropriate.

Interview with facility director: Any volunteer or contractor who violates agency sexual abuse or sexual harassment policies are removed from the facility and cannot return.

Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not needed.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making a determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Youth Behavior Management - Incentive System and Progressive Discipline • Youth Progressive Discipline Chart • Interview with Facility Director • Interview with Mental Health Staff <p>Reasoning and analysis by provision: 115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of administrative findings of resident-on resident sexual abuse that have occurred at the facility: 0 • In the past 12 months, the number of criminal findings of guilt for resident on-resident sexual abuse that have occurred at the facility: 0 <p>Generations Group Policy 3.41 PREA Compliance: Sexual activities between residents, whether consensual or not, are prohibited at Generations. Should an investigation find that a resident willingly engaged in sexual behaviors with an employee or other resident, their status in the program may be jeopardized, their probation/parole may be violated, and/or criminal prosecution may occur. Any proven false allegation will result in disciplinary action in accordance with the DJJ standards and Generations' Level system as determined by the resident staffing team.</p> <p>Reasoning and analysis by provision: 115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p>

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Interview with facility director: The facility does not use isolation.

Interview with mental health staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.378 (c)

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

Interview with facility director: The resident's mental health is considered when determining disciplinary sanctions. Every possible aspect is reviewed in the determination process.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

Interview with mental health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for the offending resident. These services can be accessed through the Department of Mental Health. A resident's participation is not a condition of any rewards based behavior management system. Mental Health looks at personal growth not rewards.

Reasoning and analysis by provision: 115.378 (e)

PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Generations Group Policy 3.41 PREA Compliance: Sexual activities between residents, whether consensual or not, are prohibited at Generations. Should an investigation find that a resident willingly engaged in sexual behaviors with an employee or other resident, their status in the program may be jeopardized, their

	<p>probation/parole may be violated, and/or criminal prosecution may occur. Any proven false allegation will result in disciplinary action in accordance with the DJJ standards and Generations' Level system as determined by the resident staffing team.</p> <p>Reasoning and analysis by provision: 115.378 (f) PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Interview with facility director: A good faith allegation or report would not be disciplined.</p> <p>Reasoning and analysis by provision: 115.378 (g) PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Generations Group Policy 3.41 PREA Compliance: Sexual activities between residents, whether consensual or not, are prohibited at Generations. Should an investigation find that a resident willingly engaged in sexual behaviors with an employee or other resident, their status in the program may be jeopardized, their probation/parole may be violated, and/or criminal prosecution may occur. Any proven false allegation will result in disciplinary action in accordance with the DJJ standards and Generations' Level system as determined by the resident staffing team.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance.</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interview with Staff that Performs Screening • Interviews with Residents that Disclosed Prior Victimization • Interview with Mental Health Staff

- Observations during the site visit

Reasoning and analysis by provision: 115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Generations Group Policy 3.41 PREA Compliance: Within 72 hours of admission, information is gathered by the admitting staff to assess the resident's potential risk of harm to self/others, antecedents to aggressive behavior, effectiveness of previously utilized interventions, relevant psychological and social factors, and medical factors that may put the resident at risk.

Interview with staff that performs screening for risk of victimization and abusiveness: The facility offers medical and mental health follow up to any resident who disclosed prior victimization.

Interview with mental health staff: The follow up service is offered. There have not been any that has requested one.

Interview with residents who disclosed prior victimization: The residents stated they were offered the follow up services as soon as they stated they were victims of prior victimization. The residents stated that they did not need the services and declined them.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Interview with staff that performs screening for risk of victimization and abusiveness: The follow up for medical or mental health was offered as soon as possible after being informed of the prior victimization.

Interview with residents who disclosed prior victimization: The residents stated they

	<p>were offered the follow up services as soon as they stated they were victims of prior victimization.</p> <p>Reasoning and analysis by provision: 115.381 (c) PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>Generations Group Policy 3.41 PREA Compliance: Information of a privileged or confidential nature is to be closely guarded and should only be discussed within the group home on a need to be informed basis.</p> <p>Observations during the site review: The auditor verified that all confidential records were secure. The majority of the files for the group home are stored electronically and are password protected.</p> <p>Reasoning and analysis by provision: 115.381 (d) PAQ: 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.</p> <p>Interview with mental health staff: Residents signs the informed consent form and paperwork when admitted for services. There is a verbal exchange explaining the process and the duty to report.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Home Medical Care Procedures • Greater Greeneville Mental Health Center Agreement • Interview with Security First Responders • Interview with Mental Health Staff <p>Reasoning and analysis by provision: 115.382 (a) PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners</p>

according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Generations Group Policy 3.41 PREA Compliance: Should the alleged victim need medical attention or a forensic exam, Generations has service agreements with the Dept. of Mental Health and Prisma Health Emergency Room.

