

PREA Facility Audit Report: Final

Name of Facility: AMIkids Georgetown

Facility Type: Juvenile

Date Interim Report Submitted: 08/01/2024

Date Final Report Submitted: 01/10/2025

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: Sharon Pette

Date of Signature: 01/10/2025

AUDITOR INFORMATION

Auditor name: Pette, Sharon

Email: sharon@rapidesi.com

Start Date of On-Site Audit: 06/19/2024

End Date of On-Site Audit: 06/20/2024

FACILITY INFORMATION

Facility name: AMIkids Georgetown

Facility physical address: 1590 East CCC Road, Georgetown, South Carolina - 29440

Facility mailing address: PO Box 638, Georgetown, - 29442

Primary Contact

Name:	Henrietta H Gethers
Email Address:	gethers@amikids.org
Telephone Number:	843-833-4224

Superintendent/Director/Administrator	
Name:	Laverne Rush
Email Address:	lrush71@amikids.org
Telephone Number:	843-344-2064

Facility PREA Compliance Manager	
Name:	Henrietta Gethers
Email Address:	hgethers@amikids.org
Telephone Number:	
Name:	Laverne Rush
Email Address:	lrush71@amikids.org
Telephone Number:	(803) 608-4422

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	22
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold?	

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:	14.5
Facility security levels/resident custody levels:	Intermediate
Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information**Name:** Wendell Watson**Email Address:** wlw@amikids.org**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-19
2. End date of the onsite portion of the audit:	2024-06-20

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:	Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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:	8
19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	8
20. 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
21. 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:	4
22. 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
23. 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
24. 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

25. 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
26. 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
27. 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
28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
29. 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
30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
31. 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:	28

32. 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
33. 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
34. 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 program reported having 1 contracted mental health professional and 4 volunteers (i.e., tutor/mentor, religious services, etc.)
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor interviewed 15 of the 18 youth at the facility (three youth declined to be interviewed).
38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed all youth in the facility (except three who declined to be interviewed). The sample included 11 random youth and four targeted youth (e.g., two low cognitive functioning youth and two youth with mental health issues as identified by the program).
Targeted Inmate/Resident/Detainee Interviews	
40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<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>	
41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	15
42. 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

42. 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.
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).	The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.
43. 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:	4
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
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).	<p>The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
45. 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>
45. 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>
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).	<p>The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
46. 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>
46. 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>

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>The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>0</p>
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>0</p>
48. 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>

48. 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 asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
49. 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>0</p>
49. 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>
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).	<p>The auditor asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues.</p>
50. 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>0</p>
50. 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>

50. 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 asked several staff and youth if any of the targeted population were in the facility. All interviewees verified there had only been youth who were low cognitive functioning and/or with mental health issues. Review of the vulnerability assessment tools verified that there were no youth who disclosed prior sexual abuse at intake.</p>
51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	<p>0</p>
51. 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>
51. 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 interviewees (staff and youth) reported that formal segregation is not used at the program.</p>
52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>The auditor interviewed all youth who were willing to be interviewed (15 of the 18 youth).</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
53. Enter the total number of RANDOM STAFF who were interviewed:	<p>10</p>

54. 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
55. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
56. 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 oversampled direct care to be interviewed as well as the teachers. The auditor also interviewed three of the four supervisors and all of the facility leaders.
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.	
57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
58. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

60. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. 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)

62. 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
63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
63. Enter the total number of VOLUNTEERS who were interviewed:	2
63. 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 checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Enter the total number of CONTRACTORS who were interviewed:	1
64. 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

65. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviewed the sole contracted mental health provider. Specialized staff interviews also included several teachers (AMIkids employees); individuals responsible for vulnerability assessments; etc.
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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.

66. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

67. 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
68. 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
69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

70. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. 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 was provided a full tour of the facility and complete access to all buildings and units including the residential living units; dining hall; library; gym; laundry building; shower building; etc.
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.	
72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor sampled dozens of files - i.e., youth PREA education records and attestation forms; staff HR records (criminal history, abuse registry checks, attestation forms); staff training records; etc.
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.	

74. 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	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

75. 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	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	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.

78. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	2	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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	
85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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	
88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
89. 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 checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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

93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

97. 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

98. 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

99. 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><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) AMIKids Georgetown Organizational Chart AMIKids Georgetown Policy 6.11 Prison Rape Elimination Act: Zero Tolerance AMIKids Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) AMIKids Safety Security Program Standards (March 2012) SCDJJ Policy 336: Application of PREA Standards PREA “No Means No” Reporting Posters AMIKids Georgetown Student Handbook Observation of PREA posters throughout the facility Interview with AMIKids Regional Director

- Interview with the AMikids Agency PREA Coordinator
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)

Provision (a)

Georgetown is contracted through the SC Department of Juvenile Justice (DJJ) and is required as per contract to be PREA compliant. The SCDJJ policy 336: Application of PREA Standards declares “SCDJJ policy 321, Prevention of Sexual Offenses towards Juveniles, establishes a zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated by or operated under contract with SCDJJ. [PREA Standard(s) §115.311(a), §115.312 (a) (b)]”

AMikids Georgetown program has an agency policy that sets forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The program’s Policy 6.11 PREA Zero Tolerance clearly states: “AMikids Georgetown has zero tolerance for sexual abuse and sexual harassment. It is the policy of AMikids Georgetown that acts of sexual abuse and/or sexual harassment will not be tolerated. The safety and well-being of our youth is the program’s foremost concern. To fulfill this policy, AMikids Georgetown will work to prevent sexual abuse and sexual harassment from occurring and will ensure that federal and state laws, as well as the program regulations prohibiting sexual abuse and sexual harassment, are fully enforced. Any act of sexual abuse, or sexual harassment committed against a youth in the program on or off campus or at program sponsored events is prohibited. Any youth or staff in the program found responsible for a violation of this standard will be subject to criminal prosecution as well as discipline up to and including termination for staff members. Youth and Staff conduct code violations, such as those on the following list, may lead to a criminal prosecution and/or termination of employment once the determination of responsibility has been made. Immediate interim suspension from any on and off campus activities pending the outcome of internal and criminal investigations will occur whenever the accused is considered a safety threat.” This policy also includes specific definitions of sexual abuse; sexual by another resident; sexual abuse and by a staff member, contractor, or volunteer; sexual harassment; and voyeurism that mirror the PREA standard definitions.

In further support of this policy, AMikids has Policy OPER 1004 Abuse Free Environment which declares, “ AMIKids has a no tolerance policy toward the abuse and/or neglect of any youth, to include

physical, psychological, and emotional abuse. All AMikids programs will provide an environment in which our youth, Team Members and others feel safe, secure, and unthreatened by any form of abuse or harassment. All Team Members will operate under a code of conduct that clearly communicates expectations for Team Members

to interact with youth in a manner promoting their emotional and physical safety, while incorporating trauma responsive practices. This expectation requires Team Members to conduct themselves in a way that is respectful of others, reflects desired behaviors for youth, and never permits corporal punishment, profanity, threats, or intimidation. All youth and Team Members will be provided with direction on how to access their State's abuse hotline or other designated abuse reporting authority as part of their orientation process or training. Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member accessible locations within each program facility."

Additional evidence of zero-tolerance is found in the AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) which:

- Declares, "AMIKids does not condone and will not tolerate harassment by any means (verbal, physical, sexual, written, electronically-delivered or otherwise) that creates a hostile or intolerable working environment for any Team Member or other individuals (e.g. applicant, volunteer, intern, contractor, vendor, customer, client) because of race, color, national origin, religion, sex, age, pregnancy, disability, marital status, military status, genetic information, sexual orientation, gender expression or identity or any other status or condition protected by applicable federal, state or local laws.... Team Members can raise concerns and make a report without fear of reprisal. In addition, Team Members and applicants shall not be subjected to harassment, intimidation, threats, coercion, or decimation because they have engaged in or may engage in any of the following activities: • Assisting or participating in an investigation, compliance evaluation, hearing, or any other related activity. • Opposing any unlawful act or practice or any other federal, state, or local law requiring equal employment opportunity. • Exercising protected rights" (pages 11-12).
- Provides examples of sexual harassment (i.e., verbal, non-verbal, and physical).
 - "Verbal: Sexual innuendoes, suggestive comments, joke of a sexual nature, sexual propositions, and threats.
 - Non-Verbal: Sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling, obscene gestures.
 - Physical: Unwanted physical contact, including touching, pinching, unwelcome sexual conduct of any kind" (pages 14-15).
- "We are committed to providing a work environment that is free of discrimination and harassment based on an individual's race, color, religion, gender, national origin, age, disability, or other classifications protected by applicable law. This includes freedom from sexual harassment in any form.
 1. AMIKids absolutely oppose and strictly prohibit any act of harassment, and will not tolerate such actions by Team Members, whether they hold a subordinate or management position. This also includes actions of those contracted or doing business with AMIKids..." (pages 14-15).
- States, "AMIKids has a zero tolerance toward all forms of sexual abuse,

assault, harassment and/or misconduct. In accordance with the Prison Rape Elimination Act (PREA) and AMIKids' philosophy, AMIKids will not tolerate sexual assault, abuse, harassment, misconduct and/or sexual relationships performed by youth, Team Members, interns, volunteers, contractors, vendors, or any other parties involved in such conduct. All individuals should be in an environment where they are free from fear of sexual assault. Reports of any sexual assault will be investigated and with respect to the individual's safety, dignity, and privacy without fear of retaliation" (page 16).

During the facility tour the auditor observed several PREA "No Means No" Reporting Posters displayed throughout the facility including but not limited to, both residential dorms; the classroom building; the laundry building; and the administrative building. The poster specifically states, "If you, or someone you know, are experiencing sexual abuse or sexual harassment, AMIKids Georgetown wants to know. We want you to report right away! Why? We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide YOU with relevant information and support services." The poster provides multiple contacts (and the corresponding contact information) to report sexual abuse and harassment. Included on the poster are the phone numbers for the Rape Crisis center (Phone #843-448-7273) and Tracy Webb (# 803-898-4465) Victim Support Services/SC PREA Assistant Coordinator. The poster includes a mailing address for Tracy Webb who is listed as the Victim Support Services/SC PREA Assistant Coordinator at 4444 Broad River Road, Columbia, SC 29210.

The "No Means No" poster also states:

- Youth can remain anonymous
- Youth can report to any staff, volunteer, contractor, or medical or mental health staff.
- Youth can submit a written grievance by placing it in the wooden boxes in the dorm, meeting room, PREA mailboxes in the classrooms, or by submitting it directly to Mr. Rush (ED) or Mr. Bruce (DO).
- Youth can also report to the PREA Coordinator, PREA Compliance Manager (Mr. Bruce), a family member, a friend, legal counsel, or anyone outside of the facility.
- Youth can also submit a report on someone's behalf or someone at the facility can report for the youth using any of the ways listed above.

The AMIKids Georgetown Student Handbook explains, "AMIKids Georgetown has a zero-tolerance standard for sexual abuse, sexual harassment or sexual misconduct of any form against our youth or staff. The Agency has worked diligently to develop and integrate a safe system of care for our youth. All staff and youth are trained continuously on the importance of maintaining safe environments that are free from any type of sexual misconduct or sexual abuse. AMIKids Georgetown follows the

Federal Prison Rape Elimination Act (PREA) and Juvenile Facility Standards, which sets standards for preventing, detecting, and reporting sexual abuse and sexual harassment. PREA was enacted by Congress in 2003 is a Federal law established to address the elimination and prevention of sexual assault and rape in correctional systems. PREA applies to all federal, state, and local prisons, jails, policy lockups, private facilities, and community settings such as residential facilities.” The handbook provides two contacts: 1) Rape Crisis Center 843-448-7273 and 2) Sherriff’s Department 843-546-5101.

Interviews with AMIkids Regional Director, the AMIkids Agency PREA Coordinator, the Georgetown Executive Director, the Georgetown Director of Operations/ Georgetown PREA Compliance Manager (PCM), the Georgetown Youth Care Specialist Supervisors, and Georgetown Youth Care Specialists (YCS - direct care staff) provided sufficient evidence that all staff understand the zero-tolerance policy; mandatory reporting responsibilities; and avenues for reporting abuse. In addition, as previously mentioned, during the audit tour the auditor observed zero-tolerance posters throughout the facility which included contact information for reporting abuse to the Sherriff’s Office or through the Rape Crisis Center Coalition (local rape crisis center). Additionally, AMIkids Regional Directors and facility leaders articulated that keeping youth safe while in the care of Georgetown program is a top priority. Interviews with youth also verified they understood the facility’s zero-tolerance policy. The auditor concludes there is a zero-tolerance “tone” that permeates the Georgetown facility.

Provision (b)

AMIkids has a designated Agency PREA Coordinator, Mr. Wendell Watson who is responsible for ensuring nine AMIkids residential programs that house juvenile justice youth are PREA compliant. An interview with Mr. Watson verified he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. Review of the Georgetown organizational chart shows Mr. Watson’s title as “Agency PREA Coordinator.” Mr. Watson reports to Ms. Tanya Hollins, the AMIKids Regional Director, on PREA matters concerning the programs in South Carolina for which she is responsible.

In support of this practice SC DJJ has Policy 336: Application of PREA Standards which directs, “The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency’s efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)] 3. For each facility SCDJJ operates and contracts with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility’s day to day PREA compliance efforts and will serve as the facility’s liaison on all matters concerning PREA within that institution. [PREA Standard(s) §115.311] “

Provision (c)

The Georgetown program has a designated PREA Compliance Manager, Ms.

	<p>Henrietta Gethers, who is also the Director of Human Services. Ms. Gethers is also among the individuals who assists in leading youth-to-youth sexual harassment and/or sexual abuse (non-penetration) administrative investigations. Although Ms. Gethers has a range of job responsibilities, the Georgetown program is small with a youth population of less than 30. During the audit interview, Ms. Gethers reported she has sufficient time to perform the PREA-related job duties.</p> <p>In support of this practice, the SC DJJ has Policy 336: Application of PREA Standards which directs, “The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency’s efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)] 3. For each facility SCDJJ operates and contracts with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility’s day to day PREA compliance efforts and will serve as the facility’s liaison on all matters concerning PREA within that institution. [PREA Standard(s) §115.311].”</p> <p>The AMIKids Georgetown Policy 6.11 Prison Rape Elimination Act also establishes the Facility PREA Compliance Manager position. More specifically, the policy states, “1. AMIKids Georgetown will designate an upper-level facility PREA compliance manager. The PREA compliance manager will report directly to the Executive Director. 2. The PREA compliance manager will have sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards in all in the facility.”</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.12 PREA: Contracting With Other Entities for Confinement of Residents” • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with Program Monitor South Carolina Department of Juvenile Justice (SC DJJ) • Interviews with Georgetown volunteers and contractors

	<p>Provision (a)</p> <p>The AMIKids Georgetown Policy 6.12 Contracting With Other Entities for Confinement of Residents states that the program does not contract with outside agencies to hold its residents. This was confirmed through interviews with the AMIKids Regional Director, Georgetown Executive Director, Agency PREA Coordinator, and the Facility PREA Compliance Manager. Interviews with these agency and facility administrators confirmed that AMIkids does not contract with other programs to house youth. An interview with the Program Monitor from South Carolina Department of Juvenile Justice (SC DJJ) also confirmed that the SC DJJ contracts with AMIkids to provide housing and treatment services to juvenile justice impacted youth in the community and that AMIkids juvenile justice programs are required to be PREA compliant.</p> <p>Provision (b)</p> <p>As previously stated in 115.312 Provision (a) AMIkids Georgetown does not contract with outside entities to house Georgetown youth as per AMIKids Georgetown Policy 6.12 Contracting With Other Entities for Confinement of Residents. Interviews with AMIkids Regional Director, the AMIKids Agency PREA Coordinator, and the Georgetown Executive Director confirmed that AMIkids does not contract with other programs to house youth. Additionally, an interview with the Program Monitor from South Carolina Department of Juvenile Justice (SC DJJ) confirmed that SC DJJ does contract with AMIkids to provide housing and treatment services to juvenile justice impacted youth in the community. All programs that serve juvenile justice youth and are contracted by SC DJJ are required to comply with federal PREA standards.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Annual PREA Staffing Plan Assessment • AMIKids Policy 6.13 Supervision and Monitoring • AMIKids Safety Security Program Standards (March 2012) • AMIKids Staffing Plan • Review of Daily Shift Logbooks verifying supervisor unannounced rounds • AMIKids Annual PREA Staffing Plan Assessment • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)

- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)
- Interviews with youth/student residents
- Observations during facility tour of staffing ratios

Provision (a)

The Georgetown Policy 6.13 Supervision and Monitoring states, “AMikids Georgetown will AMikids Georgetown will develop, implement, and document a staffing plan that provides adequate levels of staffing and video monitoring (where applicable). Facilities must comply with the staffing plan except during limited and discrete exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis.”

The facility has approximately eight cameras strategically placed throughout the residential dorms; the school; the cafeteria; the administration building; and outside of the building structures. The facility tour revealed that there are some blind spots in the kitchen area and in the main bath house. However, interviews with staff and the Director of Operations as well as observations during the onsite visit verified that all staff are trained on where to position themselves to ensure proper line of sight and supervision of youth. All cameras can be accessed remotely via cell phone 24 hours a day, seven days a week by the Executive Director and the Director of Operations. Interviews with these individuals confirmed they often check these cameras when they are offsite/not on duty. It was reported that video from cameras is saved for up to six months.

Observations during the onsite tour verified there are six double-bunk beds (housing a total of 12 youth) in each of the two active dorms. There are two staff on each night and a Shift Lead or a Shift Supervisor who floats between the dorms and conducts campus perimeter checks. Interviews with youth and staff confirmed that these staffing ratios are always maintained. During the onsite facility tour, the auditor also noted a minimum of one staff with up to seven youth during the daytime. Interviews with youth and staff also confirmed that the required staff-to-youth ratios are maintained. Staff interviews also provided evidence that staff understood the importance of staff positioning and “eyes on, ears on” supervision.

This PREA standard provision requires, “The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;

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

The program did not provide the auditor evidence for compliance with this provision. An interview with the Executive Director and the Director of Operations indicate that a formal written staffing plan has not been developed.

Corrective Actions - Provision (a)

- The program is required to create a comprehensive staffing plan to include items specifically required in this PREA provision. This plan will be submitted to the auditor for review and feedback.
- The program is required to develop a policy/procedure to support this provision and other provisions in this standard. More specifically, the policy/procedure must describe the staffing plan, who will be responsible for developing and updating it annually, what topics will be considered and documented, etc.

Provision (b)

AMIKids Policy 6.13 Supervision and Monitoring declares: " 1. AMIKids Georgetown (amikids Georgetown) in a non-secure residential facility. The plan is a minimum of 1:8 during waking hours and 1:10 during resident sleeping hours. The staffing plan is predicated on a daily census of 30. 2. AMIKids Georgetown will comply with the staffing plan except during limited and discrete exigent circumstances. During these times when AMIKids Georgetown deviate from the plan it will be documented in the facility logbook."

Interviews with staff verified that Georgetown is a 24/7 facility and that staff are required to maintain their posts until incoming staff relieve them of their duty. During the onsite visit, the auditor noted on several occasions when youth were moving throughout the facility with less than five youth under their supervision. Interviews with direct care staff, facility managers, and youth confirmed that the facility never violates its staffing ratios or mandatory post requirements.

As previously mentioned, the Georgetown program does not currently have a formal written staffing plan. In addition to creating the plan (as required by provision (a), the program is required to update the existing policy (or create one to address this provision) to clearly state that all deviations from the staffing plan (deviations are only allowed in exigent circumstances) will be documented; who will be responsible for documentation; and where this information will be documented.

Corrective Action - Provision (b)

- The program is required to update an existing policy/procedure or create a new policy/procedure to address this provision and other provisions in this standard. The policy/procedure must clearly direct that all deviations from the staffing plan in exigent circumstances will be documented; who will be responsible for documentation; and where this information will be documented.
- The program is required to inform, at a minimum, facility administrators, shift supervisors, and shift leads on this new policy/practice. A signed and dated training roster or another form of documentation will be submitted to the auditor as verification that all necessary parties have been informed.

Provision (c)

The Georgetown Policy 6.13 Supervision and Monitoring states, “ 1. AMIKids Georgetown is a non-secure residential facility. The plan is a minimum of 1:8 during waking hours and 1:16 during resident sleeping hours. The staffing plan is predicated on a daily census of 28. 2. AMIKids Georgetown will comply with the staffing plan except during limited and discrete exigent circumstances. During these times when AMIKids Georgetown deviate from the plan it will be documented in the facility log book.”

The auditor noted that the AMIKids Safety Security Program Standards (March 2012) (page 4) states, “A program ratio cannot exceed 1 direct care staff member per every 10 youth onsite (1:12 during sleep hours in residential)” which is in direct conflict with the AMIKids Georgetown policy/procedures and PREA standards. Observations during the onsite tour verified there are six double-bunk beds (housing a total of 12 youth) in each of the two active dorms. There are two staff on each night and a Shift Lead or a Shift Supervisor who floats between the dorms and conducts campus perimeter checks. Interviews with youth and staff confirmed that these staffing ratios are always maintained. While observations during the facility tour confirmed the Georgetown program is in compliance with the federal PREA staff to youth ratios of 1:8 during the daytime and 1:16 nighttime, this may be due to the fact that the facility is currently operating under its capacity. Interviews with direct care staff and teachers verified that there is sometimes up to 10 youth with one staff member during waking hours. Additionally, the AMIKids policy allows for up to 10 youth per staff during daytime hours. Therefore, the auditor must find the program not in compliance with this provision. The program will be required to change its policy and generate a plan ensure the daytime staffing ratios will be met

when the program is at full capacity.

Corrective Actions - Provision (c)

- The program is required to revise the AMIKids Policy 6.13 to reflect PREA requirements of 1:8 staff to youth ratios during the daytime and describe when, by whom, and how straying from these ratios in exigent circumstances will be documented (and what qualifies as “exigent circumstanced”)
- The program is required to revise the AMIKids Safety Security Program Standards (March 2012) to reflect compliance with federal PREA staffing ratios and documentation.
- The program is required to inform the appropriate staff on these policy revisions and submit to the auditor documentation demonstrating that this information has been shared.

Provision (d)

This PREA standard requires, “Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility’s deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan.”

The documentation provided by the Georgetown program is not sufficient to meet these standards as the assessment does not address discussion around the required PREA topics nor does it provide evidence that facility administrators and managers collaborate to assess the facility needs on an annual basis. An annual review of a staffing plan should include a detailed discussion of each of the 11 areas outlined in PREA standard 115.313 (a) and describe the facility’s current state, progress to address deficiencies, and actions taken. The program should describe prevailing staffing patterns; resources needed for installing additional surveillance cameras; activities to enhance safety; and staff training needs.

The program provided a blank form titled, “AMIKids Annual PREA Staffing Plan Assessment.” The form does provide a checklist to which a Yes/No response is required (a check box, without noting any discussion of how the determination was made). The current form states:

“II. STAFFING PLAN REVIEW CHECKLIST

1. Staffing patterns factor in generally accepted residential practices (per contract)?

2. If the facility has received any DJJ findings of inadequacy, the staffing pattern includes the necessary corrective action?

3. If the facility has received any findings of inadequacy from internal or external oversight bodies, the staffing pattern includes the necessary corrective action?
4. Staffing pattern is developed to ensure that all areas of the physical plant where residents are housed or areas where residents receive services (e.g. medical, food service, classrooms, recreation, etc.) are staffed?
5. Staffing pattern addresses the composition of the facility?
6. Staffing pattern includes supervisory staff?
7. Staffing pattern includes positions required by state or local laws, regulations, or standards?
8. The location of substantiated and unsubstantiated incidents of sexual abuse was assessed to determine that the staffing pattern provided adequate staffing in those areas?

III. VIDEO MONITORING

1. Video cameras are strategically installed throughout the facility in an effort to eliminate blind-spots and provide for monitoring?
2. Is a process in place for repair and replacement of inoperable video cameras?
3. Is a process in place for providing monitoring through other means (i.e. additional staffing, discontinuing use of an area, etc.) if the video monitoring equipment cannot be repaired or replaced in a timely manner?"

The Executive Director and PCM are required to sign and date the form. The form also includes a place where the Regional Director must review and sign. The program will be required to revise the form to capture discussion as evidence for decisions made. The program will also need to conduct an annual staffing plan assessment to demonstrate that this is now an established practice consistent with PREA expectations.

Corrective Action - Provision (d)

- The program is required to revise the form to capture discussion around each of the factors listed in provisions (a) and (d) i.e., capture discussion and provide evidence for the decisions made.
- The program is required to conduct an annual staffing plan assessment using this document to demonstrate that this will be the practice moving forward and submit the completed document to the auditor for review and feedback.
- The program is required to enhance its policy and procedure to outline when the staffing plan assessment will be done, factors considered, who will attend, how this will be documented, etc. The currently procedure does not adequately address this provision.

Provision (e)

AMIKids Safety Security Program Standards (March 2012) (e) “Facility perimeter and vehicle searches must be conducted at the beginning/end of shifts to avoid dangerous items being brought on campus and to maintain and clean and safe environment. Facility searches should be conducted randomly while youth are on and off campus. Searches of restrooms and other “private” areas are strongly recommended to avoid youth passing items to each other or storing items on program grounds.”

The program submitted a sample of logbook entries from the past 12 months demonstrating that shift supervisors round at various times throughout all shifts. There are Shift Supervisors on 24 hours per day, seven days a week. A review of the Daily Shift Log Books (January – June 2024) verified that supervisors are conducting regular unannounced rounds throughout their shifts. This includes on the weekends and throughout the day, particularly from 4 PM – 8 AM. The logbook reviews also provided evidence that the Executive Director and the Director of Operations periodically come to the facility unannounced (many times on the weekend). These unannounced visits were documented in the logbooks. Interviews with the Georgetown Executive Director; the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM); Youth Care Specialist Supervisors; and Youth Care Specialist (YCS - direct care staff) further confirmed these unannounced visits occur several times throughout a shift and at random times (staff do not know when the supervisor will be on their unit). Staff also reported these visits are not predictable and they are not alerted to when these rounds will occur.

It is important to note that AMIKids has an Unannounced Rounds PREA Observation form that captures valuable safety information but that this form is not currently being used. While not required, the program may consider implementing this form in order to further document these unannounced rounds.

There is sufficient evidence that these unannounced rounds are conducted regularly throughout the week. Interviews with facility administrators, managers, and direct care staff reported that they do not know when the supervisors will pop in; that the times of these visits varies; and that staff cannot predict when they will occur. Therefore, the auditor determines the program is in compliance with this PREA provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 919 376"><i>Evidence Used in Compliance Determination:</i></p> <ul data-bbox="352 443 1445 981" style="list-style-type: none"> • AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches • AMIKids Pre-Service New Hire Training Requirements – SC Residential • AMIKids Safety Security Program Standards (March 2012) • AMIKids training descriptions for: <ul style="list-style-type: none"> ◦ Safety and Security (1 hour) ◦ Program Safety and Security (2 hours) • Sample Pat-Down Training (youtube.com) • SCDJJ Policy 336: Application of PREA Standards • Interviews with Shift Supervisors • Interviews with Youth Care Specialists (direct care staff) across all shifts • Interviews with youth residents • Observations during facility tour <p data-bbox="279 1014 501 1048">Provisions (a)</p> <p data-bbox="279 1093 1430 1294">The AMIKids Georgetown program facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches clearly states: “Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat down searches are prohibited.”</p> <p data-bbox="279 1328 1453 1485">Interviews with youth and staff verified that the program does not conduct strip searches or body cavity searches. If there was suspicion that a resident was hiding contraband, the Sherriff’s Office would be called to conduct proper searches of youth.</p> <p data-bbox="279 1529 485 1563">Provision (b)</p> <p data-bbox="279 1597 1461 1843">As previously stated, the AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches specifically states: “Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat down searches are prohibited.” This same policies states that the program “...will also train staff to conduct pat-down searches of cross-gender and intersex residents in a professional and respectful manner.”</p> <p data-bbox="279 1877 1398 2000">The AMIKids Safety Security Program Standards (March 2012) manual provides language that supports PREA compliant practices as it relates to searches. Information that can be found in the manual includes:</p>

- Searches are done “anytime a youth enters the facility for the first time, returns from a trip, completes a work project, returns from disciplinary work detail, finished kitchen duty and/or the need arises due to suspicion of weapons, drugs, or stolen property. Searches may also occur before youth leave the facility and will be transported on program vehicles...” (page 12).
- “Only staff of the same sex can supervise youth while they are using the restrooms, changing time or conducting searches” (page 3).
- “Prior to entering the program and/or activity, all youth must be searched with dignity and respect yet in a thorough manner. Searches must include the use of metal detection devices and always include a physical frisk of the youth” (page 11).
- “Searches must be conducted by a staff member of the same sex as the youth” (Page 12).
- “The use of metal detecting device is mandatory. Each youth should either walk through a free standing metal detector or be “wanded.” This process must continue until the youth no longer “beeps” and all the contraband items are found and secured” (page 12).

Although the policy aligns with PREA expectations, the practice at the program does not. During the onsite review, the majority of youth stated that only male staff pat-search them. However, 20% of youth (3/15) and 30% of direct care staff (5/10) reported that in the past month female staff have conducted pat searches on multiple occasions because there were no male staff on shift. Teachers and youth also reported that these cross-gender searches occur on field trips. The federal PREA standards explain that cross-gender searches are only to be conducted in “exigent circumstance.” PREA standard 115.5 General Definitions defines “exigent circumstances” as “any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility.” The PREA Resource Center has emphasized that not having staff available does not qualify as “exigent circumstances.” Therefore, the program will be required to determine a strategy for ensuring these cross-gender pat searches do not occur as part of regular daily operations.

It is also critical to note that staff, particularly the teachers (but also direct care staff/YCSs) reported that they have not received formal training on how to conduct pat searches. The program will be required to develop or adopt a training and formally train all staff. One example of an existing training is the training video produced by the Moss Group that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). This training must be mandatory for all new hires and should be provided as part of annual refresher training. Staff should be required to demonstrate cross-gender searches and how to properly search transgender and intersex youth, as required by other provisions in this standard.

Corrective Action - Provision (b)

- The program is required to develop a clear plan on how to prevent cross-gender pat-searches in the future (particularly on field trips and when male staff are not available). This plan must be sent to the auditor for review.
- The program is required to develop or adopt a formal training on how to conduct pat searches. One example is a training video produced by the Moss Group that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). This must be incorporated into the new hire training as well as annual refresher training for staff. This training must also include how to properly search transgender and intersex youth. The training should include staff demonstrating proper search techniques to get training credit.
- The program will be required to formally train all staff (new hires and current staff including teachers) on conducting pat searches. The program will submit to the auditor signed and dated training rosters to demonstrate all staff now have the skills and knowledge on how to conduct proper pat searches.
- The program is required to update its existing procedures to specifically reflect how cross-gender searches will be avoided; how often training will be provided; what the training will provide, etc.

Provision (c)

The PREA standard requires “the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.” As previously stated, interviews with youth residents and staff confirmed that cross gender pat searches are indeed occurring in the program (not only in “exigent circumstances”). The program will be required to update its procedures to reflect how cross-gender searches will be eliminated from daily practice. The program will also be required to inform staff about what is meant by “exigent circumstances;” what qualifies as such; the process for documenting pat searches conducted in these situations; and the requisite notifications (i.e., to the Executive Director and Director of Operations).

Corrective Action - Provision (c)

The program is required to update its procedure to clearly state in what circumstances cross-gender pat searches may occur; what qualifies as “exigent circumstances;” where these incidents will be documented and by whom; and what are the required notifications and in what time frame (i.e., contact the Executive Director and Director of Operations via email or in the log book immediately when returning from the field trip). It is important to remember that federal PREA standards do not include a lack of male staff as qualifying as “exigent circumstances.”

The program is required to formally train/inform staff of this new practice and submit signed and dated training rosters to the auditor for verification.

Provision (d)

Youth residing in the Georgetown program have privacy when using the bathroom and when changing their clothes. Each residential dorm has a separate area equipped with four single stall toilets and four showers. The showers are enclosed with metal doors that youth are required to latch shut during shower time. The toilets are single stalls that also include latches for privacy. Female staff are not permitted to supervise shower time, although all staff supervising showers are required to stand at the doorway to have a visual of the stalls and the showers simultaneously. This supervision affords youth privacy as there are metal doors on each shower and toilet. Youth are required to change clothes in the shower area behind the closed door. They are also not permitted to have their shirts off in the dorm area. Youth interviews and observations during the facility confirmed that all youth have privacy when showering, toileting, and changing clothes.

To support the practices ensuring youth privacy, the facility has established clear expectations in formal policy. AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches specifically states: "Staff members of the opposite gender are prohibited from viewing residents while showering, changing clothes, and performing bodily functions without, absent exigent circumstances or instances when the viewing is incidental to routine cell checks." This same policy also directs, "Staff members of the opposite gender must announce their presence when entering a housing unit or an area where residents are likely to be showering, performing bodily functions, or changing clothing."

Interviews with facility staff and residents verified that staff of the opposite gender are required to announce themselves prior to entering the residential living unit. Youth and staff reported that this occurs consistently. During the facility tour the auditor observed signs posted on the outside of the dorm entrance reminding female staff to knock and announce. The auditor also observed this opposite gender announcement practice during the onsite visit. Therefore, the program is in compliance with this PREA provision.

Provision (e)

AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches and Searches specifically states that the program "...AMIKids Georgetown cannot search or physically examine a transgender or intersex resident solely to determine the resident's genital status. AMIKIDS Georgetown will also train staff to conduct pat-down searches of cross-gender, transgender, and intersex residents in a professional and respectful manner." In further support of this provision the SCDJJ Policy 336: Application of PREA Standards states, "At no time will any SCDJJ facility search or physically examine a transgender or intersex juvenile for the purpose of determining the juvenile's genital status. [PREA Standard(s) §115.315(e)]"

Although policy states that the program will provide transgender and intersex youth preference on who they feel most comfortable being searched, staff were not aware of how this information would be communicated and/or documented. It is important to have a clear avenue for communication that transgender and intersex youth are entitled to have their preference regarding the gender (not the individual staff

member) of the staff with whom they feel most comfortable.

There were no transgender or intersex youth at the facility during the onsite portion of the audit. However, staff interviews confirmed that the program does not conduct any type of physical exams at the facility. Interviews with managers and facility administrators confirmed that they would not conduct physical searches of any youth for the purposes of determining their genital status.

Corrective Action - Provision (e)

- The program is required to determine a clear process for documenting and discretely communicating the preference by whom transgender and intersex youth wish to be searched. The program will be required to update its procedures and send to the auditor for review and feedback.
- The program is required to formally train all staff on this new practice (i.e., search preference and documentation of searches and how to afford privacy) and submit signed and dated training rosters as evidence for compliance with PREA expectations.

Provision (f)

AMIKids Georgetown Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches and Searches specifically states that the program "...will also train staff to conduct pat-down searches of cross-gender, and intersex residents in a professional and respectful manner." This same policy also directs "Transgender and intersex residents will be given the opportunity to choose if a female or male staff will conduct pat-down searches in a respectful and professional manner."

Among the dozens of training AMIKids requires new hires to complete within the first 14 days on the job, staff are required to complete two safety and security courses related to this standard. These new hires to complete:

- Safety and Security (1 hour) - "This course is designed to provide an overview of AMIKids Safety and Security Standards. Participant will be able to identify emergencies and will learn how effective supervision of youth in their care assists in proactively managing behavior.
- Program Safety and Security (2 hours) - "The purpose of this course is to inform and train participants on use of emergency equipment, contacting 911, physical plant cleanliness, shift briefing communication, use and maintenance of security devices, logbook documentation, key control, firearms and weapon control, tool control and incident reporting."

The Executive Director provided a short video used to demonstrate proper pat searches to the auditor (https://youtu.be/_yML4tVTPI). The one minute and 20 second video demonstrates how to properly pat search male residents. The training video does not include information or a demonstration on how to conduct cross-gender pat searches. The existing training is not sufficient to comply with PREA standards. Despite the program reporting that it has not had a transgender or

	<p>intersex youth, the program is required to adopt or develop formal training to ensure that all staff know how to conduct proper cross-gender searches (to be used in “exigent circumstances” and when searching transgender or intersex youth). The program may choose to audit it’s current training to determine if these PREA provisions are already included.</p> <p><u>Corrective Action - Provision (f)</u></p> <ul style="list-style-type: none"> • The program is required to adopt or develop formal training that includes conducting proper pat searches of transgender and intersex youth. This training should be submitted to the auditor for review and feedback. • Once approved, the program will be required to train all staff on the new pat search training and submit signed and dated training rosters as evidence of compliance with this standard. • The program is also required to update its policy/procedure to include new employees completing this training as well as all current employees completing this training annually (or every two years at most). Revised policies must be submitted to the auditor for review and feedback. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIkids Georgetown Policy 6.16 Residents with disabilities and resident who are limited English proficient • State of Washington Department of Corrections PREA Pamphlet (in Spanish) • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator • Interview with the Georgetown Executive Director

- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice
- Interview with SC DJJ Program Monitor
- Observations on the facility tour

Provision (a)

The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with the AMIKids Regional Director; the AMIKids Agency PREA Coordinator; Georgetown Executive Director; Georgetown Director of Operations; Youth Care Specialist Supervisors; and SC DJJ representatives (Director of Youth Grievances and Family Support and DJJ Program Monitor) confirmed that youth placed at the Georgetown program would be provided translation services prior to being placed at the program. SC DJJ would not place a youth at the program until these services were in place. Georgetown staff reported they have not had any youth with physical disabilities or who English as a Second Language (ESL) youth.

In support of these provisions, the AMIKids Georgetown Policy 6.16 PREA: Residents with disabilities and residents who are limited English proficient states "AMIKids Georgetown will 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." The procedure within this policy also states, "Residents with limited English proficiency will have access to PREA information materials in regards to prevention, detection, and response to sexual abuse and sexual harassment in their native language (written and verbal) or via verbal communication."

There were no youth with physical disabilities or who were ESL during the onsite portion of the audit.

Provision (b)

As previously stated, the AMIKids Georgetown Policy 6.16 PREA: Residents with disabilities and residents who are limited English proficient states, "Residents with limited English proficiency will have access to PREA information materials in regards to prevention, detection, and response to sexual abuse and sexual harassment in their native language (written and verbal) or via verbal communication." Interviews with facility leaders and supervisors indicated that although the program has not had a deaf, ESL, or persons with a physical disability, if this were to occur the facility would access translation services prior to youth arriving to Georgetown.

The program submitted an email from the Public Information Manager from the SC Department of Juvenile Justice Public Information Department dated January 10, 2022 as additional evidence for compliance with this standard. The email announced, "In the agency's continuing effort to provide services to youth and families that speak English as a second language, DJJ has proudly secured translation and interpreting services through Global Interpreting Network, Inc. Global Interpreting will serve as a multilingual extension of the DJJ family by delivering reliable, high-quality interpreting and translating services. All services provided by Global Interpreting conform to the highest standards of ethics, privacy, and confidentiality, including strict compliance with HIPPA and Gramm-Leach Bliley Act rules. The following services will be readily available to all DJJ employees: Over-The-Phone Interpretation Document Translation Services Please direct any questions or concerns regarding Global Interpreting and their services to Ed Simmons at ed.simmons@djj.sc.gov." The program is encouraged to inform staff of these available services and to keep this information posted in the staff office in the event that it is needed.

Interviews with SC DJJ managers verified that DJJ would ensure that translation services accompany youth when placed at the Georgetown program.

Provision (c)

The AMIKids Georgetown Policy 6.16 PREA: Residents with disabilities and residents who are limited English proficient states, "AMIKids Georgetown prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations." This same policy also directs staff, "If the limited circumstances exist where a resident interpreter, resident reader, or other types of resident assistants is required it shall be documented in the daily shift log with an explanation."

Interviews with program managers, direct care staff, and agency leaders all verified they would not allow residents to interpret for other youth, except in emergency situations. Direct care staff and supervisors consistently reported that allowing resident interpreters would be dangerous and that if in need of a translator they would have a staff member interpret or use Google Translate to instruct youth who are ESL

At the time of the onsite review, there were no youth in the facility who were limited English proficient. There were also no youth who were deaf, blind, or who had physical disabilities.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- AMIKids Georgetown Policy 6.11 PREA: Zero Tolerance Policy
- AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions
- AMIKids Georgetown Policy Attachment 6.17 A
- Chapter 435 - 2021 Florida Statutes - The Florida Senate (flsenate.gov)
- Letter from SC Department of Social Services (DSS) approving hiring individuals who have minor arrest records (not sexual abuse or sexual harassment)
- AMIKids Self Declaration of Sexual Abuse/Sexual Harassment form
- Sample (N=20) of Criminal Background Checks (SLED); SC Child Abuse Registry Checks; and Sex Offender Registration Checks (SC and DOJ)
- Sample (N=15) of PREA Self-Declaration of Sexual Abuse/Sexual Harassment forms from current employees
- AMIKids Georgetown Professional References Questionnaire form
- MOU Between AMIKids Georgetown, Inc and Rape Crisis Center (executed agreement May 14, 2021)
- Interview with AMIKids HR Business Partner Manager
- Interview with contracted mental health professional (Highway for Hope)
- Interview with two Human Service Professionals (HSP) responsible for conducting requisite background checks
- Interview with volunteer
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background and abuse registry checks (upon hire and a minimum of every five years)

Provision (a)

The AMIKids Georgetown facility does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The facility also does not hire any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. This practice is supported by the AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions which upholds "AMIKids Georgetown prohibits the hiring, promoting, or contracting with anyone (that will have direct contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings." More specifically, this policy states, "The Department does not hire, promote, or contract with anyone who: i. 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); ii. 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; iii. Has been civilly or administratively adjudicated to have engaged in the activity described in ii above.”

The AMIKids program requires all new hires to complete an attestation form titled, “Self-Declaration of Sexual Abuse/Sexual Harassment” form. The three main questions on the form mirror those questions outlined in this standard. Applicants are required to complete, sign, and date the form prior to being offered the position. The form also specifically requires applicants to attest, “I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and

made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.”

Interview with the HSP revealed that this form is completed for all staff prior to hire. The auditor reviewed a sample of current staff and discharged employees (N =15) and verified that these forms are consistently being completed. File reviews revealed there were some individuals whose background checks showed minor misdemeanors (I.e., driving under the influence, possession of small amounts of marijuana, etc.) but there were no significant arrest records (i.e., sexual assault or sexual abuse). The SC Department of Social Services (DSS) approved those individuals with minor arrest records to work in the program, consistent with PREA standards.

Interviews with human resource staff, agency leaders, and facility managers confirmed the agency’s practices related to background checks. In addition, a review of a random sample of staff criminal Sample (N=15) of PREA Self-Declaration of Sexual Abuse/Sexual Harassment forms from current employees verified the agency does not hire or promote anyone who meet the criteria outlined in provision (a) of this standard. The random sample selected included one staff member who was promoted. However, the one contractor and one volunteer file reviewed did not have the completed PREA Self-Declaration of Sexual Abuse/Sexual Harassment. The program is required to create a system to better ensure these forms are completed prior to engaging contracting and volunteer services.

Corrective Action - (Provision (a))

- The program is required to create a process to ensure that all contractors and volunteers (in addition to new hires) complete this declaration form prior to engaging services. PREA standards also require staff to disclose this information prior to being promoted. The program will need to submit a revised procedure detailing a set of new expectations regarding when this form will be required and who will be required to complete the form. The program will submit this revised procedure to the auditor for review and feedback.
- During the corrective action period, if the program promotes employees or engages the services of a contractor or volunteer, the program will be

required to submit completed declaration forms to the auditor as evidence of compliance.

Provision (b)

The PREA standard provision 115.317 (b) requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions states, "AMIKids Georgetown shall consider any substantiated incidents of sexual misconduct in determining whether to hire, promote, or contract with anyone." Interviews with the HSP, facility administrators, and DJJ staff verified that staff have a duty to report any arrests or significant events (i.e., substantiated allegation of sexual abuse) prior to hire and while employed by AMIKids. This would include incidents of sexual harassment. However, since the program is not currently collecting this information consistently (as noted in the previous provision) the program cannot technically consider incidents of sexual harassment when hiring or promoting anyone or enlisting the services of contractors and volunteers who may have contact with youth.

Corrective Action (b)

- The program is required to create a specific process and revise its current procedures to clearly denote how sexual harassment information will be gathered; how this information will be used; who will make the hiring decisions and based on what criteria; etc. This revised policy will be submitted to the auditor for review and feedback.
- The program is required to submit evidence that the appropriate staff have been informed of this revised policy and practice (i.e., policy training statement signed and dated; training rosters; etc.)

Provision (c)

In support of this provision, the Georgetown Policy 6.11 PREA: Zero Tolerance states, "1. Background screening shall be conducted to ensure all Department employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards. 2. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, contractor or intern." Requirements for this PREA standard are also found in the AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions which upholds "All contract provider and AMIKids Georgetown employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions." The policy does not specifically state that AMIKids will consult any child abuse registry maintained by the State or locality in which the employee would work. The existing policy does not clearly define what a "background screening"

entails.

The auditor's review of the Florida state statute referenced in the AMIKids Georgetown Policy revealed that Level 2 screening standards include only a national criminal history fingerprint check (Chapter 435 - 2021 Florida Statutes - The Florida Senate (flsenate.gov)). The statute specifically states, "435.04 Level 2 screening standards.— (1)(a) All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies." The statute does not specifically require child abuse registry checks as part of the Level 2 screening standards, although the AMIKids Georgetown Policy 6.17 Hiring and Promotion Decisions requires "...the agency to conduct criminal background checks, conduct a check of the state's child abuse registry..."

The program uses the SLED (South Carolina Law Enforcement Division), SC Child Abuse Registry Checks, SC Sex Offender Registry, and DOJ National Sex Offender Registry as part of its pre-hire checks. While onsite the auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every third name on a list of all staff (part time and full time) and included all current employees and employees who left Georgetown's employ within the past 12 months. Approximately 53% of all personnel files were reviewed (i.e., n=20). The file reviews revealed that the current employees and volunteers have had criminal background checks prior to beginning work with youth. However, the program did not furnish a criminal background check or abuse registry check for the contracted mental health professional or the one volunteer currently working in the program. The program will be required to ensure it has a clear process in place for capturing this information prior to engaging volunteers and contractors in services.

The program also did not produce any evidence/documentation of formal contacts with prior institutional employers as required by provision (c) (3). The program will be required to create a formal process for documenting reference checks. In addition, these checks must include prior institutions in which a potential staff member has worked (not only professional or personal references).

Corrective Action - Provision (c)

- The AMIKids Georgetown program is required to conduct criminal background and abuse registry checks on any contractors and volunteers who do not currently have these documents in their files. The program will submit these to the auditor as evidence for compliance.
- The program is required to adopt a formal process for checking and documenting professional references prior to hiring an individual. Pre-hire

paperwork must require potential staff members to list-out any previous institutions in which they worked. The program will submit a revised policy/procedure to reflect this requirement.