Generations Group Home Medical Care Procedures: All staff are responsible for responding to emergencies situations and being trained in emergency first aid. The assigned HSP or on-call staff, in conjunction with the staff person in charge are responsible for accessing emergency care for all residents and staff by calling 911 or transporting to the local hospital emergency room.

Interview with mental health staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. If these services are needed, they are immediately accessible.

Greater Greeneville Mental Health Center Agreement: Greater Greeneville Mental Health Center agrees to conduct emergency and/or non-elective juvenile evaluations/examinations and provide treatment and services as required.

Reasoning and analysis by provision: 115.382 (b)

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

Interviews with Security First Responder. The victim and alleged perpetrator are separated. The scene is preserved and notifications to the supervisor in charge take place immediately. The supervisor in charge makes all of the other notifications, including medical and mental health.

Reasoning and analysis by provision: 115.382 (c)

PAQ:Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interview with mental health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. These services are provided through the medical team.

Reasoning and analysis by provision: 115.382 (d)

	<p>PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Greater Greeneville Mental Health Center Agreement: Generations Group agrees to compensate the Greater Greeneville Mental Health Center for all treatment and services provided to Generations Group juveniles who are not covered by Medicaid.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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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>Evidence relied upon in making determination of compliance:</p> <p>Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)</p> <p>Generations Group Medical Care Procedures</p> <p>Greeneville Mental Health MOU/Agreement</p> <p>Interview with Mental Health Staff</p> <p>Reasoning and analysis by provision: 115.383 (a)</p> <p>PAQ: The facility offers 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.</p> <p>The facility has a contract for mental health services. Medical services are conducted off-site through Prisma Health</p> <p>Reasoning and analysis by provision: 115.383 (b)</p> <p>PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>Generations Group Medical Care Procedures: During a resident's tenure in the program, all medical complaints are recorded, and referrals are made to the appropriate physicians for routine and follow up care.</p> <p>Reasoning and analysis by provision: 115.383 (c)</p> <p>Interviews with mental health staff: Medical and mental health services are</p>

	<p>consistent with community level of care.</p> <p>Reasoning and analysis by provision: 115.383 (f) PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Generations Group Medical Care Procedures: Through Healthy Living and Independent Living Skills groups, in addition to psychoeducational groups, residents are exposed to appropriate healthy sexual development, pregnancy and STD prevention and treatment, responsible parenting and an array of other topics.</p> <p>Reasoning and analysis by provision: 115.383 (g) PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Generations Group is responsible for all medical and mental health costs for treatment and services for juveniles who are not covered by Medicaid.</p> <p>Reasoning and analysis by provision: 115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>Interview with mental health staff: Mental health staff would recommend an evaluation and determine what services are needed.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Interview with Facility Director • Interview with PREA Coordinator/Compliance Manager • Interview with Incident Review Team Member <p>Reasoning and analysis by provision: 115.386 (a)</p>

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Reasoning and analysis by provision: 115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Generations Group Policy 3.41 PREA Compliance: Within 30 days of each substantiated or unsubstantiated sexual abuse investigation, the Directors of Generations will conduct an incident review to determine if any related policies and procedures need to be altered to better prevent, detect, and respond to sexual abuse and harassment. The physical location of the incident, staffing ratios, and video surveillance equipment will be observed. The team of Directors will also discuss any motivating factors that contributed to the abuse/harassment (i.e. race, ethnicity, gender identity, gang affiliation, etc.). The Compliance Director will maintain sexual abuse allegation data and will compile annual reports with data analysis. These reports will be discussed and corrective action plans will be developed as necessary. This data will be securely maintained for a period of at least 10 years.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Interview with facility director: The facility has a sexual abuse review team. It includes all levels of staff, The facility has a daily morning meeting that includes all the same staff so anything can be reviewed anytime and quickly,

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Interview with facility director: The facility uses the information from the sexual abuse incident review team to identify any improvements or changes. The review team considers whether the allegation or investigation indicates a need to change

	<p>policy or practice to better prevent, detect, or respond to sexual abuse; considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>Interview with PREA Coordinator/Compliance Manager: The PREA coordinator/compliance manager is a member of the team and maintains all reports. The facility provides data to the Department of Juvenile Justice. Anything that needs to be reviewed would be done so during the daily morning meetings and recommendations from that team would be documented.</p> <p>Interview with sexual abuse incident review team member: The team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>Reasoning and analysis by provision:115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Generations Group Policy 3.41 PREA Compliance: The Compliance Director will maintain sexual abuse allegation data and will compile annual reports with data analysis. These reports will be discussed and corrective action plans will be developed as necessary. This data will be securely maintained for a period of at least 10 years.</p> <p>Interview with PREA Coordinator/Compliance Manager: Anything that needs to be reviewed would be done so during the daily morning meetings and recommendations from that team would be documented.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020)
- Survey of Sexual Victimization Report 2023

Reasoning and analysis by provision: 115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Generations Group Policy 3.41 PREA Compliance: The Compliance Director will maintain sexual abuse allegation data and will compile annual reports with data analysis.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

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

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Generations Group Policy 3.41 PREA Compliance: At the completion of their investigation, OHAN submits a report with the outcome of either substantiated, unsubstantiated, or unfounded. Documentation of these notifications will be maintained by the Program Director.