- The program must revise its practice, policies, and forms associated with gathering information about potential employees through the reference check process. The form in particular must be revised to clearly require candidates to provide a reference from any former institutional employers. This will allow the program to gather information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse. These revised documents (i.e., policy, procedures, forms, etc.) will be submitted to the auditor for feedback and approval.
- The program is required to submit documentation for any new employees hired during the corrective action period that will provide evidence for compliance that these new practices are in place.

Provisions (d)

The Georgetown Policy 6.11 PREA: Zero Tolerance Policy states, “1. Background screening shall be conducted to ensure all Department employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards. 2. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, contractor or intern.”

In support of the PREA standards, the AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions also states, “Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.” The policy does not clearly define what “background screening” entails. As previously mentioned, the current Florida Level 2 screening standards do not include the requirement for a child abuse registry checks. AMIKids is required to update its policy and the Georgetown program to update its procedure to include these specific requirements.

The program has a contractor who provides mental health counseling services (mental health professional with Highway for Hope) and one volunteer who provides special education and tutoring services. The contracted mental health professional provides services twice a week to residents. An interview with the contracted reported that he did not have a criminal background check prior to working at the Georgetown program. File reviews confirmed while the contractor did not have a criminal records check or abuse registry check on file, the one volunteer did have this information in her file.

The program will be required to create a process to ensure these checks are done prior to engaging the services of all contractors and volunteers.

Corrective Action - Provision (d)

- The program is required to conduct criminal background checks and abuse registry checks on its current contractors and volunteers who do not have this information in their files and submit this to the auditor to demonstrate compliance with this standard.
- The program is required to update its existing procedures to further detail the steps that will be taken and by whom and when to ensure these requisite checks are conducted moving forward for all contractors and volunteers.

Provision (e)

The program has language in various policies to support compliance with this provision. This includes, but is not limited to the AMIKids Georgetown Policy 6.17 Hiring and Promotion Decisions which states:

- “ The standard requires the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. These checks must be repeated for all employees at least every five years.”
- “ The standard requires the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. These checks must be repeated for all employees at least every five years.”
- “1.Background screening shall be conducted to ensure all AMIKIDS GEORGETOWN employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards.” This same policy also states, “ 3. All contract provider and AMIKIDS GEORGETOWN employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS GEORGETOWN employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”
- “ 3. All contract provider and AMIKIDS GEORGETOWN employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS GEORGETOWN employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”

File reviews conducted verified that child abuse registry checks and criminal background checks are conducted every year or two years for employees although there was some variation regarding frequency in the records provided. However, as

previously mentioned, the one contracted mental health professional reported that they did not have a criminal background check prior to working at the program or since working in the program for a couple of years. Although it has not yet been five years, the auditor reasonably concludes there is not currently a process in place to ensure these 5 year checks are conducted for contractors and possibly volunteers. The program will be required to implement a practice of ensuring all background checks are completed consistent with PREA requirements and AMIKids policies.

Corrective Action - Provision (e)

- The program is required to conduct criminal background checks and abuse registry checks on its current contractors and volunteers and submit these as evidence of compliance with federal standards.
- The program is also required to furnish evidence that this new practice of conducting the required checks is established (i.e., revised procedures to specifically address these requirements).

Provision (f)

The AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions requires, "AMIKids Georgetown shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of review of current employees."

As previously mentioned, The AMIKids program requires all new hires to complete an attestation form titled, "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The three main questions on the form mirror those questions outlined in this standard. Applicants are required to complete, sign, and date the form prior to being offered the position. The form also has specific statement to which applicants attest, "I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date."

The AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions also requires, "Employees will report any arrest, which includes any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. If an employee fails to report an arrest within 24 hours, they, shall submit an explanation as to why the arrest was not timely reported. Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment."

PREA standard 115.317 (f) requires, "The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct

described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.” An interview with the two HSPs indicated they were not aware of the details of this PREA standard. A review of the employee file of the one individual who was promoted within the past 12 months did have the declaration form completed. However, the standard also requires that the staff be required to disclose previous misconduct prior to hire, prior to promotion, and as part of written self-evaluations conducted as part of annual reviews of current employees. The program is required to create a clear process for gathering this information consistent with PREA standards.

Corrective Actions - Provision (f)

- The program is required to create a clear process for asking new hires and employees up for promotion about any previous misconduct as part of self-evaluations or as part of annual performance reviews. The program will submit revised procedures and forms to the auditor for review and feedback.
- The program is required to implement this new practice and form as part of the annual performance reviews for all employees who are being considered for promotion. The program will submit these completed/signed and dated forms to the auditor as evidence of compliance with this standard.

Provision (g)

The AMIKids Georgetown Policy 6.17 PREA: Hiring and Promotion Decisions requires “Employees being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.” This same policy further explains, “Employees will report any arrest, which includes any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. If an employee fails to report an arrest within 24 hours, they, shall submit an explanation as to why the arrest was not timely reported. Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment.”

Interviews with AMIKids HR, facility administrators, and direct care staff verified that staff would be terminated if they do not disclose any criminal activities, including arrests.

Provision (h)

While PREA does not require an agency or program to have a written policy to support these PREA provisions, the existing policy does not address PREA Standard 115.317 (h).The federal PREA standard 115.317 (h) requires “Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual

	<p>abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” The AMIKids HR Business Partner and the Georgetown Executive Director were not aware if this information could legally be shared in the state of South Carolina.</p> <p><u>Corrective Action Provision (h)</u></p> <ul style="list-style-type: none"> • The AMIKids agency and the program are required to determine whether there are any SC laws preventing the program from providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee (when requested from an institutional employer for whom an employee has applied to work). Formal documentation will be submitted to the auditor (i.e., state regulation/code prohibiting this sharing of information). • The program will be required to update the relevant agency policies and program procedures to specifically reflect the new practice of providing this information (if not prohibited by state law). These revised policies will be sent to the auditor for review and feedback. • The program is required to produce and submit evidence to the auditor demonstrating that the agency and program level staff have been “trained” on this new practice and policy/procedure. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. All required documents were submitted (i.e., completed abuse registry checks, attestation forms, etc.). The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.18 Upgrades to Facilities and Technologies

	<ul style="list-style-type: none"> • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>The AMIKids Georgetown Policy and Procedure 6.18 Upgrades to Facilities and Technologies Procedure states: “AMIKIDS GEORGETOWN will consider the effect of any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency’s ability to protect residents from sexual abuse. AMIKIDS GEORGETOWN will work with Department of Juvenile Justice to obtain a video monitoring system.” Interviews with the AMIKids Regional Director; the AMIKids Agency PREA Coordinator; the Georgetown Executive Director; and the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) verified that safety is considered when making modifications to the facility.</p> <p>Provision (b)</p> <p>The Georgetown program currently has at least one camera in each of the residential dorms and all of the campus buildings (i.e., administrative, education, etc.). There are also a few exterior cameras to assist in monitoring youth and staff while outside. The number of video surveillance cameras at the program is minimal but sufficient. The program is encouraged, but not required to, conduct an assessment to determine if installing additional cameras would be beneficial to enhance supervision and overall safety.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations • AMIKids Georgetown Sexual Abuse Incident Check Sheet • MOU with Rape Crisis Center (executed May 2021) • Forensic Nurse Examiner Program - McLeod Health • Interviews with Abuse Hotline through Georgetown Sheriff’s Office Dispatch • Interview with Peer Recovery Director at Tideland Hospital • Interview with SC DJJ Director of Criminal Investigations • Interview with representative from Rape Crisis Center (statewide rape crisis

advocate)

- Interview with AMIKids Regional Director
- Interview with the AMIKids Agency PREA Coordinator
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interviews with the Georgetown Youth Care Specialist Supervisors

Provision (a)

The Georgetown program does not have medical professionals on site. In the event a youth alleges sexual abuse, the program would transport the resident to the local hospital – Tideland Georgetown Community Hospital. The AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations states, “Agencies that are responsible for investigating allegations of sexual abuse are requested to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency must offer all residents who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) without cost to the resident. Examinations are to be performed by Sexual Assault Nurse Examiners (SANEs) if possible, or by a qualified medical practitioner. A victim advocate is to be made available to accompany the victim through examinations and investigatory interviews.” Interviews with facility administrators and supervisors confirmed that sexual abuse victims would be taken to the local hospital where a certified SANE exam would be performed.

In further support of this provision, the procedure section of the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations directs, “1. In the event of sexual abuse allegations the Georgetown Sheriff’s Office, South Carolina Department of Social Service, and The Department of Juvenile Justice will be notified immediately. 2. AMIKids Georgetown will request that the investigators follow a uniform evidence protocol appropriate for youth.”

To test the critical function the auditor called the Abuse Hotline number (#843-546-5101) posted in the facility and provided to the auditor. The call was answered by the Georgetown Sheriff’s Dispatcher. The Dispatcher explained that if a youth called the number to report abuse, a Georgetown County Sheriff would be dispatched to the AMIKids program to investigate the situation. All Sheriff Officers have specialized training on conducting investigations including obtaining physical evidence.

All incidents of sexual abuse and sexual harassment must be reported to SC DJJ. An interview with the SC DJJ Director of Criminal Investigations explained that DJJ investigators have received specialized training in investigations. All investigators are required to follow a uniform protocol for gathering evidence to ensure physical evidence can be used in administrative proceedings and criminal prosecutions.

During the onsite visit, all staff interviewed understood the protocol and verbalized

the process of separating youth and protecting evidence in the event of a sexual abuse allegation. YCS staff reported as part of the process they are required to immediately separate the victim and perpetrator and protect the evidence (by securing the scene and not allotting youth to shower, use the toilet, etc.).

Provision (b)

Facility administrators reported their sexual abuse response protocol includes transporting the victim to the Tideland Memorial Hospital in Georgetown, SC. The auditor spoke with the Peer Recovery Director at the Tideland Hospital. He indicated that they do not have a formal SANE program for victims of sexual assault. The program must determine if transporting youth to another hospital that has a SANE program would be more beneficial to a youth victim. An interview with the Rape Crisis Center which offers rape advocacy services throughout South Carolina, highlighted that if rape advocates are called the advocates would direct staff to transport youth to a hospital that had a SANE program. The advocate reported that she would direct Georgetown resident victims to McLeod Hospital in Florence, SC because she was unsure whether Tideland had a formal SANE program. The McLeod Regional Health Hospital system has certified SANE practitioners at several hospitals throughout the state.

The auditor conducted a detailed review of the hospital's website Forensic Nurse Examiner Program - McLeod Health and confirmed that an official SANE program does exist. The website explained that it had recently established the "McLeod Health Forensic Nurse Examiner (FNE) Program" which serves adults and pediatric victims of domestic violence/intimate partner violence, sexual assault, child abuse or exploitation/sex trafficking. The McLeod Regional Medical Center was designated as a Level 1 SAFE Designation by the South Carolina Victim Assistance Network (SCVAN) hospital. The website explained: "Level 1 is the highest designation attainable and demonstrates that McLeod Regional Medical Center provides the most up-to-date evidence-based, trauma-informed and patient-centered forensic nursing practices for adult, adolescent and pediatric patients 24/7/365. The Forensic Nurse Examiner Task Force, headed by SCVAN, in partnership with multiple state agencies including the Attorney General's Office, the South Carolina Law Enforcement Division, South Carolina Hospital Association and more, has implemented a statewide standard of care for sexual assault victims."

The website also explains, "Forensic Nurses are specifically trained to treat victims of sexual assault in a compassionate and understanding manner." Additionally, the SANE exam process detailed through the website provides additional evidence consistent with PREA standards:

"Instead of sitting in the waiting room, victims of sexual violence entering the hospital's Emergency Department are now immediately triaged and treated for physical injuries. While this acute medical exam takes place, an on-call forensic nurse is alerted and begins preparing a private room dedicated solely for sexual violence cases. Here, the nurse will first conduct a gentle interview with the patient to document the course of events. Next, the patient is brought to a dedicated exam

room that, while equipped with state-of-the-art exam equipment, is specifically designed to provide a comfortable and homey environment. In this room, the forensic exam, evidence collection and administration of appropriate medications take place. In addition to a couch and recliner, exam rooms are equipped with various items to make the patient feel at home.”

Facility administrators and managers consistently reported that youth victims of sexual assault would be transported to Tideland Memorial Hospital where they would be examined by a trained medical professional. As previously mentioned, the Rape Crisis Center advocate encouraged Georgetown to consider transporting youth victims to the McLeod Hospital in Florence, SC since they have a formal SANE program. While in compliance, Georgetown is encouraged to determine what is best practice and revise its policy/procedure as needed. The interview with the Rape Crisis Center Coalition advocate, the Tideland Hospital Peer Recovery Director, and the McLeod Hospital’s website allows the auditor to determine the program is in compliance with this provision.

Provision (c)

The procedure section of the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations further explains that “1. In the event of sexual abuse allegations the Georgetown Sheriff’s Office, South Carolina Department of Social Service, and The Department of Juvenile Justice will be notified immediately. 2. AMIKids Georgetown will request that the investigators follow a uniform evidence protocol appropriate for youth. 3. All victims of sexual abuse will be offered access to forensic medical examinations via the Georgetown County Sheriff Dept, DSS, or Tidelands Health Memorial Hospital.

As previously mentioned, the Georgetown program does not have medical professionals onsite. If a resident alleges sexual abuse, the program would transport the youth to Tideland Georgetown Community Hospital for a SANE exam. In support of this provision, the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations states, “The agency must offer all residents who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) without cost to the resident. Examinations are to be performed by Sexual Assault Nurse Examiners (SANEs) if possible, or by a qualified medical practitioner.” An interview with an advocate from Tideland Memorial Hospital revealed that they do not have a SANE program. Sexual abuse victims would need to be taken to McLeod Regional Hospital in Florence to receive a SANE exam.

The PREA provision requires that all residents who experience sexual abuse have access to forensic medical examinations and if a SAFE or SANE cannot be made available the victim must be seen by other qualified medical practitioner. The agency is required to document its efforts to provide SAFEs or SANEs. Interviews with facility administrators supported that youth would always be transported to a hospital with a SANE program and that there would be no cost to the youth or family. All evidence allows the auditor to determine Georgetown is in compliance

with this provision.

Provision (d)

The procedure section of the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations states, "4. All efforts will be made to have a victim advocate from a rape crisis center available to the victim in person or by other means. 5. If and when a rape crisis center is not available to provide victim advocate services, AMIKids Georgetown will provide a qualified staff member from Department of Waccamaw Mental Health."

The Georgetown program has an established MOU (executed May 2021) with the Rape Crisis Center (RCC) An interview with an RCC advocate was not aware of an MOU with the Georgetown program because there had been employee turnover at the Rape Crisis Center. However, she reported that she did not believe they have ever received a call from a Georgetown youth who needed their services. The MOU between AMIKids Georgetown and the Rape Crisis Center (executed May 14, 2021) requires AMIKids Georgetown to:

- Transport youth to the appropriate medical center for a forensic exam when the sexual abuse occurred within 72 hours. If the incident was beyond the 72 hour mark, transport youth for a medical evaluation by a physician.
- Contact RCC of the alleged sexual abuse as soon as possible.
- Facilitate follow-up meetings and communications between youth and the RCC. The Georgetown program will provide private meeting spaces for counseling sessions with RCC.
- Will assume all charges and costs associated with the services provided by RCC.

This MOU also clearly maps out the responsibilities of the RCC. These include, but are not limited to:

- Provide advocacy to youth transported to the medical facility for forensic medical exams.
- Provide follow-up services and crisis intervention contacts to victims who are in custody at AMIKids as resources allow.
- Work cooperatively with designated AMIKids officials to obtain security clearances for entry into the facility.
- Follow facility guidelines promulgated for purposes of safety and security.
- Maintain the confidentiality of communication with victims who are in custody at AMIKids.
- Communicate questions or concerns to AMIKids officials and cooperatively attempt to resolve unforeseen issues which may arise.

A few weeks following the onsite audit, the Executive Director informed the auditor that Rosa, a victim advocate from the RCC came to the Georgetown program. She spoke with youth about the services they provide and provided the program with

RCC pamphlets and posters in English and Spanish. The auditor applauds the program for enhancing this community connection and ensuring that youth are informed of the emotional support services available.

Provision (e)

The procedure section of the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations states, “6. If requested by the victim, a victim advocate, or qualified staff member of Department of Waccamaw Mental Health will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals.”

As previously mentioned an interview with a Rape Crisis Center advocate verified that the victim advocate is would meet the youth victim at the hospital to continue providing emotional support. The advocate verified that they are allowed to accompany youth through the SANE exam as well as they are allowed to sit in on the forensic interviews with police officers, if the victim wants this level of support. An interview with the Georgetown Sherriff’s County Dispatcher also confirmed that victim advocates are permitted to accompany youth victims throughout the forensic interviewing process.

Provisions (f)

As previously mentioned, if a youth alleges sexual abuse while in the Georgetown program, the program is required to contact the Georgetown Sheriff’s Office, the South Carolina Department of Social Service, and the SC Department of Juvenile Justice. This expectation is clearly stated in the AMIKids Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations. The Georgetown Sherrif’s Office and the SC DJJ would be responsible for conducting a thorough investigation of the sexual abuse allegation.

Provision (g)

The SC DJJ is the state entity that contracts with the AMIKids Georgetown program. Interviews with the SC DJJ Director of Criminal Investigations and the SC DJJ Program Monitor both confirmed they are aware of the PREA standards and the specific requirements.

Provision (h)

As previously mentioned, the Georgetown program contracts with a mental health counselor to provide services to select program youth. Interviews with facility administrators explained that in the event a youth alleges sexual abuse, Georgetown would provide immediate emotional support to youth by offering a call to the local rape crisis advocates and/or calling the contracted mental health counselor. The contracted mental health provider is a masters level therapist. In support of this standard, the AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations requires, “If and when a rape crisis

	<p>center is not available to provide victim advocate services, AMIKids Georgetown will provide a qualified staff member from Department of Waccamaw Mental Health.”</p> <p>All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations • AMIKids Georgetown Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations • AMIKids Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) • Sexual Abuse Incident Check Sheet (Per Policy Sexual Abuse Prevention and Response) • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy - POLICY Investigations.pdf (sc.gov) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interviews with the Georgetown Youth Care Specialist Supervisors • Interview with Director of Criminal Investigation, SC DJJ • Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice • Interview with Program Monitor, SC DJJ <p>Provision (a)</p> <p>The AMIKids Georgetown Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations requires that in the event of sexual abuse allegations the Georgetown Sheriff’s Office and the SC Department of Juvenile Justice are notified immediately. In further support of this provision, the AMIKids Georgetown Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations states, “AMIKids-Georgetown will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all</p>

allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. MCPG will document all such referrals and post its policy on its website (or otherwise make it available to the public). Additionally, the policy will describe the investigative responsibilities of the agency and the investigating entity, if the agency itself does not have the legal authority to investigate allegations. Finally, the standard requires all state entities and DOJ components responsible for conducting investigations of sexual abuse or harassment to have in place a policy governing the conduct of such investigations.”

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. The SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) states :

“1. In accordance with SCDJJ Policies 321, Prevention of Sexual Offenses Towards Juveniles; 920, Investigations; 322, Alleged Abuse and Neglect of a Juvenile, and 326, Reporting Events, all allegations of sexual abuse will be investigated, regardless of their sources. The Division of Investigative Services (DIS) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include allegations made on or by contractors and volunteers. The DIS Chief of Investigations will immediately report a staff on juvenile incident to the South Carolina Law Enforcement Division (SLED), who will determine the investigative process consistent with the memorandum of agreement between SCDJJ and SLED. [PREA Standard(s) §115.376, 115.377]

2. SCDJJ will ensure that, following a report, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, DIS will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard §115.373.

3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376]

4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]

5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378].”

The Executive Directors, PCM, and the Human Services Professionals (HSPs) are responsible for conducting administrative investigations of sexual harassment occurring at the AMIKids Georgetown program. Interviewees reported that all sexual abuse and sexual harassment allegations are referred for investigation to SC DJJ or the local Sheriff's office. When an allegation of sexual abuse is made, first responders are required to make a report to the local law enforcement agency, if the

allegation involves potentially criminal behavior. The first responder must also draft a detailed incident report and send it to SC DJJ. An interview with SC DJJ staff (including the Director of Criminal Investigations) verified that all allegations of sexual abuse and sexual harassment are investigated. More specifically, interviews with the Georgetown Executive Director, Director of Operations/Georgetown PREA Compliance Manager (PCM), Youth Care Specialist Supervisors, Youth Care Specialists (YCS), SC DJJ Director of Criminal Investigations, and DJJ Director of Youth Grievances and Family Support verified that all allegations of sexual abuse and sexual harassment are required to be reported to SC DJJ and local law enforcement for investigation. An interview with the SC DJJ Director of Criminal Investigations confirmed that SC DJJ and local law enforcement would lead any sexual abuse investigations, while Georgetown program investigators are responsible for investigating allegations of youth-to-youth sexual harassment. The AMIkids HR Business Partner confirmed that she is required to conduct administrative investigations for all incidents involving staff sexual harassment and youth-to-youth sexual harassment.

The program's Sexual Abuse Incident Check Sheet directs, "The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation." Georgetown investigators who conduct PREA investigations would receive instruction from SC DJJ and the local law enforcement office regarding how to proceed with the administrative investigation. This practice of ensuring all sexual abuse and sexual harassment allegations are investigated is supported by the Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) states, "AMIKids must also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators."

The auditor reviewed PREA-related incident data and had several correspondences with the SC DJJ Director of Youth Grievances and Family Support and the SC DJJ Director of Criminal Investigations. It was found that there were a total of four PREA-related allegations in the past 12 months and one of these allegations (youth-to-youth sexual harassment) was not reported to SC DJJ. If the program conducted its own investigation, the program did not provide the auditor with any evidence that a detailed investigation was conducted. The program is required to better ensure all allegations of sexual abuse and sexual harassment are referred for investigation. Interviews with the Georgetown Executive Director and Director of Operations indicated a need to determine when referrals are made to SC DJJ and when the program investigates allegations. Program managers reported that they do not conduct PREA-related administrative investigations and that SC DJJ takes the lead on all sexual abuse and sexual harassment investigations. However, interviews with facility administrators indicate that they at times start the investigation process by interviewing the victim and witnesses. This practice is in conflict with PREA standards. Interviewing individuals prior to the actual start of a formal investigation can negatively impact the quality of an investigation (i.e., the more interviews that occur with an individual the more likely the account/testimony can change and become less accurate). The program must clarify its role in conducting

investigations, particularly for youth-to-youth incidents and ensure that if SC DJJ is leading the investigation, the program administrators should not interview staff or youth. Their role in this situation is simply to separate the victim and perpetrator; preserve the evidence and crime scene; offer youth emotional support services in cases of sexual abuse; and monitor for retaliation until the investigation is completed.

Corrective Action - Provision (a)

- The program is required to work with SC DJJ to develop a clear process to ensure all sexual abuse and sexual harassment allegations are referred for investigation. The program will need to develop a clear protocol and/or update its policy/procedure to define the roles of the program and SC DJJ (i.e. in what unique situations the Georgetown Executive Director and Director of Operations will interview the victim and witnesses).

Provision (b)

As previously mentioned, the AMIKIDS GEORGETOWN Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations states, "AMIKids-Georgetown will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. MCPG will document all such referrals and post its policy on its website (or otherwise make it available to the public). Additionally, the policy will describe the investigative responsibilities of the agency and the investigating entity, if the agency itself does not have the legal authority to investigate allegations. Finally, the standard requires all state entities and DOJ components responsible for conducting investigations of sexual abuse or harassment to have in place a policy governing the conduct of such investigations."

This PREA standard requires "The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals." Although the program does have a policy to support referrals to investigative agencies, the policy does not specify who conducts administrative investigations (SC DJJ or AMIKids HR or program Executive Directors) and how these investigations are conducted. In addition, this policy is missing language about how incidents of sexual harassment are investigated. The existing policy is also not publicly available on the AMIKids website as required by PREA.

It is important to note that State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) are posted on the SC DJJ website (not the AMIKids website).

Corrective Action - Provision (b)

- The agency and/or program is required to revise its existing policy/procedure to comply with this PREA provision as well as others (i.e., 115.371) This includes specifying the various roles of AMIKids Executive Director/ Investigator, DJJ, and local Sherriff's Office and the types of investigations each conducts. It is important to clearly distinguish how referrals are made, who investigates which incidents (i.e., youth-to-youth sexual harassment), how these investigations will occur, etc. This revised or new policy/protocol/ procedure will be submitted to the auditor for review and feedback.
- Once approved, AMIKids will need to post this information on its website (along with the other items PREA requires to be posted - i.e., zero-tolerance policy; third party reporting information; annual PREA data; annual PREA progress report; etc.)

Provision (c)

This PREA provision requires: "If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating agency." Georgetown must clearly define the roles of agency investigators and local law enforcement for sexual harassment and sexual abuse allegations. As stated earlier, there is a need to bolster the existing policy to more clearly set expectations and clarify roles regarding the various types of investigations.

Corrective Action - Provision (c)

- The program is required to revise the existing policy/procedure and/or create a new one as described in Provision (b) above. This document must be submitted to the auditor for review and approval.

Provision (d)

Allegations of sexual abuse whether the alleged perpetrator was a staff member or another Georgetown youth resident are investigated by the South Carolina Department of Juvenile Justice (SCDJJ). Interviews with the Georgetown Executive Director, Director of Operations/PREA Compliance Manager (PCM), SC DJJ Director of Criminal Investigation, and SC DJJ Director of Youth Grievances and Family Support verified that allegations of sexual abuse are investigated by SC DJJ; incidents of sexual harassment involving staff are investigated jointly by SC DJJ and AMIKids Human Resources unit; and incidents of youth-to-youth sexual harassment are reported to SC DJJ but are most often investigated by the Georgetown Executive Director and Director of Operations/PCM.

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. More specifically, the State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards

states:

“1. In accordance with SCDJJ Policies 321, Prevention of Sexual Offenses Towards Juveniles; 920, Investigations; 322, Alleged Abuse and Neglect of a Juvenile, and 326, Reporting Events, all allegations of sexual abuse will be investigated, regardless of their sources. The Division of Investigative Services (DIS) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include allegations made on or by contractors and volunteers. The DIS Chief of Investigations will immediately report a staff on juvenile incident to the South Carolina Law Enforcement Division (SLED), who will determine the investigative process consistent with the memorandum of agreement between SCDJJ and SLED. [PREA Standard(s) §115.376, 115.377]

2. SCDJJ will ensure that, following a report, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, DIS will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard §115.373.

3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376]

4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]

5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378”

Interviews with the SC DJJ Director of Criminal Investigations and SC DJJ Program Monitor both confirmed that DJJ has investigation policies (i.e., State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov) to which it closely follows.

Provision (e)

The Department of Justice (DOJ) does not conduct investigations at the AMIkids Georgetown program.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance

	<p>Manager; and a Shift Supervisor. A link to the AMIKids website containing the elements required by this provision was sent to the auditor. The auditor determined that the website link is in working order and the webpage contains all information required by PREA. All evidence submitted by the program was carefully examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Georgetown Policy 6.31 PREA: Employee Training • National PREA Resource Center Training: Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth (Unit One; April 2014) • AMIKids Policy for Employee-Youth Relationships (September 2013) • AMIKids Georgetown Policy 6.31: Employee Training • AMIKids PREA Team Member Guide Addendum A – Standards of Conduct • AMIKids Pre-Service New Hire Training Requirements – SC Residential • AMIKids Training Plan (2021) • AMIKids Pre-Service New Hire Training Requirements – SC Residential • AMIKids Georgetown Policy Acknowledgement form (example) • South Carolina DJJ Policy 336: Application of PREA Standards • Training descriptions for: <ul style="list-style-type: none"> ◦ PREA (1 hour) ◦ Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours) ◦ Identifying Child Abuse and Neglect (1 hour) ◦ Normal and Abnormal Adolescent Development & Typical Behavior Problems (1.5 hours) ◦ Creating a Child Safe Environment (3 hours) ◦ Emotional and Behavioral Disorders in Adolescents (1 hour) ◦ Basic Communication and Interviewing Skills (1 hour) ◦ Sexual Harassment Awareness and Prevention for Team Members (1 hour) • Review of training quizzes for Mandated Reporting and Child Abuse and Neglect; Identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment • Review of sample (n=20) of staff training records/certificates verifying staff have been trained on the required PREA-related topics – i.e., primarily

Mandated Reporting and Child Abuse and Neglect; Identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment

- Interview with AMIKids Regional Director
- Interview with the AMIKids Agency PREA Coordinator
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interview with Georgetown Business Manager/HSP
- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)
- Interview with youth/student residents

Provision (a)

The AMIKids Georgetown program requires all staff to receive initial training upon hire and annual training on PREA-related topics. The AMIKids Georgetown Policy 6.31 PREA: Employee Training declares, “AMIKids Georgetown lists the training topics for all employees who have contact with residents. AMIKids Georgetown specifies that the training must be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee’s facility and that employees should receive additional training if transferring between facilities that house residents of different genders. The standard provides information on when current employees who have not received this training should be trained following the release of the PREA standards, and the requirements for in-service training.”

The AMIKids agency requires its residential programs in South Carolina to complete a series of trainings within the first 14 days of hire. The agency also requires all new hires and current staff to receive annual training on PREA; Mandated Reporting and Child Abuse and Neglect; Identifying Child Abuse and Neglect; PREA; Creating a Child Safe Environment; and several other trainings that align with federal PREA expectations. This expectation is memorialized in AMIKids Georgetown Policies and Procedures Policy 6.31 Employee Training. More specifically, the procedure section of this policy identically lists the 11 topics listed in PREA Standards 115.331 (a):

- Agency’s zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency 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 sexual harassment.
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of sexual abuse and sexual harassment juvenile victims.
- How to detect and respond to signs of threatened and actual sexual abuse.

- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

The South Carolina DJJ Policy 336 Application of PREA Standards, Section C1 – “All employees, juveniles, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency’s zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency’s current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.[PREA Standard(s) §115.331, §115.332, §115.333].”

The AMIkids Pre-Service New Hire Training Requirements – SC Residential document provides descriptions of required trainings including those that address the PREA training topics. Description of the trainings that cover the required PREA topics include the following (primarily PREA, Mandated Reporting; Creating a Child Safe Environment; and Identifying Child Abuse and Neglect):

1) PREA- Prison Rape Elimination Act (1 hour) – “Staff will be identify the definition of P.R.E.A., standards/procedures, reporting, responding to abuse reporting, investigations and hiring & promotion decisions.”

2) Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIkids Staff (2.5 hours) – ““These courses discuss the indicators of child abuse, guidelines for reporting suspicion of abuse, recognizing admissions of abuse, and preventative measures. Participants will be able to identify emergencies state important statistics concerning the frequency of child abuse.”

3) Identifying Child Abuse and Neglect (1 hour) – “These courses discuss the indicators of child abuse, guidelines for reporting suspicion of abuse, recognizing admissions of abuse, and preventative measures. Participants will be able to identify emergencies state important statistics concerning the frequency of child abuse.”

4) Normal and Abnormal Adolescent Development & Typical Behavior Problems (1.5 hours) – “Learning objectives for this course include: Review Erikson’s psychosocial theory of development; Identify psychosocial crises from infancy through adolescence; discuss normal and abnormal resolution of psychosocial crises; identify attachment styles; discuss adolescence as a transitional stage; identify typical behavior problems during adolescence; review risk factors of recidivism that include behavior problems.”

5) Creating a Child Safe Environment (3 hours) – “This course is designed to demonstrate the value of developing positive and professional staff-youth relationships and reinforce staff’s legal and ethical obligations in preventing staff-youth and youth-youth misconduct or abuse, while focusing on the importance of setting appropriate boundaries when working with youth. Participants will be informed of mandated reporting requirements.”

6) Emotional and Behavioral Disorders in Adolescents (1 hour) - “This course will provide an understanding of the symptoms and behavioral signs of emotional disturbance. Participants will examine behavior in children and youth and its relationship to identifying emotional problems a youth’s history of abuse and neglect.”

7) Basic Communication and Interviewing Skills (1 hour) – “This training focuses on the basic skills of interviewing youth in care. Participants will become identify the key components of the communication process and verbalize skills of social awareness.”

8) Sexual Harassment Awareness and Prevention for Team Members (1 hour) – “The course for individual learning guides participants through key federal discrimination and sexual-harassment laws, relates these laws to everyday workplace behavior, and provides the legal definitions of discrimination and harassment.”

Review of a sample of staff training records (n=20) verified all staff have been trained on the required PREA topics by completing the trainings: Creating a Child Safe Environment; Identifying Child Abuse and Neglect; Mandatory Reporting for Child Abuse and Neglect; and PREA. The auditor also reviewed the online training quizzes for each of the four previously mentioned trainings. All documents reviewed serve as sufficient evidence for compliance with these PREA expectations.

The AMIkids PREA Team Member Guide Addendum A – Standards of Conduct (pages 35-37) provides addition support for compliance with this PREA provision. The guide states:

- “30. All AMIkids Team Members, interns, volunteers, and contractors shall refrain from engaging in any actions or conduct of a sexual nature (verbal or physical) directed toward a youth including, but not limited to, sexual advances, requests for sexual favors or sexually explicit language or conversation. Team Members, interns, volunteers, and contractors shall not form inappropriate social or romantic relationships with youth, regardless of whether or not the youth is 18 years old or no longer in program.”
- “Certain behaviors/actions will not be tolerated and may result in immediate suspension and/or termination.” Interviews with the AMIkids Regional Director, AMIkids Agency PREA Coordinator, the Georgetown Executive Director, Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM), the Georgetown Business Manager/HSP, and SC DJJ staff verified that in situations of substantiated sexual abuse these individuals would be terminated from employment.

Further support for compliance can be found in the AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) which states: "All AMIKids program Team Members must complete documented training on abuse prevention, recognition, and reporting on an annual basis." This same policy and procedure also upholds, "1. Each Team Member will complete documented training on abuse prevention, recognition, and reporting as set forth in the program's Pre-service Training Plan. 2. Each Team Member will complete documented subsequent annual training on abuse prevention, recognition, and reporting as set forth in the program's In-service Training Plan."

It is important to remind the program that the PREA training alone will not qualify as meeting the PREA training topic requirements. A review of the training materials submitted showed that the training provides a history of PREA; why the PREA Act is important; mandatory reporting laws; zero-tolerance for sexual abuse and sexual harassment; and includes small group discussions centered on how PREA impacts your job. This training alone is missing several key elements, The program must provide future auditors with evidence of completion for the four trainings previously identified, at a minimum in order to be compliant with PREA expectations.

An interview with the Business Manager revealed that the Georgetown program also requires staff to complete monthly trainings on various topics. A 2024 training calendar was submitted for review by the auditor. PREA-related topics included:

- Program Safety, Security, and Event Reporting (March 2024);
- Sexual Harassment Awareness and Prevention for Team Members or for Supervisors (March 2024);
- Identifying Child Abuse and Neglect (July 2024);
- Mandated Reporting for Child Abuse and Neglect (August 2024);
- Prison Rape Elimination Act: Overview of the Law and Your Role (September 2024); and
- Creating a Child Safe Environment: Preventing Misconduct and Inappropriate Relations Between Staff and Students (November 2024).

Short descriptions of some of the trainings were provided to the auditor, although many trainings indicate that they are not mandatory. That said, a review of staff records indicated that all staff had completed these trainings within 14 days of being hired and each year thereafter. Examples of training topics and descriptions include:

- **Mandated Reporting for Child Abuse and Neglect** (August 2024): "This course is worth 2.5 CEUs and fulfills the South Carolina requirement for training in "reporting child abuse and neglect" and "role of staff as mandated reporters." This course is 'Highly Recommended' for all staff, including regional directors."
- **Creating a Child Safe Environment: Preventing Misconduct and Inappropriate Relations Between Staff and Students** (November 2024): "Staff members who are closely involved with adolescents must

understand the difference between appropriate and inappropriate interactions. Appropriate interactions are those that create a safe environment in which adolescents may grow, learn, seek help in solving problems and conflicts, and develop social skills. Inappropriate interactions cross the boundaries separating adolescent from adult needs and create a relationship that becomes peer-to-peer rather than adult-to-child. The purpose of this training is to demonstrate the value of developing positive and professional staff-youth relationships and reinforce staff's legal and ethical obligations in preventing staff-youth and youth-youth misconduct or abuse. All employees are required to complete this training module and pass the accompanying quiz with 100% proficiency."

- **Identifying Child Abuse and Neglect** (July 2024) – "After completion of this training the learner will be able to: 1) Define and recognize what constitutes child abuse and neglect. 2) Name the different types of child abuse and neglect and understand what effects it can have on a child. 3) Recognize potential warning signs and identify risk factors associated with child abuse and neglect."

It is important to mention that the AMIKids training plan states that "Those employees hired after 2/7/17 will complete the above trainings within their first 180 days of employment." Although it appears that the four primary trainings for PREA compliance are completed within the first month of hire (as per the auditor's file review), the agency should consider revising the language to ensure that all staff complete the PREA-related trainings within 14 days of being hired.

Provision (b)

The AMIKids Georgetown Policy 6.31 PREA: Employee Training specifically states, "1. Trainings will be tailored to the unique needs and attributes of male residents. 2. Any employee transferring to AMIKids Georgetown from a facility housing the opposite gender will be given additional training."

Interviews confirmed that the program serves male youth. The Georgetown facility administrators explained that the trainings would be altered to include additional information if the program served females.

Provision (c)

The AMIKids Georgetown Policy 6.31 PREA: Employee Training specifically states, "AMIKids Georgetown staffs are required to complete an annual refresher training to include information about current policies regarding sexual abuse and harassment."

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) also states: "All AMIKids program Team Members must complete documented training on abuse prevention, recognition, and reporting on an annual basis." This same policy and procedure also states, "1. Each Team Member will complete documented training on abuse prevention, recognition, and reporting as set forth in the program's Pre-service Training Plan. 2. Each Team Member will complete

documented subsequent annual training on abuse prevention, recognition, and reporting as set forth in the program's In-service Training Plan."

The SCDJJ Policy 336 Application of PREA Standard states, "All employees, juveniles, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.[PREA Standard(s) §115.331, §115.332, §115.333]"

This PREA standard 115.331 (c) requires formal training on the previously listed topics "...every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies." While the Georgetown program currently requires staff to complete the PREA training each year, the existing PREA training alone is not sufficient to meet the standards. However, review of training completion certificates for the four primary trainings previously described (i.e, Mandated Reporting and Child Abuse and Neglect; identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment) does provide evidence for compliance. The program should consider updating its policy/procedures to more clearly state which trainings provide evidence for compliance regarding staff training.

A review of a sample of training completion certificates for four primary PREA-related trainings were reviewed (N=20) confirming the program requires these trainings each year (i.e, Mandated Reporting and Child Abuse and Neglect; identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment). It is important to note that certificates of training completion are not issued unless staff have passed the quizzes associated with each training. Trainees must get a 100% on each quiz. The auditor reviewed the quizzes and verified that they address the topics covered in provision (a).

Provision (d)

As previously explained, staff complete the four trainings previously mentioned each year and have to complete a quiz in order to get training credit. A certificate of completion is only issued when staff answer a 100% of the questions correctly. In support of this practice, the AMIkids Georgetown Policy 6.31 Employee Training procedures section states, "4. Employees will sign training sign in forms or have electronic verification signifying that they have understood the PREA trainings." The PREA standard 115.331 (d) requires "the agency shall document, through employee signature or electronic verification that employees understand the training they have received." While the program doesn't necessarily require an electronic

	<p>signature, the fact that employees must score 100% on the quizzes serves as evidence that staff members understand the training content. As previously mentioned, the four most relevant PREA-related trainings are 1) Mandated Reporting and Child Abuse and Neglect; 2) Identifying Child Abuse and Neglect; 3) PREA; and 4) Creating a Child Safe Environment). The auditor reviewed all training certificates in the sample and quizzes to determine if the quality of the knowledge tests were in line with PREA expectations.</p> <ul style="list-style-type: none"> • Mandated Reporting and Child Abuse and Neglect – Which AMIkids contracted states require the reporter to provide his/her name upon placing the report of child abuse and/or neglect? Questions asking trainees to identify situations in which they suspect child abuse and when it would need to be reported; attorney and client privilege when communicating; who is a mandated reporter; South Carolina mandated reporter laws; • Identifying Child Abuse and Neglect – What types of abuse is called a hidden type of abuse? What are considered to be risk factors for child abuse and neglect? • PREA - What does PREA stand for? What are the three stages of the PREA Audit process? What can AMIkids do to be successful with PREA? How can you promote a culture of safety? Should you take any reports from youth/ staff seriously?" • Creating a Child Safe Environment –scenario-based and multiple-choice questions depicting sexual harassment; unprofessional behaviors and healthy boundaries; whether youth can consent to a sexual encounter with a staff; definitions of exploitation, extortion, and abuse; when to report abuse; signs of abuse; definition of PREA; consequences for not reporting; signs of abuse; and adolescent development. <p>Review of all evidence allows the auditor to confidently conclude the program is in compliance on this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.32 PREA: Volunteer and Contractor Training • AMIKids Georgetown Policies and Procedures, Policy 6.32 Volunteer and Contractor Training • AMIKids Sand Hills PREA pamphlet • Sample of training records for contractors and volunteers • Interviews with Georgetown volunteers

- Interviews with the contracted mental health counselor from Highway to Hope

Provision (a)

The AMIKids Georgetown Policy 6.32 PREA: Volunteer and Contractor Training states, "AMIKids Georgetown requires all volunteers and contractors (who have contact with residents) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training is based on the services provided by volunteers and contractors and the level of contact they have with residents." The procedure section of Policy 6.32 specifies "1. All volunteers and contractors (who have contact with residents) will be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures....2. All individual who become volunteers and contractors (who have contact with residents) after February 28, 2017 will be trained on the above responsibilities before being in contact with residents. 3. All volunteers and contractors (who have contact with residents) will sign documentation confirming that he/she understands the training they have received."

The AMIKids Georgetown program submitted an AMIKids Sand Hills PREA pamphlet as part of the evidence for compliance. The auditor is unsure if the Georgetown program has a similar pamphlet for the Georgetown program. The pamphlet provides some PREA related information - i.e., zero-tolerance of for sexual abuse; a rape crisis number; freedom from retaliation for making a report, etc. However, the pamphlet is missing a number of key elements including, but not limited to: how to avoid unhealthy relationships with residents; specific steps in the sexual abuse, sexual harassment, and retaliation response protocol for the Georgetown facility; who to make a report to; mandatory reporting laws; information about reporting sexual harassment and retaliation; etc. The current "training" for volunteers and contractors does not rise to the level of PREA expectations.

A review of the files for the volunteer and the contracted mental health counselor revealed these individuals have not been formally trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures as required by this PREA provision. Interviews with these individuals further confirmed that they were not trained on these required topics prior to working at the facility. The program will need to establish a process and practice of training contractors and volunteers on the PREA-related responsibilities.

Corrective Action - Provision (a)

- The program is required to establish a process and practice for ensuring all contractors and volunteers are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This may involve creating a shortened

training and/or signature form demonstrating they understood the agency's zero-tolerance policy and protocol for responding to PREA-related allegations. The program must submit these training materials to the auditor for review and feedback.

- The program is also required to enhance its policies and procedures to further detail this new practice (i.e., who will deliver the training, what it will include, how it will be delivered, when it will be done, etc.). These documents will be submitted to the auditor for review and feedback. Among the policies to be revised is an agency Policy OPER 1004 Abuse Free Environment to include specific language about training for contractors and volunteers.
- Once the training is approved, the program is required to train the current volunteers and contractors and submit evidence of training completion. Additionally, if the program engages the services of new contractors and volunteers, they are required to submit these completed training forms to the auditor as evidence for compliance.

Provision (b)

AMIKids Georgetown Policies and Procedures, Policy 6.32 Volunteer and Contractor Training states, "AMIKids Georgetown requires all volunteers and contractors (who have contact with residents) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training is based on the services provided by volunteers and contractors and the level of contact they have with residents."

As previously stated, the program is required to create a process for ensuring all contractors and volunteers are formally trained on PREA-related policies and protocols. This includes, but is not limited zero-tolerance, signs of abuse, how to maintain professional boundaries, how to report sexual abuse and sexual harassment, etc.

Corrective Action - Provision (b)

The program is required to create a process for ensuring all contractors and volunteers are formally trained on PREA-related policies and protocols. This includes, but is not limited zero-tolerance, how to maintain professional boundaries, how to report sexual abuse and sexual harassment, etc.

Provision (c)

The AMIKids Georgetown Policy 6.32 PREA: Volunteer and Contractor Training states, "All volunteers and contractors (who have contact with residents) will sign documentation confirming that he/she understands the training they have recieved." As previously mentioned, the program does not currently have a process in place for ensuring volunteers and contractors are trained on PREA-related topics.

The program is required to create a process for ensuring volunteers and contractors

	<p>are trained and that they understand the critical PREA-related topics. This process must include some type of documentation to demonstrate the individuals understand the training they have received.</p> <p><u>Corrective Action - Provision (c)</u></p> <ul style="list-style-type: none"> The program is required to create a process to document that volunteers and contractors understand the training they have received. For additional corrective action guidance see previous corrective actions put forth in this standard. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all contractors and volunteers have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> AMIKids Policy OPER 1004 Abuse Free Environment AMIKids Georgetown Policies and Procedures, Policy 6.33 Resident Education AMIKids Georgetowns, Inc. Student Handbook AMIKids Georgetown Student PREA Information Pamphlet Sample of youth Prison Rape Elimination Act Acknowledgment forms Rape Crisis Center (RCC) posters Rape Crisis Center (RCC) brochure/pamphlet Interview with the Georgetown Executive Director Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) Interview with AMIKids Georgetown Business Manager/HSP Interviews with the Georgetown Youth Care Specialist Supervisors Interviews with Georgetown Youth Care Specialist (YCS - direct care staff) Interview with youth/student residents

- Observations during facility tour

Provision (a)

The AMIKids Georgetown Policy 6.33 PREA: Resident Education declares: "AMIKids Georgetown will educate residents on its zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process...The policy requires the agency to provide this education in formats accessible to all residents, including those with disabilities and those who are limited English proficient, and to document resident participation in these education sessions. Finally, the policy requires agencies to provide key information to residents on a continuous basis through readily available or visible posters, handbooks, or other written formats."

The federal PREA standard 115.333 (a) specifically requires: "During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."

A review of the PREA Acknowledgement Form indicates the language is difficult to understand and not written at a reading level that the majority of youth would understand. The form does explain that the facility has a zero-tolerance policy for sexual assault or sexual harassment and that all reports of incidents will be fully investigated. The form provides detailed definitions of sexual abuse by another youth, a staff member, a contractor, and a volunteer; that youth can report to a staff member, volunteer or contractor at the facility; and provides the South Carolina abuse hotline number 1-864-227-1623. An interview with the HSP verified she asks if youth have any questions and at times explains the form. Youth interviews indicated they were required to read the document and sign it. The program will be required to revise this form (or create a different one) that offers additional information and is age-appropriate and to specifically call out to what the youth is agreeing they understand – i.e., I understand everyone is a mandated reporter; I understand I can report abuse by telling staff member, asking to call the hotline, writing a written grievance; I understand there is zero-tolerance for sexual abuse, sexual harassment, and retaliation for making a report; I understand that I am entitled to privacy when making an abuse report and speaking with my lawyers, etc.