Reasoning and analysis by provision: 115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

Reasoning and analysis by provision: 115.387 (f)

PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Generations Group Home Annual Report 2023 • Generations Annual PQI Report 2023 • Interview with Agency Head • Interview with PREA Coordinator/Compliance Manager <p>Reasoning and analysis by provision: 115.388 (a)</p> <p>PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Generations Group Policy 3.41 PREA Compliance: Within 30 days of each substantiated or unsubstantiated sexual abuse investigation, the Directors of Generations will conduct an incident review to determine if any related policies and procedures need to be altered to better prevent, detect, and respond to sexual abuse and harassment. The physical location of the incident, staffing ratios, and video surveillance equipment will be observed. The team of Directors will also discuss any motivating factors that contributed to the abuse/harassment (i.e. race, ethnicity, gender identity, gang affiliation, etc.). The Compliance Director will maintain sexual abuse allegation data and will compile annual reports with data analysis. These reports will be discussed and corrective action plans will be developed as necessary.</p> <p>Interview with agency head : The facility would look at the data to ensure residents and staff are safe. The data is reviewed to see if changes need to be made in policies or procedures.</p> <p>Interview with PREA Coordinator/Compliance Manager: The data is reviewed internally and a social service outcome report is completed. An annual report would be prepared if there was any specific data or corrective actions. There have not been allegations of sexual abuse or sexual harassment in over two years and the facility has not had any corrective action. Data from the facility is provided to the South Carolina Department of Juvenile Justice.</p> <p>Reasoning and analysis by provision: 115.388 (b)</p>

	<p>PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual reports are approved by the agency head.</p> <p>Interview with PREA Coordinator/Compliance Manager: The facility provides data to the South Carolina Department of Juvenile Justice for their annual reports. There has been no sexual abuse or sexual harassment allegations in the past two years to include a comparison of data with those from prior years.</p> <p>Reasoning and analysis by provision: 115.388 (c)</p> <p>PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.</p> <p>Interview with the agency head: The annual report is completed and approved and then sent to the Department of Juvenile Justice.</p> <p>Reasoning and analysis by provision: 115.388 (d)</p> <p>PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>Interview with Agency PREA Coordinator: Personal information is redacted. The South Carolina Department of Juvenile Justice posts PREA Audit Reports on the their website.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard and corrective action is not required.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Generations Group Policy 3.41 PREA Compliance (effective 08/01/2020) • Survey of Sexual Victimization • Internet Research <p>Reasoning and analysis by provision: 115.389 (a)</p> <p>PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p>

	<p>Generations Group Policy 3.41 PREA Compliance: This data will be securely maintained for a period of at least 10 years.</p> <p>Reasoning and analysis by provision: 115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Interview with PREA Coordinator/Compliance Manager: Interview with PREA Coordinator/Compliance Manager: The facility reviews and provides data annually to the South Carolina Department of Juvenile Justice for their annual reports. There has been no sexual abuse or sexual harassment allegations in the past two years to include a comparison of data with those from prior years. These reports are available on the SCDJJ website.</p> <p>Reasoning and analysis by provision: 115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>There was no personal identifying information on any of the reports posted online and reviewed by the auditor.</p> <p>Reasoning and analysis by provision: 115.389 (d) PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Generations Group Policy 3.41 PREA Compliance: This data will be securely maintained for a period of at least 10 years.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard and corrective action is not required.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with PREA Coordinator/Compliance Manager • Research • Policy Review • Document Review

	<ul style="list-style-type: none"> • Observations during site review <p>Reasoning and analysis: 115.401 (a thru n):</p> <p>This is the only facility that the agency operates that is required to complete a PREA Audit. The first was conducted in Cycle 3, Year 1. This audit was conducted in Cycle 4, Year 3.</p> <p>The auditor was given access to, and the ability to observe, all areas of Generations Group Home and the entire campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the determination compliance:</p> <ul style="list-style-type: none"> • Generations Group Home PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review • Documentation Review <p>Reasoning and analysis (by provision): 115.403 (f):</p> <p>The auditor observed the 2020 Generations Group Home PREA Audit Reports was published on the South Carolina Department of Juvenile Justice website. The PREA final reports was published within 90 days after the final report was issued by the auditor.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

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

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

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

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

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

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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

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

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

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

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

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

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

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

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

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

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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