AMIKids Policy OPER 1004 Abuse Free Environment states, "Youth Orientation 1. Each youth will be provided with a copy of the Youth Handbook which includes program standards on providing an abuse free environment and gives direction on how to access their state's abuse hotline or other designated abuse reporting authority. 2. The Case Manager will review the program's abuse and neglect standards and abuse reporting directions as part of the youth's orientation process." A review of the Student Handbook revealed there is very little information about PREA. The handbook does state there is a zero-tolerance standard for sexual abuse,

sexual harassment or sexual misconduct against youth and staff (page 5). The Rape Crisis Center number and the Sheriff's phone number is provided but there is no explanation of how to make this call; that they will have privacy when calling; what services the RCC provides; youth's right to report on another person's behalf; what other reporting avenues exist for youth; that all allegations will be fully investigated; youth making reports in good faith will not receive consequences; etc. It is important to mention that the Grievance Policy section of the Student Handbook is also lacking important information. This section simply states that students have the right to file a grievance; the right to appeal a grievance decision; right to be free from reprisal; and the right to access their attorneys. Again, the handbook does not provide any direction in terms of the "how" of these basic rights. The Grievance Policy and the Telephone Policy (page 14) sections also do not mention that calls with attorneys are to be made in private or how youth would go about obtaining this private call. These sections also do not inform youth that they are entitled to privacy when reporting abuse or receiving emotional support services from the RCC. The handbook also does not include mailing addresses for the RCC or other entities who may assist youth victims of sexual abuse. The program will be required to enhance the Student Handbook to provide additional and critical PREA information to youth at intake.

The auditor reviewed a sample of current and discharged youth files (n=23) and found that 61% of the youth (14 out of 20) did not receive the PREA information at intake. Only 39% of youth received this information the day they arrived. All other youth were provided PREA information between 2 and 16 days after arriving, as evidenced by signed acknowledgment forms. The program is required to create a more structured process for ensuring this information is provided at intake.

Corrective Action Provision (a)

- The program is required to create a more structured process for ensuring PREA information is provided at intake. As part of this process, the program is required to update its procedure to provide additional details around this new process/practices. These documents will be submitted to the auditor for review and feedback.
- The program is required to enhance the student handbook to include critical PREA related information as detailed above. These sections of the handbook will be submitted to the auditor for review and feedback.
- The program is required to enhance the existing PREA Acknowledgement form as described above and to include additional PREA-related information and to be age-appropriate. This form will be submitted to the auditor for review and feedback.
- The program is required to submit signed and dated acknowledgement forms for youth admitted to the program during the corrective action period.

Provision (b)

This PREA provision requires, "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 procedure section of the AMIKids Georgetown Policy 6.33 PREA: Resident Education states, “All students will be educated during their initial intake process or no later than ten days of being admitted on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.” While Georgetown does provide initial information at intake through the Student Handbook, the program does not currently have a comprehensive education training session for youth within 10 days of arrival. Staff interviews verified that the program does not currently have a comprehensive education program for youth. While youth interviewed all stated they received a youth handbook at intake and knew about the program’s zero tolerance for sexual abuse and sexual harassment, many youth struggled with identifying multiple avenues for reporting. Most youth were able to state they would tell a staff member or a family member but most needed much prompting regarding the ability to write a grievance and/or calling the PREA hotline. Almost all youth were also not aware of the emotional support services available to sexual abuse/assault victims. This is likely due to the minimal information provided in the Student Handbook and the fact that the program doesn’t currently have a comprehensive PREA training for youth in place.

The federal PREA standard 115.333 (b) requires programs provide a detailed age-appropriate education session 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. Other topics that are included in a comprehensive training are healthy boundaries; how to keep yourself safe; specific avenues to report; reporting on behalf of another resident; privacy when talking with lawyers, making an abuse report, and receiving emotional support services; rape crisis advocacy services; how the allegation and investigation works; reports made in good faith, etc. The program is required to develop a comprehensive training program that all youth will complete within 10 days of arriving to the program. They are also required to create an age-appropriate signature form to demonstrate youth understand the information provided.

Corrective Action - Provision (b)

- The program is required to create a comprehensive PREA training that will be conducted within 10 days of a youth’s arrival. This training can include videos, discussion, quizzes, and/or games to test knowledge and/or discussion. Training content should include, at a minimum: Being free from sexual abuse and sexual harassment; right to be free from retaliation for reporting such incidents; healthy boundaries; how to keep yourself safe; specific avenues to report; reporting on behalf of another resident; privacy when talking with lawyers and making a report; how to make an abuse

report; what rape crisis advocates do/services; how to access emotional support services if victim of abuse; how the allegation and investigation works; that all sexual abuse reports are investigated by SC DJJ and/or the local Sherriff's Office; reports made in good faith, etc. This training will be submitted to the auditor for review and feedback.

- The program is required to update its relevant policy/procedures to reflect details of this practice (i.e., who will provide this training to youth; how it will ensure the 10-day timeline is met in the absence of staff responsible for providing the education; how it will be tracked; how training will be delivered; what training includes; etc.)
- The program is also required to create an age-appropriate form for youth to sign to demonstrate they understand the detailed information provided. The program must submit this form to the auditor for review and feedback.
- The program will be required to submit evidence that this new practice has been implemented. As such, the program is required to train all current youth using the comprehensive PREA training. In addition, the program is required to train all new youth entering the program during the corrective action period. The program is required to submit signed and dated youth training forms showing that they understand the training provided.

Provision (c)

The procedure section of AMIKids Georgetown Policy 6.33 states, "Residents transferred from another facility shall be educated during their initial intake on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment." As previously mentioned, the program does not currently have a comprehensive youth PREA education in place. The program is required to develop and implement a comprehensive training program. This includes providing all current youth and all new admissions comprehensive training.

Corrective Action - Provision (c)

- The program will be required to submit evidence that this new practice has been implemented. As such, the program is required to train all current youth on the new comprehensive PREA training. In addition, the program is required to train all new youth entering the program during the corrective action period. The program is required to submit to the auditor signed and dated youth training forms showing that they understand the training provided.

Provision (d)

The procedure section of the AMIKids Policy 6.33 PREA Resident Education states, "PREA education will be available in accessible formats for all residents including those who are; limited English proficient, deaf, visually impaired, otherwise disabled, have limited reading skills." This PREA provision requires, "The agency shall provide resident education in formats accessible to all residents, including those who are

limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.” The program reported that they have not had an ESL youth or youth with a physical disability, to date. Interviews with facility administrators indicate that if the program had a youth who needed additional support services these services would be provided by SC DJJ. That said, the program is required to clearly identify the structure for ensuring that PREA information can be provided to youth with disabilities or who are ESL.

Corrective Action - Provision (d)

- The program is required to create a process to ensure that PREA information would be made available to youth at intake and that the comprehensive training would be available to ESL and youth with disabilities (in a format they can understand). The program will update its policy/procedures to reflect this process and submit the revised policies to the auditor for review.

Provision (e)

The procedure section of the AMIKids Policy 6.33 PREA Resident Education states “AMIKids Georgetown will maintain documentation of resident participation in PREA education sessions in their case management file.” As previously stated, the program has a PREA Acknowledgement Form that youth are required to sign at intake. The PREA Acknowledgement form requires youth to sign a statement at the bottom of the form that says, “I have read and understood the Sexual Abuse/Assault policy.” The auditor reviewed a sample of current and discharged youth files (n=23) and found that all youth files reviewed had signed acknowledgment forms.

The auditor determines the program is in compliance with this provision, although as mentioned previously, the program will be required to revise the existing acknowledgement form.

Provision (f)

The AMIKids Policy OPER 1004 Abuse Free Environment “Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member accessible locations within each program facility.” In further support of this agency policy the AMIKids Georgetown Policies and Procedures, Policy 6.33 Resident Education states, “5. AMIKids Georgetown will ensure that key information about the agency’s PREA policies is continuously and readily available or visible through posters located in each building, resident handbooks, and/or other written formats.”

This PREA standard 115.333 (f) requires “...the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.” While the procedure states that numbers are posted throughout the facility, this was not the auditor’s observation while onsite. The auditor noted a couple of “No Means No” posters (from the PREA Resource Center) and in other areas there were very small signs on

	<p>computer paper that simply stated PREA and a number. The program does not currently have easily visible posters throughout the facility reinforcing zero tolerance, no bullying, and/or relaying reporting options in a clear and consistent manner. The program is required to create signs that declare zero-tolerance and provides this information in a more “loud” manner.</p> <p>Shortly after the onsite visit, an advocate from the Rape Crisis Center came to the program to speak with youth about the services they provide. The RCC provided posters and brochures to the program for distribution to Georgetown youth. The Executive Director reported via email that the RCC posters were hung in the administrative building conference room, the meeting and dining room, the laundry room, both dorms, and all the classrooms. These posters were in English and Spanish. Pictures of the posters and the brochures were sent to the auditor as evidence of compliance with this provision.</p> <p><u>Corrective Action - Provision (f)</u></p> <ul style="list-style-type: none"> • The program is required to create posters that clearly relay a zero-tolerance environment and that provide clear visuals of the program-specific contact information for reporting abuse. The program may consider involving youth in this process by organizing a poster contest about zero tolerance for sexual abuse, sexual harassment, bullying, and retaliation. These posters should be displayed throughout the campus in various buildings. The program will submit the posters to the auditor for feedback and approval prior to printing and posting throughout campus. In addition, the program will be required to send photos and a list of the areas where the posters are displayed as evidence of compliance with this provision. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all contractors and volunteers have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination:

- State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards
- SC DJJ Policy 328: Investigations (POLICY Investigations.pdf (sc.gov))
- AMIKids Georgetown Policy 6.34 Specialized Training: Investigations
- AMIKids Georgetown Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations
- Interview with SC DJJ Investigator responsible for conducting administrative reviews of sexual abuse (along with the Sheriff's Office)
- Interview with AMIKids Regional Director and Project Director
- Interview with Georgetown PCM
- Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice
- Interview with SC DJJ Director of Criminal Investigations Division
- Interview with SC DJJ Program Monitor

Provision (a)

As previously mentioned, the Georgetown program is not responsible for conducting criminal sexual abuse investigations. The Chesterfield Sheriff's Office and the SC Department of Juvenile Justice are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. The Georgetown Executive Director, the Director of Operations, and the HSP are responsible for conducting administrative investigations for incidents of youth-to-youth sexual harassment (not sexual abuse allegations). Georgetown is required to notify SC DJJ immediately of any significant incident including all allegations of sexual abuse and sexual harassment) through the an ERMIS report that initiates an investigation.

The SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, " In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)]." The SC DJJ also has an Investigation Policy SC DJJ Policy 328: Investigations (POLICY Investigations.pdf (sc.gov)) although this policy does not reference specialized training.

The AMIKids Georgetown Policy 6.34 Specialized Training: Investigations states, "1. The Department of Juvenile Justice, Georgetown County Sheriff, or Department of Justice component shall conduct investigations of allegations of sexual abuse (including resident-on-resident sexual abuse and staff sexual misconduct). 2. It is the responsibility of the entity which the investigators are employed to ensure all its agents and investigators are trained in conducting sexual abuse investigations in confinement settings." This same policy explains, "All investigators are to be

trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components. The documentation of such training will be kept by the entity which employs the investigators. AMIkids Georgetown does not employ investigators.”

An interview with interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigations including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two (as reported by the SC DJJ Director of Criminal Investigations Division).

Provision (b)

As previously mentioned, the SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, “In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)].”

The AMIKids Georgetown Policy 6.34 PREA: Specialized Training Investigations states, “All investigators are to be trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components.” The policy clearly states that the AMIKids Georgetown program does not employ investigators and that they rely on the local law enforcement agency (Georgetown Sherriff’s Office) and the Department of Juvenile Justice to conduct sexual abuse investigations. Interviews with the AMIKids Regional Director/Project Director, the Georgetown Executive Director, and the PCM confirmed that all sexual abuse allegations would be investigated by the Georgetown Sherriff’s Office.

This practice was also confirmed in interviews with three SC DJJ staff. An interview with the SC DJJ Director of Criminal Investigations, an interview with the Director of Youth Grievances and Family Support (SC Department of Juvenile Justice), and the SC DJJ Program Monitor confirmed that SC DJJ investigators have all completed specialized training on conducting investigations of youth in confinement settings. More specifically, the SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigations including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two. She reported that training completion would be presumptively part of their official training record and that direct supervisors are responsible for ensuring these requirements are met.

Provision (c)

	<p>As previously mentioned, an interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two. She reported that training completion would be presumptively a part of their official training record and that direct supervisors are responsible for ensuring these requirements are met.</p> <p>Provision (d)</p> <p>The state of South Carolina is responsible for ensuring investigators conducting sexual abuse investigations involving youth in secure care are properly trained. The Department of Justice does not investigate incidents of sexual abuse at Georgetown.</p> <p>Review of all evidence allows the auditor to conclude the program is in compliance on this standard.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.35: Specialized Training: Medical and Mental Health Care • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • Interview with Rape Crisis Center (RCC) Advocate • Forensic Nurse Examiner Program - McLeod Health • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interview with contracted mental health counselor <p>Provision (a)</p> <p>The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards, "Consistent with PREA Standard §115.335, all medical and mental health (social workers, psychologists) personnel will receive specialized training on the identified items prescribed in Standard §115.335 (a) through (d).</p>

Such training will be renewed every two years with documentation placed in the employees file [PREA Standard §115.331 (C)].”

AMIkids Georgetown Policy 6.35 Specialized Training: Medical and Mental Health Care states, “Georgetown will train all full and part-time medical and mental health care practitioners who work regularly in its facility on certain topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and proper reporting of allegations of sexual abuse and harassment. The agency does not employ any medical staff to conduct forensic exams.” The Georgetown procedure section of this policy reiterates: “1. All full and part-time medical and mental health care practitioners who work regularly on certain topic area, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and reporting of allegations of sexual abuse and harassment will be trained in those areas on an annual basis via In-Service Trainings. 2. AMIkids Georgetown does not employ any medical staff to conduct forensic exams. An external State agency or Department of Juvenile Justice component will be responsible to conduct forensic exams and therefore will be responsible for its employee’s trainings.”

Interviews with facility administrators and managers verified that the program does not currently employ any medical or mental health professionals. However, the program does contract with a mental health counselor to provide services to youth up to two days a week.

In support of evidence the executed MOU Between Private Matters Counseling Services (PMCS) and AMIKids Georgetown the MOU (page 2) states, “All services are to be provided by fully qualified and supervised staff: Master’s level staff (Clinical Mental Health Counselors, Social Workers, or Marriage and Family Counselors) for any counseling or therapy who are either fully licensed or provisionally licensed and supervised by a fully licensed LPC, LSW, or LMFT; Board-Certified Psychiatrists for any psychiatric services or psychiatric consultations; and Bachelor-level Case Managers for any case management, benefits or rehabilitation services. Staff qualifications will meet or exceed the State of South Carolina contract requirements.” It is presumptively reasonable that a masters level therapist has received specific training on at least three of the four items required in this PREA provision. More specifically, coursework would have certainly included: 1) How to detect and assess signs of sexual abuse and sexual harassment; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment (mandated reporter in South Carolina).

An interview with the contracted mental health provider indicated they know what signs to look for when detecting sexual abuse and that they are a mandated report. However, the interviewee reported that she had not been formally trained by Georgetown on the items put forth in this provision. Review of training records verified this individual has not been formally trained on the following topics by

Georgetown: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. It is important to note that the contracted provider did report that they would contact the Georgetown Executive Director immediately in the event a youth disclosed they had been sexually abused at the facility. The program will be required to provide the PREA-related trainings as required in provision (d) of this standard.

Corrective Action - Provision (a)

- The program is required to train the contracted mental health professional, at a minimum, on the topics put forth in this provision: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The program will submit evidence to the auditor that this training has been completed and that the contractor understood the contents of the training.

Provision (b)

AMIKids Georgetown Policy 6.35 Specialized Training: Medical and Mental Health Care states, "2. AMIKids Georgetown does not employ any medical staff to conduct forensic exams. An external State agency or Department of Juvenile Justice component will be responsible to conduct forensic exams and therefore will be responsible for its employee's trainings." Interviews with facility administrators and managers verified that the program does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the Tideland Georgetown Community Hospital to be examined by a medical doctor or ideally, to the McLeod Hospital in Florence to be examined by a certified SANE. This standard in N/A.

Provision (c)

Interviews with the HSP and the contracted mental health counselor verified the agency requires credentialed staff to keep up to date on their licensing requirements. That said, the program did not furnish documentation to support this provision. This PREA provision requires, "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere." The program is required to obtain sufficient documentation that the contracted mental health professional has been trained on the topics required in provision (a).

Corrective Action - Provision (c)

The program is required to obtain adequate documentation from the contracted mental health clinician to support compliance with this provision. More specifically, documentation must show adequate training on, at a minimum on: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Evidence may include training descriptions and evidence of completion; training materials; copy of master's level certificate from the program; etc. Instead, the program may choose to train the contractor themselves using existing AMIkids trainings or developing a short one or two page document to review with the contractor. Training documents (materials and signed training completion forms) will be submitted to the auditor as evidence of compliance.

The program is required to establish a clear process for gathering this information/ evidence for all future contracted mental health professionals. The program must revise its existing procedure to clearly detail this process. The policy will be submitted to the auditor for review and feedback.

Provision (d)

This PREA standard puts forth: "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." Since the contracted provider has not yet completed a formal training, the program is required to train the mental health professional consistent with the topics referenced in PREA Standard 115.332. The program is required to submit to the auditor the completed signature form demonstrating they understood the training and training completion certificates.

Corrective Action - Provision (d)

- The program is required to train the contracted mental health on the items required in Standard 115.332. The program will submit completed signature forms as evidence of compliance with this provision.
- The program is also required to create a process to ensure that all future mental health contractors receive the requisite PREA-related trainings on the topics outlined in 115.332. The program will need to update its policy/ procedures to reflect this new practice and submit to the auditor for feedback.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance

	Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness • Completed Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) (n=23) • Interview with Georgetown Hills Executive Director • Interview with Georgetown HSP • Interview with Georgetown Director of Operations • Interview with Georgetown YCS Supervisors • Observations during facility tour that vulnerability information is accessible only to limited staff <p>Provision (a)</p> <p>In support of DOJ PREA expectations, the AMIKids Georgetown Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, “AMIKids Georgetown will obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will perform this assessment within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, and conduct the assessment using an objective screening instrument.” The procedure section of this policy reiterates “1. Every youth admitted to AMIKids Georgetown will be screened for vulnerability to victimization and sexually aggressive behavior prior to room assignment. 2. Youth may not be disciplined for refusal to answer any particular question on the screening instrument or for not disclosing complete information.”</p> <p>All Georgetown youth are assessed for vulnerability risk the day they arrive to the program. Interviews with the program Human Services Professional (HSP) who is responsible for completing the vulnerability assessment, reported that most youth arrive with numerous data sources that are consulted to determine the youth’s vulnerability risk level. While youth is awaiting placement at Georgetown the HSP has access to the biopsychosocial completed while in a SC DJJ detention center. Within 72 hours of the youth arriving (most often within 24 hours of youth’s arrival), a HSP meets with the youth to complete all intake paperwork including the “Screening for Vulnerability to Victimization and Sexually Aggressive Behavior</p>

(VSAB). This instrument assesses specific factors associated with risk to be sexually victimized and/or sexual perpetration (see provision (c) for more information).

As part of the verification process, the auditor reviewed 23 current and discharged youth files/VsABs. The review indicated that 30% of the youth (7 out of 23) did not have a vulnerability assessment conducted within the 72-hour timeframe. For those assessments that fell outside the 72-hour target timeframe, these assessments were conducted anywhere between 4 to 16 days after the youth's arrival to the program.

Corrective Action - Provision (a)

- The program is required to create a process for ensuring that the VASB assessments are completed within the 72-hour timeframe. The program is required to update its policy/procedures to reflect clear information about this process.
- The program is required submit to the auditor completed vulnerability assessments for all youth who are admitted to the program during the corrective action period. Documentation must also include the date youth arrived to the program and the date the assessment was completed.

Provision (b)

A review of the "Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)" tool verifies the instrument is objective and includes structured questions specific to the vulnerability risk outlined in standard provision (c).

The VSAB instructions direct persons completing the Vulnerability to Victimization Scoring section to: "...Amend scores obtained in youth interview when increased risk of vulnerability is reflected by collateral information (parent or file review). Amendments should only be made to increase a score as a result of collateral information. If the score is twelve (12) or higher, denote the youth as 'Vulnerable to Victimization' in appropriate box at top of page one." There is similar information for the Sexually Aggressive Behavior questions instructing those individuals completing the tool "If the youth provides a 'Yes' response to item 1, 2, or File/Face Sheet Review answers 'Yes' or collateral information [parent interview or file review] indicates 'Yes' to sexual aggression, sexual assault or sexual victimization of others, denote the youth as sexually aggressive in appropriate box on page one." A review of files as well as an interview with the Georgetown HSP indicated that the VASB score obtained from youth is not adjusted based on the answers obtained from collateral sources. The program will be required to establish a practice of updating the vulnerability risk scores (i.e., victimization, perpetration, and totals) to reflect the appropriate history information (see Provision (d) for more information).

A review of current instrument indicates that there is a need for improvement to better align with PREA standards. The VASB instructions directs that a total score for vulnerability victimization risk and vulnerability perpetration risk be calculated and the scores placed on page 1. The file reviews indicate that a "no" answer was

placed on the first page where a numerical score is expected. All youth files in the sample had no history of sexual perpetration or victimization, which is why perhaps a “no” was placed in these fields. That said, there are a number of practice concerns that this raises:

1) Youth reported that they completed the instrument on the computer themselves, rather than the HSP interviewing the youth to gather information. While this practice is not in direct conflict with PREA expectations, it does raise doubt regarding the accuracy of the instrument. The program will be required to more closely examine this practice and determine how it can better align with PREA expectations.

2) All youth files reviews (N= 23) indicated there were no youth with either a history of sexual abuse or a history of sexual perpetration. Based on research in the field of juvenile justice while this is feasible, it is not likely. Having no youth with any history, may be the result of youth completing the questionnaire themselves online during the intake process (i.e., less likely to divulge personal information if simply clicking buttons). If the program chooses to retain the practice of having youth complete the instrument, the HSP must be required to review the answers with the youth for accuracy.

3) The VASB has a section titled “Collateral Information” which prompts the assessor to ask a family member or probation officers additional questions (see Provision (d)). An interview with the HSP and file reviews indicated that the vulnerability assessment score is not being updated to reflect the additional collateral information. As such, the program is likely making placement decisions on inaccurate information (Standard 115.342).

4) The existing instrument does not have categories for low, medium, or high risk for victimization or for perpetration. The instrument may be loosely considered “objective” because it does provide a total score for vulnerability for victimization (a score of 12 or higher) which prompts the assessor to check the box on page one that says, “Vulnerable to Victimization.” That said, there is much work to be done to make this instrument a solid “objective screening instrument” as required by PREA standards.

The auditor understands that improving the instrument is a longer-term plan that will need to involve the AMIkids research unit. Re-tooling the existing VASB and training the appropriate staff is likely not feasible to accomplish in the six-month corrective action period. Therefore, the program will be required to develop a specific plan on how it will better meet the related federal PREA standards. This will ensure that AMIkids aligns with PREA expectations as it relates to the vulnerability assessment process in future audits.

Corrective Actions - Provision (b):

- The program is required to research additional vulnerability risk tools to help inform the development of a more objective and accurate tool for meeting

PREA expectations. It would be ideal if AMikids could develop its own instrument based on AMikids data, although this would take resources. At the very least, the instrument should have scores of low, medium, and high and total score (for risk for vulnerability and perpetration). It is critical that these cut scores are based on accurate data regarding level of vulnerability risk.

- Create a detailed plan to develop a more robust tool, to include specific activities, who will be responsible, and target timelines. This plan must include, at a minimum, specific action steps to address:
 - Developing and piloting the instrument
 - Updates to specific agency policies and program procedures to support the new practice
 - Developing formal training on the new instrument
 - Conducting formal training on the VASB, particularly around scoring items and using collateral information to inform placement and programming decisions, for individuals responsible for the VASB assessment and their supervisors
 - Establishing a quality assurance process to include periodic reviews of the instrument to ensure it is scored accurately and assessors are provided with ongoing training on the instrument.

Provision (c)

Review of the Screening for VSAB tool verified that key variables associated with risk for sexual perpetration and/or victimization are explored using an objective method. More specifically, the tool has a series of questions including, but not limited to:

- a) Age of youth
- b) Current charges
- c) Is this your first time in a DJJ facility?
- d) Do you feel at risk from attack or abuse from other youth?
- e) Do you identify yourself as being lesbian, gay, bisexual, transgender, or intersex?
- f) Have you ever been attached, bullied, or abused by people your own age (peers)?
- g) Have you ever been sexually victimized or abused?
- h) Intellectual impairments – i.e. “This may include reference to contacts with organizations for those with developmental disabilities, having been in ‘special classes’ at school, assessments included as part of psychiatric or psychological reports or community probation reports (PACT).”

- i) Mental health issues – i.e., prior mental health or mental disability diagnosis
- j) Physical appearance – i.e., small build, physical disability, impaired vision, etc.
- k) Presentation and behaviors – i.e., inappropriate verbal behavior (e.g., giggling, odd remarks, etc.); speech impediment, appears slow or ‘dull’, gender non-conforming appearance, etc.
- l) Other prominent features – i.e., having a lack of exposure to criminal lifestyle; being from a minority not well represented in the offender population; membership in a gang that is likely to be a target of attack from others
- m) Have you ever sexually assaulted or attempted to sexually assault someone?
- n) Have you ever forced someone into sexual acts against their will?

The screening addresses all key areas required in this PREA provision. As previously mentioned, the HSPs are responsible for having the youth complete the vulnerability risk screening tool at intake. Interviews with the two Georgetown HSPs, review of the risk screening instrument, and youth file reviews provides sufficient evidence for compliance with this standard provision regarding the content of the tool. The auditor reminds the program of the identified concerns mentioned in provision (b) as it relates to the instrument structure and the current practice. All youth files reviewed did have completed VASBs.

Provision (d)

In support of DOJ PREA expectations, AMIKids Georgetown Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, “AMIKids Georgetown will obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will perform this assessment within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, and conduct the assessment using an objective screening instrument. The standard provides a number of areas that the agency should attempt to ascertain information about during the screening, and requires that these areas be addressed through conversations with the resident during the intake process and medical/mental health screenings; during classification assessments; and through the review of court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.”

The vulnerability risk tool requires the screener to use other sources to corroborate youth testimony regarding previous history of sexualized behavior (adjudicated or non-adjudicated) and/or history of sexualized aggression or sexual assault. Interviews with the HSPs revealed that information is obtained mainly through an interview with the youth but often, youth arrive with other information from SC DJJ (i.e., biopsychosocial). The VSAB has a designated section titled “Collateral Information” which prompts the screener to consult additional resources. More specifically the tool prompts: “1. Review all available file information. Where

possible ensure that Probation and Community Correction reports, judges sentencing notes, and any psychiatric or psychological reports written for the court or youth are obtained and reviewed.” The tool also provides specific guidance when contact parents/guardians and foster care workers asking specific questions such as:

- How do you feel [youth] will cope in the youth facility?
- Do you believe that [youth] will be able to look after himself/herself in the youth facility?
- To your knowledge has [youth] ever been the victim of attacks, bullying or other victimization in the past?
- Is there any history of mental health issues concerning youth which would place them at risk of begin bullied or harmed in a facility?

Review of a sample of completed vulnerability risk tools provided some evidence that additional information is gathered from other sources. However, documentation of these contacts was almost always incomplete. In many situations the questions were answered with a simple yes/no and it was not clear to whom the assessor spoke and/or what documents were consulted to gather this information. In addition, as previously mentioned, the current instrument is not being updated based on new information obtained. The program will be required to develop and implement a new practice of documenting to whom the assessor spoke and the sources of collateral information. The new practice must also include updating the VASB scores to reflect the information obtained from collateral sources. The HSP and facility managers must be formally trained on his new practice and documentation of training completion be submitted to the auditor. Once the training has been completed, the program will be required to submit to the auditor, VASBs for any new intakes during the corrective action period.

Corrective Actions - Provision (d)

- The program is required to determine a clear process for documenting that collateral information was considered and the vulnerability assessment scores were updated accordingly. This process should be detailed in the program's policy/procedures. The program is required to submit the revised procedures to the auditor for review and feedback.
- The new practice should include a quality assurance process and/or regular management oversight to ensure the assessments are scored accurately. The program is required to create this QA system and revised its policies/procedures to reflect this oversight practice.
- The program must formally train the HSP and appropriate facility administrators/managers (i.e., those who serve as back-ups to the HSP assessors) on his new practice. Documentation of training completion will be submitted to the auditor.
- The program is required to submit to the auditor all completed vulnerability risk tools for all youth admitted during the corrective action period as

evidence of compliance with this provision.

Provision (e)

Interviews with the Georgetown Executive Director, the HSP, Director of Operations, and YCS Supervisors verified that information provided in the VASB process is stored in an electronic youth record, to which only facility managers have access. The Georgetown Policy 6.41 Screening for risk of victimization and abusiveness states “3. If youth is determined to be at risk it will be documented in the alert log.”

Interviews verified that if a youth was at high risk for sexual perpetration or sexual victimization, detailed information would not be shared with non-management staff. YCS Supervisors would be informed by the Director of Operations or HSP to closely monitor boundary issues with a particular youth. As per the Georgetown policy, this basic information would be documented in the alert log.

Review of all evidence allows the auditor concludes the program is in compliance on this PREA provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<i>Evidence Used in Compliance Determination:</i> <ul style="list-style-type: none">• AMIKids Georgetown Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness• AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information• Interview with the Executive Director• Interview with Director of Operations/PREA Compliance Manager• Interviews with the Human Services Professionals (HSPs) who conduct vulnerability assessments• Interview with YCS Supervisors

- Interviews with YCS (direct care staff)
- Interviews with youth residents
- Observations during facility tour

Provision (a)

DOJ PREA standard 115.342 requires information from the vulnerability tool be used to inform programming and placement decisions. Interviews with the HSPs who conduct intakes and make the initial recommendation for placement within the facility, indicate they consider a number of factors when placing youth in a particular dorm and in which bunkbed. Some of these include age of youth, prior offenses, and vulnerability risk. The Director of Operations provided an example of a new youth who may be young, small in stature, or high risk for victimization would be placed in the bunk in the direct line of staff or may be placed closest to the staff's post.

Additionally, AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information declares, "AMIKids Georgetown will use information obtained from policy 6.41, 2.04, and 2.05 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse." In further support of PREA expectations, the AMIKids Georgetown Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, "Room assignments by staff shall ensure a youth's potential for victimization or predatory risk has been reviewed using at a minimum the following: The screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form- RC 8050-2 Exhibit A, revised March 2014. The form will be placed in the youth's case management file. If youth is determined to be at risk it will be documented in the alert log."

A review of the AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information indicates that the policy doesn't describe its practice for using the information obtained from the assessment. To better support PREA standards the program must revise its current procedure to describe how it will use the information obtained from the VASB to safely place youth throughout the program. The revised procedure should detail who will be responsible for placement decisions and where this information will be documented.

Corrective Action - Provision (a)

- The program is required to create a structured process for using the vulnerability assessment information to make placement and programming decisions. This process must include how the placement and programming decisions based on the assessment data will be documented. One possibility is revising the current tool to include a section for documenting placement recommendations and rationale for the placement decision.
- The program will need to update its policies/procedures to reflect clear steps on how it will use the information obtained from the VASB to safely place

youth throughout the program. The revised procedure should detail who will be responsible for placement decisions and where this information will be documented. This policy/procedure will be submitted to the auditor for review and feedback.

- The program is required to submit documentation to the auditor showing placement and programming decisions based on vulnerability information gathered from the VASB for all new admissions during the corrective action period.

Provision (b)

The AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information, the procedure section of this policy describes: “Residents will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKids Georgetown will ensure that residents have access to daily large-muscle exercise, treatment and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the facility will document the basis of the facility’s concern for the resident’s safety, and the reason why no alternate means of separation can be arranged. The AMIKids Georgetown will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation.”

Interviews with program administrators, YCS Supervisors, YCSs, and youth verified the program does not use “isolation” as defined by the larger juvenile justice community. The program’s residential dorms are set up in an open bay format with bunkbeds. There are no isolation rooms in any of the buildings, as confirmed during the audit tour. Staff interviews verified that if a youth needed protective custody he would be moved to the other dorm and would likely be placed on one-on-one supervision with staff. The youth would also likely be placed in a bunk closest to where staff are posted to ensure closer “eyes on, ears on” supervision. Youth would not be placed in a locked cell. All staff interviewed confirmed that isolation is not used and one-on-one supervision would be used until an alternative means of protection could be arranged. It was also reported by staff and youth that youth who are on one-on-one supervision would still have full access to the dayroom, daily exercise, education, and other programming.

Provision (c)

In support of PREA expectations outlined in this provision, the procedure section of the AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information, the procedure section of this policy further describes “AMIKids Georgetown 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. 1. AMIKids Georgetown prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being

sexually abusive.” Staff and youth interviews verified the facility does not assign LGBTQI youth to a particular housing unit based solely on their gender identity.

Provision (d)

The AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information, the procedure section of this policy further “2. AMIKids Georgetown makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis to ensure the youth’s safety.” The program reports that to date, they have not had a youth who identified as transgender or intersex. However, the Executive Director and Director of Operations/PCM both reported that safety is paramount and that information from the VASB is used to ensure youth safety. Placement and programming decisions for transgender and intersex youth would be made on a case-by-case basis.

Provision (e)

PREA standards require specific practices when working with transgendered and intersex youth. Standard 115.342 (e) requires: “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 resident.” Interviews revealed that the Georgetown program has not currently had an intersex or transgender youth to date. The HSPs who are responsible for conducting the vulnerability risk tool at intake were not aware of this federal PREA requirement (as indicated in the interview). The auditor reminded the HSPs about this requirement. To ensure the program has this practice in place in the future, the program is required to update its policy/procedures to include the six-month re-reassessment requirement for transgender and intersex youth.

Corrective Action - Provision (e)

- The program is required to update its policy/procedures to reflect the six-month reassessment requirement for transgender and intersex youth. This revised document must be sent to the auditor for review and approval.
- The program is required to submit evidence (i.e., signed training rosters; description of the training/information shared, etc.) that the HSPs and other facility managers have been informed of this new practice.

Provision (f)

The PREA standard 115.342 (f) requires a transgender or intersex resident’s own view with respect to his own safety be given serious consideration. Interviews with the Executive Director, Director of Operations, and YCS Supervisors verified that risk information from the VASB is considered when making placement decisions within the Georgetown program. This includes specific items such as, “Do you feel OK being with groups of people you don’t know well? Do you feel at risk from attack or abuse from other youth? Do you identify yourself as being lesbian, gay, bisexual, transgender, or intersex?” Interviews with youth confirmed that all youth feel safe

at the program and that they feel they could tell staff if they didn't feel safe and staff would respond immediately to ensure their safety.

Provision (g)

Each of the residential dorms at the Georgetown program has a bathroom with four shower stalls separated by floor to ceiling concrete walls. Each of the stalls affords privacy and they are secured with individual doors that clasp shut so all residents are showering individually. The bathroom also includes four toilets that also have doors that latch. During the facility tour the Executive Director explained there can be up to four youth showering at one time and male staff are required to stand in the doorway to allow for appropriate supervision while also ensuring youth privacy. The Executive Director reported that if a youth identified as transgender or intersex, Georgetown would make the appropriate arrangements to allow these youth to shower separately if they felt more comfortable doing so. All youth interviewed confirmed they have privacy when showering, using the toilet, and changing their clothes.

Provision (h)

The AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information states, "If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arranged. The AMIKids Georgetown will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation." As previously mentioned, staff and youth interviews supported that the program does not use traditional isolation (i.e., locked single cells) but rather uses one-on-one supervision. It was reported that one-on-one supervision is documented in the shift log and would only be used for the shortest time necessary to ensure the youth's safety. Youth who are on individual supervision still have access to regular daily program (i.e. they participate in regular activities with their peers).

The auditor concludes the program is in compliance with this provision.

Provision (i)

The AMIKids Georgetown Policy and Procedure 6.42 Use of Screening Information states, "If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arranged. The AMIKids Georgetown will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation." Staff interviews supported that the program does not use formal isolation and that when one-on-one supervision is needed to ensure youth safety, this typically only lasts a couple of days (i.e. would never last 30 days unless needed). Youth interviews confirmed that the program does not use isolation.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised

	<p>policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • SC DJJ Policy 366 Application of PREA Standards • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Georgetown Student Handbook • AMIKids Georgetown Policy 6.51 PREA: Resident Reporting • PREA Resource Center: Confidentiality, Privilege, and Mandatory Reporting State Law Quick Chart for Rape Crisis Counselors (December 9, 2013) • PREA “No Means No” reporting posters • AMIKids, Inc. and Affiliated Program Team Member Reference Guide (January 2018) • Training Descriptions for Mandated Reporting and Creating a Child Safe Environment (3 hours) • Review of a sample of grievances (PREA and non-PREA-related) (n=19) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialist (YCS - direct care staff) • Interviews with youth/student residents • Facility audit tour observations <p>Provision (a)</p> <p>The SC DJJ Policy 366 Application of PREA Standards “Juveniles who allege sexual harassment or sexual abuse can report the event(s) in a number of ways. Juveniles can report to any employee, volunteer, contractor, or third party advocate, file a grievance with the Office of Juvenile and Family Relations (OJFR), fill out a sick call form, or communicate with through writing or calling a provided child advocacy</p>

center. [PREA Standard(s) §115.351 (a)(b)]

In support of this directive from SC DJJ (the contracting agency), AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) explains: "Youth and Team Members have unhindered access to report allegations of abuse, free from intimidation or reprisal, and do NOT have to obtain permission from management or any other party to make an abuse report." This same policy also states, "Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member accessible locations within each program facility." Additionally, the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting directs, "AMIKids Georgetown will provide multiple ways for residents to report sexual abuse and harassment, and at least one way for residents to report to an entity that is not part of the agency." More specifically, the procedure section of the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting directs:

"1. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways: a. Inform their advisor, shift supervisor or any staff they may feel comfortable with verbally or through written communication. b. Complete and submit a grievance form. c. Request to speak with their treatment counselor. d. Request an appointment to speak with any Director including the Executive Director."

2. Residents can report abuse or harassment to a public or private entity or office that is not part of a. Request to call the abuse hotline (1-800-96ABUSE) if 18 years of age or older they can call the Department of Social Services. These numbers are posted throughout the facility and are given to the residents during intake. b. Residents can call the Rape Crisis hotline. This number is posted throughout the facility."

During the facility tour the auditor observed some PREA "No Means No" Reporting Posters displayed throughout the facility including both residential dorms, the classroom building, the laundry building, and the administrative building. The poster specifically states, "If you, or someone you know, are experiencing sexual abuse or sexual harassment, AMIKids Georgetown wants to know. We want you to report right away! Why? We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide YOU with relevant information and support services." The poster provides multiple contacts (and the corresponding contact information) to report sexual abuse and harassment. Included on the poster are the phone numbers for the Rape Crisis center (Phone #843-448-7273) and Tracy Webb (# 803-898-4465). The poster also includes a mailing address for Tracy Webb who is listed as the Victim Support Services/SC PREA Assistant Coordinator: 4444 Broad River Road, Columbia, SC 29210.

The "No Means No" poster also states:

- Youth can remain anonymous
- Youth can report to any staff, volunteer, contractor, or medical or mental health staff.
- Youth can submit a written grievance by placing it in the wooden boxes in the dorm, meeting room, PREA mailboxes in the classrooms, or by submitting it directly to Mr. Rush (ED) or Mr. Bruce (DO)
- Youth can also report to the PREA Coordinator, PREA Compliance Manager (Mr. Bruce), a family member, a friend, legal counsel, or anyone outside of the facility.
- Youth can also submit a report on someone's behalf or someone at the facility can report for the youth using any of the ways listed above.

The auditor concludes that the program has multiple internal ways for youth to privately report sexual abuse, harassment, or retaliation.

Provision (b)

A document produced by the PREA Resource Center entitled, "Confidentiality, Privilege, and Mandatory Reporting State Law Quick Chart for Rape Crisis Counselors (December 9, 2013)" provides evidence that rape crisis counselors are by law mandatory reporters. The relevant statutes include:

- "S.C. CODE ANN. § 63-7-310 (2012): Persons required to report
- S.C. CODE ANN. § 43-35-25 (2012) Persons required to report abuse, neglect, or exploitation of adult; reporting method
- S.C. CODE ANN. § 44-23-1150 (2012): Sexual misconduct with an inmate, patient, or offender
- S.C. CODE ANN. § 43-35-25 (2012) Persons required to report abuse, neglect, or exploitation of adult; reporting methods"

This is important to mention as the Georgetown program uses the Rape Crisis Center (RCC) as the external agency to which youth or staff may report sexual abuse. Since rape crisis counselors are mandated reporters and an external partner to the Georgetown program, this meets the requirements listed in this provision (external third-party that receives reports of sexual abuse must report it to the proper authorities). Interviews with the RCC advocate, facility administrators, and facility managers confirmed that the Rape Crisis Center is one external avenue for reporting abuse and sexual harassment.

In further support of this provision, the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting directs, "The standard also requires that agencies provide contact information to residents detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security." In addition, the procedure section of the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting policy states, "Residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security during the intake

process.” Facility manager interviews revealed that the program does not hold youth solely for civil immigration purposes.

Provision (c)

The agency has several policies supporting expectations laid out in this provision. More specifically, the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting directs “...staff must have a method to privately report sexual abuse and harassment of residents, and staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties.” The procedure section of this same policy also states, “4. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally in writing, anonymously and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports including verbal within 8 hours of gaining knowledge.”

Interviews with YCS Supervisors and direct care staff (i.e., YCSs, teachers, etc.) verified they understand that they are mandated reporters and must report everything whether verbal or in writing. Staff interviewed also understood that they must report anonymous and third-party reports as well.

Most of the youth interviewed did not know they could make a report of sexual abuse or sexual harassment anonymously. The program is found in compliance with this provision but, is required to include information about the role of advocates and the ability for youth and staff to make anonymous and third-party reports (reporting on someone else’s behalf) in the comprehensive PREA training that will be developed.

Provision (d)

The AMIKids Georgetown Policy 6.51 PREA: Resident Reporting direct “Residents must be provided with the tools necessary to make a written report.” As previously described, the program does have a written grievance process that includes youth asking for a grievance form and placing it in a grievance box. These boxes are required to be checked daily by designated facility administrators. During the audit tour the auditor observed that there were no grievance forms by the grievance box. Youth interviews confirmed that youth are required to ask for a grievance form. To better comply with this provision the program is required to make these forms more readily available. This includes placing them on the wall by the grievance box and providing each youth two grievance forms at intake.

Corrective Action - Provision (d)

- The program is required to determine a way to make grievance forms more accessible to youth and to allow for anonymity. This may involve providing youth two grievance forms at intake and having a grievance folder to hold blank grievance forms posted by the grievance box. The program will be required to submit photos of this new set up at various buildings throughout

campus. The program will also be required to submit a list of places these grievance boxes and accompanying forms are located throughout campus.

Provision (e)

The AMIKids Georgetown Policy 6.51 PREA: Resident Reporting directs: “....staff must have a method to privately report sexual abuse and harassment of residents, and staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties.” The procedure section of this same policy states, “5. AMIKIDS GEORGETOWNhas established procedures for staff to privately report sexual abuse and sexual harassment of residents via the following ways: a) Staff at anytime can call the abuse hotline to report sexual abuse and sexual harassment of residents. b) Staff can inform supervisors in writing anonymously. c) Staff can at any time speak with a Director including the Executive Director on a one-on-one basis.” Interviews with YCS Supervisors and YCS staff verified that they are able to report abuse using any of the avenues put forth in this AMIkids Georgetown policy (and can do so anonymously if they prefer).

In further support of this provision, the AMIkids, Inc. and Affiliated Program Team Member Reference Guide (January 2018) declares, “AMIkids also provides a Report It hotline - If a Team Member is uncomfortable voicing their concerns with their direct Supervisor, Executive or Regional Director or Human Resources, Team Members have another avenue, the Report It service, an independent, third party hotline that provides a simple, risk-free way to anonymously and confidentially report suspicious activities such as: Ethics / Compliance; Fraud, Waste and Abuse ; and Safety / Health Related. To report ONLINE, go to www.reportit.net click “Report it Online” then “report now” enter Username and Password...Username: amikids...Password: amikids1 To report by PHONE, dial the hotline number 1-877-778-5463.” The program should consider informing staff that this additional avenue for reporting exists.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted photos confirming blank grievance forms are available to youth (located by the grievance boxes). To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- SC DJJ Policy 328 Investigations
- SC DJJ Policy 366 Application of PREA Standards
- AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024)
- AMIKids Georgetown Policy and Procedure 6.52 PREA: Exhaustion of Administrative Remedies
- AMIKids Georgetown Policy 6.78 Disciplinary Sanctions for Residents
- Test of critical function of grievance boxes while onsite conducted on 6/20/2024
- DOJ PREA Resource Center FAQ Standard 115.352 (dated July 19, 2022)
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interview with AMIKids Georgetown HSP
- Interviews with the Georgetown Youth Care Specialist Supervisors

Provision (a)

Youth can file a grievance at any time while at the Georgetown facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The AMIKids Georgetown Policy and Procedure 6.52 PREA: Exhaustion of Administrative Remedies clearly states, "It is AMIKids Georgetown policy that a resident grievance regarding sexual abuse is an allegation of sexual abuse. Therefore, reporting and investigation policy and procedures will be initiated. AMIKids Georgetown does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse. Allegations of sexual harassment grievances will be addressed through the facility's grievance process."

A FAQ issued by the DOJ for Standard 115.352 (dated July 19, 2022) supports the AMIKids Policy 6.52 declaring it is exempt from this standard. Interviews with facility administrators verified that all allegations of sexual abuse are reported immediately to the SC DJJ, local law enforcement, and the AMIKids Risk Management Unit, who are responsible for investigating and resolving sexual abuse allegations. In support of the "exemption" status the DOJ FAQ clearly explains:

Q: Standard 115.52 (a) states: "An agency shall be exempt from this Standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse." What does an agency need to demonstrate in order to qualify for this exemption, if it has an inmate grievance process?"

A: "An agency that has an inmate grievance process or any other administrative remedies process is only exempt from Standard 115.52 if it can demonstrate that as a matter of written agency policy, grievances related to sexual abuse or allegations

of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process, and are not considered by the agency to be grievances.

In order to be exempt from compliance with Standard 115.52, it must be clear in written agency policy that the agency does not have an administrative procedure for inmates to exhaust, with regard to incidents or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse). If the agency does not have a written policy that is consistent with what is described in this FAQ, the agency is not exempt from the requirements in Standard 115.52.

If the agency is exempt from Standard 115.52, inmates must be provided notice that grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process and are not considered by the agency to be grievances. This notice to inmates can be provided in a number of ways, including in inmate handbooks and other written resources and notices to which inmates have regular access, and during the inmate education required by Standard 115.33...." which states: (a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates 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."

Although this standard is N/A the program the auditor reminds the program that as part of the comprehensive PREA training provided within the first ten days, youth must be informed that all sexual abuse allegations are investigated immediately and thoroughly by an outside party - either the local Sheriff's Office or SC DJJ.

Provision (b)

PREA standard requires: "(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired."

The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

Provision (c)

This PREA provision upholds, “The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.” The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

However, it is worthy of mention that interviews with Georgetown administrators and staff verified youth can file a grievance at any time while at the facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. Youth interviews also verified that they can go to any staff member to report sexual abuse and are not required to attempt to resolve the issue with the staff member of the alleged sexual abuse incident.

Provision (d)

PREA standard provision requires: “(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.”

The program is exempt as per Provision (a) and therefore, this provision standard is N/A. However, it is important to note that the SC DJJ Policy 328 Investigations (Section E 13) states “All Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days. If extenuating circumstances prevent a case from being completed, the investigator must request in writing to the supervisor an extension. The supervisor must approve or disapprove the request in writing (Form 328B, Request for Extension).”

Provision (e)

This PREA provision requires: “(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines

to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf."

The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

Provision (f)

This PREA provision requires, " (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

Since the program uses the grievance box as one of its methods for receiving emergency grievances, the auditor performed a test of critical function. This process involved the auditor, Sharon Pette, writing a note with her contact information and instructions and asking a staff member to place it in one of the grievance boxes throughout the campus. The staff member was instructed not to tell any other individuals about the test. It was decided the staff member would place the note in the grievance box on one of the residential living units. The written note explained the test of critical functions to be conducted by the auditor and the note was dated Thursday 6/20/24 at 3:15 PM. An email was received from the Director of Operations confirming receipt on Tuesday 6/25/2024 at 8:46 AM (approximately 4 ½ days later). Although interviews indicated these grievance boxes are checked daily, the federal PREA standard 115.352 (f) (2) requires emergency grievances be responded to within 48 hours. This test of critical function indicates that the program's practices must be tightened to better ensure that if a youth placed an emergency grievance (i.e., a written allegation of sexual abuse) in a grievance box, this would be responded to within the requisite 48-hour time period.

Corrective Action - Provision (f)

- The program is required to establish a process to ensure that emergency grievances are responded to within 48 hours. This may include developing a backup schedule for checking the grievance boxes (for the Director of Operations and the Shift Supervisors) to account for when individuals are on vacation. The program will be required to submit their solution to the auditor for feedback. The program will also be required to submit evidence that this

	<p>practice in now in place.</p> <p>Provision (g)</p> <p>This PREA provision states, “The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.”</p> <p>The program is exempt as per Provision (a) and therefore, this provision standard is N/A.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services • Interview with Georgetown Sherriff’s Office Dispatch • Interview with Rape Crisis Center Coalition representative • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Observations during facility tour <p>Provision (a)</p> <p>The AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, “ AMIKids Georgetown provides residents who allege sexual abuse while in the agency’s custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations.” The procedure section of this same policy states, “2. AMIKids Georgetown will ensure youth will have access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations by giving the students the contact information during intake and having the information posted throughout the facility.”</p> <p>The auditor spoke with an advocated from the Rape Crisis Center (RCC) by calling</p>

the number displayed on posters within the facility. The advocate explained they would provide emotional support counseling services to youth from the Georgetown program if they called the hotline number. If the youth needed medical attention, the advocate would direct staff to transport them to the nearest McLeod Regional Hospital that operates a SANE program to be examined. The advocate further reported that they are allowed to accompany the youth through the forensic medical exam as well as the forensic investigative interviews, if the youth wishes to have this level of support. The advocate also explained that advocates in SC are mandated reporters and are required to report all knowledge and suspicion of abuse to the authorities (DSS and Sheriff's Office). The advocate stated that they serve as a liaison with the victim and the police department. The advocate was not currently aware of an active MOU with Georgetown and expressed interest in coming to the Georgetown program to talk with youth about the services they provide. A few weeks following the onsite audit, the Executive Director informed the auditor that Rosa, a victim advocate from the RCC, came to the Georgetown program. She spoke with youth about the services they provide and also provided the program with RCC pamphlets and posters in English and Spanish. The Georgetown Executive Director sent the auditor a copy of the pamphlet and pictures of the posters hung throughout the facility. The auditor applauds the program for enhancing this community connection and ensuring that youth are informed of the services available if needed. The auditor applauds the program for enhancing this community connection and ensuring that youth are informed of the services available if needed.

The Georgetown program has an established MOU (executed May 2021) with the Rape Crisis Center (RCC). Although the RCC advocate was not aware of an MOU with the Georgetown, she reported that she did not believe they have received a call from a Georgetown resident needing their services. The MOU between AMIkids Georgetown and the Rape Crisis Center (executed May 14, 2021) requires AMIkids Georgetown to:

- Transport youth to the appropriate medical center for a forensic exam when the sexual abuse occurred within 72 hours. If the incident was beyond the 72 hour mark, transport youth for a medical evaluation by a physician.
- Contact RCC of the alleged sexual abuse as soon as possible.
- Facilitate follow-up meetings and communications between youth and the RCC. The Georgetown program will provide private meeting spaces for counseling sessions with RCC.
- Will assume all charges and costs associated with the services provided by RCC.

This MOU also clearly maps out the responsibilities of the RCC. These include, but are not limited to:

- Provide advocacy to youth transported to the medical facility for forensic medical exams.
- Provide follow-up services and crisis intervention contacts to victims who are

in custody at AMIkids as resources allow.

- Work cooperatively with designated AMIkids officials to obtain security clearances for entry into the facility.
- Follow facility guidelines promulgated for purposes of safety and security.
- Maintain the confidentiality of communication with victims who are in custody at AMIkids.
- Communicate questions or concerns to AMIkids officials and cooperatively attempt to resolve unforeseen issues which may arise.

Youth interviews revealed not all youth were aware of the emotional support services available to them if they are victims of sexual abuse. The program will be required to update the Student Handbook to include information about emotional support services available and share this information visibly through posters provided by the RCC (or created by the program).

Corrective Action - Provision (a)

- The program is required to update the Student Handbook with additional information about what services the Rape Crisis Center provides as well as the organization's mailing address. This information should also be included in the comprehensive youth training that they are required to develop (that has to be provided within 10 days of a youth arriving to the program). The program is required to send the auditor the revised section of handbook for review and feedback. Once finalized, this will serve as evidence of compliance with this PREA provision.

Provision (b)

The AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "... agencies are to enable reasonable communication between residents and these organizations as well as inform residents (prior to giving them access) of the extent to which agency policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The procedure portion of this same policy states, " 1. Youth will be informed during the intake process (prior to giving them access) of the extent to which agency policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

Youth interviews indicated that the overwhelming majority of youth did not know what the RCC services were; how to access these services; or what level of monitoring would occur if they were to access these services. In addition, the Student Handbook does not describe how calls with the RCC will be monitored or how youth access these confidential services. The program is required to update the Student Handbook to reflect these PREA expectations.

Corrective Action - Provision (b)

- The program is required to update the Student Handbook to specifically describe how communications with the RCC will be monitored (or how privacy will be afforded) as well as how youth can request contact with a RCC representative. The program is required to send this section of the handbook to the auditor for review and approval.
- The program is also required to include this information in the comprehensive PREA training for youth (provided within 10 days of intake). The program will submit evidence that this information has been incorporated into the comprehensive youth training.

Provision (c)

The AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "...AMIKids Georgetown will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the resident's sexual abuse while in custody." The procedure portion of this same policy states, "1. AMIKids Georgetown will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the resident's sexual abuse while in custody. This will be done by entering into agreements with local service providers."

The Georgetown program has an established MOU (executed May 2021) with the Rape Crisis Center (RCC). The RCC advocate interviewed did not believe they have ever received a call from a Georgetown resident needing rape crisis services. As previously mentioned, the MOU between AMIKids Georgetown and the Rape Crisis Center (executed May 14, 2021) requires AMIKids Georgetown to:

- Transport youth to the appropriate medical center for a forensic exam when the sexual abuse occurred within 72 hours. If the incident was beyond the 72 hour mark, transport youth for a medical evaluation by a physician.
- Contact RCC of the alleged sexual abuse as soon as possible.
- Facilitate follow-up meetings and communications between youth and the RCC. The Georgetown program will provide private meeting spaces for counseling sessions with RCC.
- Will assume all charges and costs associated with the services provided by RCC.
- This MOU also clearly maps out the responsibilities of the RCC. These include, but are not limited to:
- Provide advocacy to youth transported to the medical facility for forensic medical exams.
- Provide follow-up services and crisis intervention contacts to victims who are in custody at AMIKids as resources allow.
- Work cooperatively with designated AMIKids officials to obtain security clearances for entry into the facility.
- Follow facility guidelines promulgated for purposes of safety and security.

- Maintain the confidentiality of communication with victims who are in custody at AMIKids.
- Communicate questions or concerns to AMIKids officials and cooperatively attempt to resolve unforeseen issues which may arise.

Provision (d)

The agency and facility has a policy to support this provision. The AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, Additionally, AMIKIDS Georgetown provides residents with reasonable and confidential access to their attorneys, and reasonable access to parents or legal guardians. . The procedure portion of The AMIKids Georgetown Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, “1. AMIKids Georgetown will inform youth during the intake process that they will be provided with reasonable and confidential access to their attorneys, and other legal representation. 2. AMIKids Georgetown provides residents with access to parents or legal guardians with a minimum of 1 phone call per week, 2 face to face visits or skype visits per month, and unlimited written communication via mail.”

All youth interviewed verified they are permitted to talk with their parents or legal guardians. Regarding access to attorneys, there were only two youth interviewed that reported having an attorney and they both stated that they never spoke with their lawyers on the phone because counsel came to the facility to meet in person. The youth interviewed confirmed that they meet with their lawyers in private – that staff are not sitting next to them and are not within earshot. This practice was confirmed by facility managers and direct care staff during the audit interviews. Staff explained that youth are brought to the administration building to make these calls in the conference room. The process includes staff dialing the number; making sure it is the lawyer on the phone; waiting for youth to begin talking; and then stepping out of the room. Staff are required to monitor youth through the window to the conference room to make sure the youth does not hang up and dial another number.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised the Student Handbook to address the required actions detailed in the interim PREA audit report. The program also entered into a new MOU with the Rape Crisis Center (executed 8/29/2024). The program provided photos of posters with the RCC contact information posted throughout the facility. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was considered and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018)
- AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024)
- AMIKids Georgetown Policy 6.54 PREA: Third-Party Reporting
- AMikids website (AMikids)
- Interview with AMIKids Regional Director/Project Director
- Interview with Georgetown Executive Director
- Interview with Georgetown Director of Operations/PCM
- Interviews with YCS Supervisors
- Observations during facility tour

AMIKids Georgetown Policy 6.54 PREA: Third-Party Reporting states, “AMIKids Georgetown publicly distributes information on how to report sexual abuse and sexual harassment on behalf of a resident for third-party reporting.” The procedure section of this same policy puts forth, “1. Sexual abuse and sexual harassment posters with reporting information will be posted in various areas on campus. 2. Sexual abuse and sexual harassment pamphlets with reporting information will be available at the check in counter/desk of the facility and visitor areas.”

Facility administrator and staff interviews revealed that all Georgetown leaders and managers understood they are required to accept third-party reports of sexual abuse and sexual harassment. While onsite the auditor observed “No Means No!” posters displayed throughout the facility (which includes the abuse hotline number). All direct care staff and facility leaders interviewed reported they are required to report all allegations of sexual abuse and sexual harassment to the appropriate authorities (i.e., supervisors, law enforcement, SC DJJ, etc.).

This PREA standard provision requires, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.” Although the program is making efforts within the facility to make this information known, guidance from Department of Justice regarding this PREA standard is that “publicly” means this information must be distributed to a broader audience outside of the facility. Therefore, the program is required to publish third party reporting information and sources (mailing addresses and hotline numbers) on the publicly available AMIKids website.

Corrective Action

- The agency and program are required to publish third-party reporting information (how to report incidents of sexual abuse and sexual harassment

	<p>on behalf of a Georgetown resident) on the agency’s website. This is in addition to the other PREA-related information discussed previously in this audit findings report. It is advised that the program send a prototype of the information that will be included on the agency website prior to going live. After the content is approved, the program will send the link to the auditor to verify the link is in working order.</p> <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised the Student Handbook to address the required actions detailed in the interim PREA audit report. The program also entered into a new MOU with the Rape Crisis Center (executed 8/29/2024). The program provided photos of posters with the RCC contact information posted throughout the facility. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. A link to the AMIKids website containing the elements required by this provision was sent to the auditor. The auditor determined that the website link is in working order and the webpage contains all information required by this PREA provision. All evidence submitted by the program was carefully examined and the auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none">• AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024)• AMIKids Georgetown Policy 6.61 PREA: Staff and Agency Reporting Duties• AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018)• Email between SC DJJ dated 2/13/2024 documenting youth have been separated and parents notified• Mandated Reporters - South Carolina Department of Social Services (sc.gov)• Training descriptions for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours)• Training quizzes for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe

Environment (3 hours)

- Sample of training records for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours)
- Sample of supportive documentation for investigations for sexual abuse and sexual harassment allegations (i.e., incident reports and followup information)
- Interview with AMIKids Regional Director/Project Director
- Interview with Georgetown Executive Director
- Interview with PREA Compliance Manager
- Interviews with Youth Care Specialist Supervisors
- Interview with SC DJJ Director of Criminal Investigation
- Interview with SC DJJ Director of Youth Grievances and Family Support
- Interview with SC DJJ Program Monitor
- Interview with contracted Mental Health Clinician
- Interviews with Human Services Professional
- Interviews with Youth Care Specialists
- Interviews with youth residents

Provision (a)

The State of South Carolina Department of Social Services (DSS) requires individuals working with children, including juvenile justice workers, to make a report to the SC DSS when they suspect abuse. More specifically the DSS website clearly describes: "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. A person who is required to report and fails to do so is guilty of a misdemeanor. Upon conviction, he or she may be fined up to \$500 or imprisoned up to six months, or both" (Mandated Reporters - South Carolina Department of Social Services (sc.gov)).

In support of this regulation, the AMIKids Georgetown program has PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) that further clarifies mandatory reporter expectations. More specifically, the Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties states that all staff are mandatory reporters and are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility (whether or not it is part of the AMIKids agency). This policy also informs staff that they are required to report retaliation against residents or staff who reported an incident as well as "...any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation." All interviews with facility administrators, shift supervisors, and direct care staff (YCSs) verified they are required to report

allegations of sexual abuse and sexual abuse immediately to their supervisors.

In further support of this PREA provision, the AMIKids agency Policy OPER1004: Abuse Free Environment (revised 5/03/2024) states:

- “Youth and Team Members have unhindered access to report allegations of abuse, free from intimidation or reprisal, and do NOT have to obtain permission from management or any other party to make an abuse report.”
- “AMIKids program Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, including fellow AMIKids Team Members.”
- “The Team Member who witnesses, suspects, or becomes aware of an allegation of abuse will make an immediate report to the applicable abuse reporting agency. The Team Member does not have to have evidence of abuse. A reasonable suspicion or a report made to you is sufficient cause to report. a. If approached by a youth who wishes to report an allegation of abuse, the Team Member will escort the youth to the phone and permit them to call and make the report. 2. Immediately upon completing the report, the Team Member will notify the Executive Director or comparable program Leader, unless the Executive Director is the subject of the allegation, in which case the Team Member will report the allegation to the Regional Director.”

The procedure section of the AMIKids Georgetown Policy 6.51 PREA: Resident Reporting “4. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally in writing, anonymously and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports including verbal within 8 hours of gaining knowledge.” As previously stated, staff interviews (managers and director care staff) verified their understanding that they are mandated reporters and must report everything whether verbal, in writing, and anonymous and third-party reports.

Review of training descriptions, training quizzes (described further in Standard 115.331) and a sample of staff training records (for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours)) provided evidence that these training emphasize mandatory reporting responsibilities are addressed as well as how to make these reports. Training records verified all staff have been formally trained on reporting requirements. Staff interviews verified all staff (facility managers and direct care staff) understand they are mandatory reporters and are obligated to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, and/or retaliation.

Provision (b)

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) AMIKids program Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, including fellow AMIKids Team Members

All Georgetown staff interviewed understand they are mandatory reporters under the state of South Carolina mandated reporter laws. As previously stated, the PREA Policy 6.61 - Staff and Agency Reporting Duties directs staff: "All AMIKids staff and the medical and mental health contracted staff are mandated reporters. Therefore, all staff are required to comply with any applicable mandatory child abuse reporting laws. Staff failing to adhere will face disciplinary action up to and including termination." As previously mentioned, all staff interviews (managers and direct care staff) verified they are all mandated reporters.

Provision (c)

The Georgetown program prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. When interviewed, staff stated that they are not permitted to investigate the incident or to share detailed information with anyone about the allegation (only the minimal information to ensure youth and staff safety). Several staff stated they could be terminated for sharing details and breaking privacy expectations. In support of this practice, AMIKids Georgetown PREA Policy 6.61 states: "This policy prohibits all 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."

Provision (d)

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) AMIKids program upholds, "Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, including fellow AMIKids Team Members." This same policy also declares, "All allegations of abuse and/or neglect against an AMIKids Team Member must be reported immediately to the state's abuse hotline or other designated authority for investigation. Such allegations must then be reported to both the Executive Director or comparable program Leader, and the Regional Director, and documented through the AMIKids Incident Reporting process. AMIKids will conduct an internal investigation of all allegations against Team Members. Such investigations will be conducted so as not to interfere with any law enforcement investigation."

As previously mentioned, the Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties clearly states that all staff and medical and mental health

contractors are required to comply with South Carolina mandated reporting laws. An interview the Human Services Professional (HSP) and the contracted mental health staff from Highway to Hope revealed they understood their obligation to report sexual abuse. In addition, the HSP and the contracted mental health counselor verified that they disclose their responsibilities as a mandatory report to youth prior to engaging youth in services. All youth interviewed knew about confidentiality and understood that a staff's duty as a mandatory reporter supersedes the confidentiality clause in situations of alleged sexual abuse.

Provision (e)

Provision (e) of this PREA standard requires the Program Director or designee to contact the alleged victim's parents or legal guardians; case worker if youth is under the guardianship of the child welfare system; and youth's attorney or legal representative within 14 days of receiving the allegation.

In support of this federal requirement, the AMIKids Georgetown PREA Policy 6.61 - Staff and Agency Reporting Duties states: "It is the policy of AMIKids to report allegations of sexual abuse to the alleged victim's parents or legal guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified); to the case worker if the alleged victim is under the guardianship of the child welfare system; and to the juvenile's attorney or other legal representative if a juvenile court retains jurisdiction over the alleged victim."

Interviews with facility administrators stated that if there were an incident of alleged sexual abuse the Executive Director or Director of Operations of the Georgetown program would contact the victim's parents or legal guardian. It was reported that this notification would be documented in the incident report that is sent to SC DJJ. The Director of Operations would also be responsible for contacting the youth's lawyer to notify them of the allegation. The auditor reviewed the supporting documentation for the one sexual abuse allegation that occurred in the past 12 months (incident occurred on 2/13/2024). Documentation included an email between SC DJJ dated 2/13/2024 documenting youth were separated, and the parents were notified the day the incident occurred.

Although the program is in compliance on this provision, the program should consider adding additional items to the Sexual Abuse Checklist - i.e., notifications to the family, youth's lawyer, and case worker (if under the guardianship of the state). This will better ensure all steps in the process are completed in compliance with PREA expectations.

Provision (f)

As previously mentioned, all staff interviewed articulated that they are obligated to report all allegations of sexual abuse and sexual harassment regardless of the source of the report (i.e., anonymous, third-party, etc.). In addition, the Georgetown PREA Policy 6.61 clearly states, "AMIKids must also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators."

	All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance with this standard provision.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER 1004 Abuse Free Environment • AMIKids Georgetown Policy 6.62 PREA: Agency Protection Duties • AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialist (YCS - direct care staff) • Interview with contracted mental health counselor <p>All Georgetown direct care staff and managers interviewed verified they are formally trained on how to keep youth safe in the event they are at imminent risk for sexual abuse. Interviewees explained the process as taking the immediate action to separate the alleged perpetrator and victim. Interviews with facility leaders, PCM, and direct care staff also confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. This practice is supported by agency AMIKids Georgetown Policy 6.62 PREA: Agency Protection Duties which states, "AMIKids Georgetown will take immediate action to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse." More specifically, the procedure section of Policy 6.62 states:</p> <p>"1. When at all possible the subject(s) who poses a substantial risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, education class and program assignments as the resident at risk with the goal of keeping all residents safe and free from sexual abuse. 2. If the above procedure is not appropriate then the resident at risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, and education class and program assignments as the subject who poses the risk. 3. The Resident will be isolated from others only as a last resort when less restrictive measures are</p>

	<p>inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKids Georgetown will ensure that residents have access to daily large-muscle exercise, treatment and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arranged. The AMIKids Georgetown will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation. 4. The action taken will be documented in the daily shift log and the residents case management file."</p> <p>This provision is further supported by the AMIKids Policy OPER 1004 Abuse Free Environment which states, "If the abuse allegation is against a Team Member, our first priority is ensuring the safety of program youth. The Executive Director will respond appropriately to ensure that the accused Team Member is not in contact with youth while a preliminary investigation is conducted."</p> <p>The auditor reviewed supporting documents related to the one sexual abuse allegation that occurred in the past 12 months (the lone incident occurred on 2/13/2024). Documentation included an email between SC DJJ dated 2/13/2024 documenting youth were separated and the parents were notified the day the incident occurred.</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance with all provisions in this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Georgetown Policy 6.63 PREA: Reporting to Other Confinement Facilities • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP <p>Provision (a)</p> <p>The AMIKids Georgetown Policy 6.63 PREA: Reporting to Other Confinement Facilities clearly states, "In the event that a resident alleges that sexual abuse occurred at</p>

another facility, AMIKids Georgetown will document those allegations and report to the head of the facility or appropriate office of the agency where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. Additionally, this policy states, “ 1. The Executive Director or designee will notify the appropriate investigative agency (i.e., Georgetown County Sheriff’s Department, Georgetown Department of Social Services, and Department of Juvenile Justice). 2. The Executive Director or designee will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 3. Resident will be referred to Care South Carolina Department of Mental Health for treatment services. 4. All allegations received from other agencies or facilities will be investigated.”

In support of this practice the agency AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) states, “The Team Member who witnesses, suspects, or becomes aware of an allegation of abuse will make an immediate report to the applicable abuse reporting agency. The Team Member does not have to have evidence of abuse. A reasonable suspicion or a report made to you is sufficient cause to report. a. If approached by a youth who wishes to report an allegation of abuse, the Team Member will escort the youth to the phone and permit them to call and make the report. 2. Immediately upon completing the report, the Team Member will notify the Executive Director or comparable program Leader, unless the Executive Director is the subject of the allegation, in which case the Team Member will report the allegation to the Regional Director.”

Facility administrators reported that they have not received an allegation of a resident who was sexually abused while confined at another facility. They reported that if this were to occur they would consult policy to determine who should make the proper notification. While in compliance, the program is strongly encouraged to make sure it is clear on who specifically will make the notification to another facility in the event that this situation occurs.

Provision (b)

As previously stated, the AMIKids Georgetown Policy 6.63 PREA: Reporting to Other Confinement Facilities clearly requires the head of the facility is required to notify the head of another facility where sexual abuse has been alleged to occur and the appropriate investigative authority. The policy requires this notification be make as soon as possible, but no later than 72 hours after receiving the notification. Facility administrator interviews verified this practice.

Provision (c)

While the AMIKids Georgetown Policy 6.63 states that the Executive Director is responsible for informing the facility head within 72 hours, the policy does not describe where this should be documented. The policy also does not describe where documentation of notification to law enforcement will be documented. The Executive Director reported he has not had to make these notifications to another facility to date. However, the program is required to determine where and how this notification (and by whom) will be documented and to update its policy accordingly.

	<p><u>Corrective Action - Provision (c)</u></p> <ul style="list-style-type: none"> The program is required to revise its current policies to include specific information about where they will document notifications to another facility in the event a resident alleges that sexual abuse occurred in another facility. The program is required to send this revised policy to the auditor for review and approval. <p>Provision (d)</p> <p>The South Carolina mandated reporting laws, AMIKids agency policy, and Georgetown procedure all support that all allegations of sexual abuse are required to be reported and investigated. As previously stated, AMIKids, Georgetown, and DJJ staff interviews verified that all allegations of sexual abuse are referred for investigation and fully investigated. In the event the Georgetown facility receives notification that abuse had occurred in its facility, the staff member would be obligated as a mandatory reporter to report this to the proper authorities (consistent with the facility's coordinated response plan). As previously discussed, SC DJJ and AMIKids have several policies that support their practice that all allegations are investigated and that all proper notifications are made consistent with PREA expectations.</p> <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> AMIKids Georgetown Policy 6.64 PREA: Staff First Responder Duties Email between SC DJJ dated 2/13/2024 documenting youth were separated and the parents were notified the day the incident occurred Interview with the Georgetown Executive Director Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)

- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)

Provision (a)

The AMIKids Georgetown Policy 6.64 PREA: Staff First Responder Duties directs, “Security staff members who are the first to respond to a report that a resident was sexually abused are required to follow the four following steps: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a direct care staff or supervisor, that responder shall be required to do the following: 1. Request that the alleged victim not take any actions that could destroy physical evidence (see #3 above) 2. Notify security staff.”

The auditor reviewed supporting documents related to the one sexual abuse allegation that occurred in the past 12 months (the lone incident occurred on 2/13/2024). Documentation included an email between SC DJJ and facility administrators dated 2/13/2024 in which it was reported that the two youth were separated and the parents were notified the day the incident occurred.

All managers and direct care staff interviewed verified that they understand the first responder steps including: Separating the alleged victim and offender; preserving and protecting the crime scene; and not allowing the perpetrator and the victim to shower, go to the bathroom, change their clothes, or brush their teeth.

It is important to note that the Georgetown program submitted a blank Sexual Abuse Incident Check Sheet as evidence for compliance. This checklist would be used to ensure all proper steps are taken in the event there was an allegation of sexual assault or abuse. Specifically, the Check Sheet lists specific activities that staff must check off and indicate the date and time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- “Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- Resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence).
- Shift Supervisor obtains a brief statement from the alleged victim, while in the Nurses office.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor

	<p>and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).</p> <ul style="list-style-type: none"> • If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes. • The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation. • If the alleged incident involves and identified staff perpetrator, ensure steps are taken to place this person in NO resident contact role or on administrative leave pending the investigation.” <p>The auditor was not provided with a completed checklist for the one sexual abuse allegation. Although the program is in compliance on this provision (review of other documentation supports compliance), the auditor reminds the program that this checklist is a good way to ensure all first responder steps are completed for all allegations of sexual abuse. The program is encouraged to use this checklist as part of its first responder process moving forward. The program should also consider adding additional items to the list – i.e., notifications to the family, youth’s lawyer, and case worker (if under the guardianship of the state).</p> <p>All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance with this standard provision.</p> <p>Provision (b)</p> <p>As previously stated, the AMIKids Georgetown Policy 6.64 PREA: Staff First Responder Duties directs security staff members who are the first to respond to a report that a resident was sexually abused are required to follow four specific steps. Specifically, the policy states, “If the first staff responder is not a direct care staff or supervisor, that responder shall be required to do the following: 1. Request that the alleged victim not take any actions that could destroy physical evidence (see #3 above) 2. Notify security staff.”</p> <p>Interviews with Youth Counselor Specialists and Shift Supervisors verified that staff are aware of their first responder duties to include their responsibility to preserve the scene and not allow youth to shower, use the bathroom, or change clothes. All interviewees reported that part of the response protocol is to immediately notify the Shift Supervisor (there is a Supervisor on all shifts, seven days a week). Staff members have also been provided small palm cards that delineate the steps related to protecting youth and preserving evidence.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- AMIkids Georgetown Policy and Procedure 6.64 Staff First Responder Duties
- AMIkids Georgetown Policy and Procedure 6.65 Coordinated Response
- AMIkids Georgetown Sexual Incident Check Sheet
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/PREA Compliance Manager (PCM)
- Interview with AMIkids Georgetown Business Manager/HSP
- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)

The facility's coordinated response plan is thoroughly described in agency and program policies. The AMIkids Georgetown Policy 6.64 Staff First Responder Duties "Security staff members who are the first to respond to a report that a resident was sexually abused are required to follow the following steps: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a direct care staff or supervisor that responder shall be required to do the following: 1. Request that the alleged victim not take any actions that could destroy physical evidence (see #3 above). 2. Notify security staff."

In further support of this provision, the procedure section of the AMIkids Georgetown Policy 6.65 Staff states, "AMIKids Georgetown will take the following steps and will attempt to complete the steps in the following order:

- The nurse on duty will do assessment of the victim's acute medical need. If there is no nurse on duty the resident will be transported to the Tideland Health Care for a medical assessment by the victim advocate.
- The victim will be offered the presence of a victim advocate or a qualified staff member to be present during the exam. They will provide any special needs the victim may have.
- The victim will be informed of his rights under relevant Federal or State law by the nurse or the victim advocate or a qualified staff member.
- The nurse will explain the need for a forensic medical exam and offer the victim the option of undergoing one. The victim advocate or a qualified staff member will explain the need for a forensic medical exam and inform the victim of his options if the victim is transported to the emergency room.
- Department of Mental Health counselors will provide crisis intervention counseling.
- Facility Leadership (shift supervisor and directors) will ensure the PREA

facility operating procedures are adhered to.

- Trained Investigators will collect forensic evidence.”

It is important to note that the auditor spoke with an administrative staff at Tideland Memorial Hospital and confirmed that the hospital does not have a SANE program. In an interview with the RCC advocate she explained that in the event of a sexual assault she would encourage Georgetown staff to transport the youth to McLeod Regional Hospital in Florence, SC for a SANE exam. The program should consider revising its policy to reflect that the program will transport a sexual abuse victim to McLeod Hospital in Florence, unless the medical emergency is life threatening at which point the youth would be taken to the nearest hospital – Tideland Memorial Hospital.

As previously mentioned , the Georgetown program has the AMIkids Georgetown Sexual Abuse Incident Check Sheet that may be used to ensure all proper steps are taken in the event there was an allegation of sexual assault or abuse. Specifically, the Check Sheet lists specific activities that staff must check off and indicate the date and time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- “Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- Resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence).
- Shift Supervisor obtains a brief statement from the alleged victim, while in the Nurses office.
- If the report is within 72 hours of physical abuse/penetration, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
- If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes.
- The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation.
- If the alleged incident involves and identified staff perpetrator, ensure steps are taken to place this person in NO resident contact role or on administrative leave pending the investigation.”

Interviews with program leaders (i.e., Executive Director, Director of Operations, Shift Supervisors, etc.) and Youth Counselor Specialists verified the Georgetown

	<p>program has a coordinated response to incidents of sexual abuse. Evidence of this plan is in the AMIKids Georgetown Sexual Abuse Checklist where it describes notification activities (calling mental health/victim services, the Sherriff's Office).</p> <p>The program has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</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><i>Evidenced Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser • Interview with AMIKKids Regional Director/Project Director • Interview with Georgetown Executive Director • Interview with Georgetown Director of Operations/PCM • Interview with AMIKids HR Business Partner • Interview with Georgetown Shift Supervisors • Interviews with YCSs (direct care staff) <p>Provisions (a)</p> <p>In support of provisions in this standard, the AMIKids Georgetown Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser states: AMIKids Georgetown does not enter into collective bargaining agreements. Therefore, AMIKids Georgetown will not enter into or renew collective bargaining agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation."</p> <p>Interviews with agency leaders and facility staff members (management and non-management), confirmed that AMIKids Georgetown program does not have collective bargaining agreements. In the event an allegation of sexual abuse is made, a staff member would immediately be placed on administrative leave until a thorough investigation has been completed.</p> <p>Provisions (b)</p> <p>In support of provisions in this standard, the AMIKids Georgetown Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser as well as interviews with agency and facility leaders supports that the Georgetown program does not have collective bargaining agreements. In the event a sexual abuse</p>

	allegation is made against a staff member, the individual would be immediately placed on administrative leave until the investigation has been completed. This was verified through interviews with the AMIKids Regional Director, the Georgetown Executive Director, the Georgetown Director of Operations, the HSP, and the AMIKids HR Business Partner.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.67 PREA: Protection Against Retaliation • PREA Retaliation Monitoring Report (30/60/90) form • Review of allegations of sexual abuse and sexual harassment • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialists (YCS - direct care staff) <p>Provision (a)</p> <p>The AMIKids Georgetown Policy 6.67 PREA: Protection Against Retaliation states: ‘It is the policy of AMIKids Georgetown to protect all residents and staff members from retaliation if they report sexual abuse and sexual harassment or to protect from retaliation those who cooperate with sexual abuse or sexual harassment investigations.’ The procedure section of the same policy also directs, “ 1. Shift Supervisors will be directly responsible for ensuring all residents and staff members who report sexual abuse and sexual harassment are protected from retaliation. 2. The Operations Department, headed by the Director of Operations, is responsible for monitoring possible retaliation.3.Director of Operations will report to the Executive Director any instances of retaliation. 4. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination. 5. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.”</p> <p>Interviews with the Director of Operations and Shift Supervisors highlighted that all staff are responsible for monitoring retaliation but that ultimately, the Director of Operations and Shift Supervisors are responsible for monitoring for retaliation.</p> <p>Provision (b)</p>

The Georgetown program uses multiple protection measures to ensure safety of staff and residents, particularly from retaliation for making a sexual abuse report or cooperating with an investigation. Staff interviews with the Director of Operations, Shift Supervisors, Business Manager, HSP, and AMIKids Human Resources staff, and Shift Supervisors verified that if staff was the alleged perpetrator they would be removed from the facility. If another youth was the alleged perpetrator, youth would be placed on separate residential dorm. The procedure section of AMIKids Georgetown Policy 6.67 PREA: Protection Against Retaliation requires, “4. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination. 5. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.” Interviews with facility administrators and Shift Supervisors said that they would separate the youth victim and perpetrator immediately. An interview with the AMIKids HR Business Partner reported that staff would be placed on administrative leave until the investigation was completed.

Provision (c)

As previously mentioned, the program has the AMIKids Georgetown Policy 6.67 PREA: Protection Against Retaliation requires that addresses some of the components of this standard. However, the policy/procedures does not state that monitoring will occur for at least 90 days. In addition, interviews with Shift Supervisors and facility administrators indicated that most were not aware of this 90-day requirement. Facility administrators and managers reported that “everyone “ is responsible for monitoring retaliation. During interviews, the auditor received inconsistent answers regarding who is responsible for monitoring retaliation, and most could not clearly describe what retaliation monitoring looks like. The program is required to establish a clear process around retaliation monitoring and enhance its existing policy to reflect a practice that aligns with PREA expectations.

It is important to note that the program does have a form titled the AMIKids PREA Retaliation Monitoring Report (30/60/90) form. This form includes fields to document the type of status check in (i.e., first 30 days, 60 day, 90 days, and beyond 90 days) as well as the monitor’s comments. The program did not submit any completed forms for the four allegations (three sexual harassment and one sexual abuse) that occurred in the past 12 months. The program is required to update its policy/procedures to require this form be used as part of the retaliation monitoring practice.

Corrective Actions - Provision (c)

- The program is required to revise its policy to clearly state that retaliation will be monitored for 90 days; describe what this monitoring will look like (i.e. periodic check-ins with youth); how often these will occur; where these check-ins will be documented; who will document these check-ins; etc.
- The program is required to train facility administrators and Shift Supervisors on their responsibilities related to monitoring for retaliation and how to

identify retaliation when a youth or a staff member makes a report of sexual abuse or sexual harassment. The program is required to submit to the auditor documentation that this policy and practice information has been communicated to the appropriate staff (i.e., submitting signed and dated training rosters and a description of what information was shared).

- The program will be required to submit completed retaliation forms if there is an allegation of sexual abuse or sexual harassment (unless the investigation determines the allegation is unfounded) during the corrective action period as evidence for compliance with this provision.

Provision (d)

This PREA standard requires the program to conduct periodic check-ins with youth as part of its retaliation monitoring practice. As previously mentioned, interviews with facility administrators and managers indicate there is a need to clarify the process for monitoring retaliation. That said, all individuals interviewed did state that they would check-in with youth and staff a minimum of weekly to determine if retaliation for making a report of sexual harassment or sexual abuse was occurring. The auditor is finding the program in compliance on this provision. Corrective actions are provided in provision (c).

Provision (e)

This PREA provision requires, "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."

Several program managers and direct care staff interviewed were able to verbalize what to look for when identifying retaliation. Responses included a youth being verbally attacked by another youth; a staff member taking away behavior points from a youth repeatedly and the youth's behavior not aligning with the consequence; and staff or youth not including a particular youth in group activities. As previously stated, facility administrators and program managers reported they would immediately address youth and/or staff who was the source of the retaliation. This would include placing staff on administrative leave and/or moving the youth to a different residential dorm. Interventions might also include consequences for youth who is the source of the retaliation.

Provision (f)

Interviews with facility administrators and managers verified they understood that the obligation to monitor retaliation ends if the youth leaves the facility or if the investigation determines the allegation is unfounded.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records

	<p>verifying all staff have been trained on the new practice changes. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.62 PREA: Agency Protection Duties • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialist (YCS - direct care staff) • Interview with contracted mental health counselor • Interview with youth/student residents <p>In support of this PREA standard the AMIKids Georgetown program Policy 6.62 states, "AMIKids Georgetown will take immediate action to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse." The procedure section of this policy describes in detail:</p> <p>"1. When at all possible the subject(s) who poses a substantial risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, education class and program assignments as the resident at risk with the goal of keeping all residents safe and free from sexual abuse.</p> <p>2. If the above procedure is not appropriate then the resident at risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, and education class and program assignments as the subject who poses the risk.</p> <p>3. The Resident will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKIDS Georgetown ensure that residents have access to daily large-muscle exercise, treatment and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the</p>

	<p>facility will document the basis of the facility’s concern for the resident’s safety, and the reason why no alternate means of separation can be arranged. The AMIKIDS Georgetown will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation.</p> <p>4. The action taken will be documented in the daily shift log and the residents case management file.”</p> <p>During onsite interviews, staff and youth reported the Georgetown program does not use protective isolation for victims of sexual abuse. As previously described in this report, if protective custody was needed the program would place youth on one-on-one supervision. The facility would separate youth for safety reasons by placing youth on a different residential dorm with one-on-one supervision. Youth on one-on-one supervision would not be confined to the dorm. Youth would continue to receive education, large-muscle exercise, and all other programming and services (i.e., counseling, recreation, etc.).</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • State of SC Department of Juvenile Justice Policy 328: Investigations POLICY Investigations.pdf (sc.gov) • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018) • AMIKids Georgetown Policy 6.34 PREA: Specialized Training • AMIKids Georgetown Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations • AMIKids Georgetown Policy 6.71 Criminal and Administrative Agency Investigations • Review of a AMIKids Program Investigation Report involving a staff member and sexual harassment (not from the Georgetown program) • Review of supporting documents for four PREA-related allegations and investigations (three sexual harassment and one sexual abuse) • Interview with AMIKids Regional Director/Project Director • Interview with Executive Director • Interview with Director of Operations/PCM • Interview with AMIKids HR Business Partner

- Interview with SC DJJ Director of Criminal Investigation
- Interview with SC DJJ Director of Youth Grievances and Family Support
- Interview with SC DJJ Program Monitor

Provision (a)

The SC Department of Juvenile Justice and the Sherriff's Office are responsible for conducting investigations of sexual abuse occurring in the program. Allegations of sexual harassment involving a staff member are investigated by SC DJJ and AMIKids Human Resources (with SC DJJ taking the lead). Allegations of staff-to-youth sexual harassment are led by SC DJJ, although depending on the incident the SC DJJ may direct Georgetown facility administrators to assist with the investigation. This assistance might include reviewing video footage and conducting interviews with the victim, witnesses, and/or alleged perpetrator. Interviews with the Georgetown Executive Director, Director of Operations/PREA Compliance Manager (PCM), SC DJJ Director of Criminal Investigation, and SC DJJ Director of Youth Grievances and Family Support verified that allegations of sexual abuse are investigated by SC DJJ; incidents of sexual harassment involving staff are investigated jointly by SC DJJ and AMIKids Human Resources unit; and incidents of youth-to-youth sexual harassment are reported and investigated by the SC DJJ, with assistance from the Georgetown Executive Director and Director of Operations/PCM.

The following documents explain the current structure and process regarding investigations:

- AMIKids Georgetown Policy 6.71 Criminal and Administrative Agency Investigations: "AMIKIDS-Georgetown does not have the legal capability of conducting its own investigations into allegations of sexual abuse and sexual harassment. AMIKIDS-Georgetown will rely on the Georgetown Sherriff's Office and/or the Department of Juvenile Justice to investigate sexual abuse. AMIKIDS-Georgetown will fully cooperate with these entities during the course of an investigation. AMIKIDS-Georgetown will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKIDS-Georgetown will document its efforts to remain informed about the progress via progress notes."
- AMIKids Georgetown Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations: "AMIKids-Georgetown will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations."
- AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024): "All allegations of abuse and/or neglect against an AMIKids Team Member must be reported immediately to the state's abuse hotline or other designated authority for investigation. Such allegations must then be reported to both the Executive Director or comparable program Leader, and the Regional

Director, and documented through the AMIKids Incident Reporting process. AMIKids will conduct an internal investigation of all allegations against Team Members. Such investigations will be conducted so as not to interfere with any law enforcement investigation.”

- The AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018): “The Executive Director and Regional Director, in consultation with the Human Resources Department will conduct, or appoint a person to conduct, a prompt and thorough investigation of the allegations or charges....Investigatory leaves extending beyond a total of 90 days without a resolution may result in separation of employment. However, based on the outcome of the investigation or business needs, separation of employment may occur prior to the 90 days.”

The State of South Carolina Department of Juvenile Justice has two policies that guide their practice related to investigations: SC DJJ Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy. The investigation policy is posted on the SC DJJ website (POLICY Investigations.pdf (sc.gov)). The SC DJJ Investigation Policy 328 Investigations, Section E 14, states “All Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days. If extenuating circumstances prevent a case from being completed, the investigator must request in writing to the supervisor an extension. The supervisor must approve or disapprove the request in writing (Form 328B, Request for Extension).”

Existing policies coupled with interviews with the SC DJJ Director of Criminal Investigations; the SC DJJ Director of Youth Grievances and Family Support; SC DJJ Program Monitor; and Georgetown facility administrators confirmed that investigations are typically completed within 45 and often, are completed sooner.

An interview with the SC DJJ Director of the Criminal Investigation Division verified that the cases are referred to the local Sheriff’s office when needed. She explained that many times in order to reduce the response time, when a program calls with an allegation of sexual abuse she directs them to contact the local Sheriff’s office. This allows for a more immediate response - the Sheriff’s Office can begin to process the scene and begin the investigative interviews.

There have been no sexual abuse or sexual harassment allegations at the Georgetown program that have involved an AMIKids staff member. However, in support of this provision, the AMIKids HR Business Partner provided an example of an administrative investigation report to demonstrate the agency conducts thorough and timely investigations. The auditor reviewed the report and verified the report was thorough and included detailed statements from several witnesses; a full account of the victim’s experience (victim statement); alleged perpetrator statements; additional documents/sources reviewed; investigation conclusion; and corrective actions taken. According to the example investigation report, the alleged incident occurred on 12/11/2023. The investigation began on 12/29/2023 and was completed on 1/05/2024. This allows the auditor to confidently conclude that

administrative investigations in which AMIKids HR would be involved are objective and thorough and are completed in a timely manner.

There were three allegations of sexual harassment and one allegation of sexual abuse at the Georgetown program in the past 12 months. A review of these incident reports sent to SC DJJ verified that the program makes prompt referrals (the day the allegation is made, often within two hours of the allegation being made).

The auditor confidently concludes the program is in compliance with expectations in this standard provision.

Provision (b)

The AMIKids Georgetown Policy 6.34 PREA: Specialized Training states, "All investigators are to be trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components. The documentation of such training will be kept by the entity which employs the investigators. AMIKids Georgetown does not employ investigators. AMIKids Georgetown will rely on Law Enforcement agencies and the Department of Juvenile Justice to conduct investigations and will cooperate with their investigation."

As previously mentioned, the Georgetown program is not responsible for conducting criminal sexual abuse investigations. The Chesterfield Sheriffs Office and the SC Department of Juvenile Justice are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. The Georgetown Executive Director, the Director of Operations, and the HSP are responsible for assisting (at times) with administrative investigations for incidents of youth-to-youth sexual harassment (not sexual abuse allegations). Georgetown is required to notify SC DJJ immediately of any significant incident including all allegations of sexual abuse and sexual harassment) through an ERMIS report to initiate the investigation.

In support of this provision, the SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, " In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)]." An interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two.

Provision (c)

As stated previously, SC DJJ and the local Sherriff's Office are responsible or conducting investigations of allegations of sexual abuse. In support of this provision, the SC DJJ Policy 326 Investigations, Section D explains: "1. Allegations serious in nature with potential criminal violations will be assigned to the Criminal Investigations Section for criminal investigation. 2. Investigators will normally interview victims first, followed by possible witnesses, and then any suspects. 3. Investigators will provide suspects with Miranda Warnings prior to questioning them concerning the incident. Suspects may elect not to discuss the incident. 4. Investigators will process crime scenes for potential physical evidence. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory as soon as possible."

An interview with the SC DJJ Director of Criminal Investigations Division verified that investigators are trained in how to preserve physical evidence; how to interview alleged victims, suspected perpetrators, and witnesses; and are required to consult previous reports or sexual abuse or assault involving the suspected perpetrator. In addition, an MOU between AMIKids Georgetown and Chesterfield County Sheriff's Department (executed March 2017) states, "Chesterfield County Sherriff's Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions."

Provision (d)

An interview with the AMIKids HR Business Partner (responsible for administrative investigations) and the SC DJJ Director of Criminal Investigations (responsible for sexual abuse investigations) confirmed that if a youth victim recants the allegation, the investigation would still continue. Both of these individuals also reported that if a staff member left their position (resigned) or a youth left the program, the investigation would continue until completion.

Provision (e)

Interviews with the Georgetown Executive Director, the Director of Operations/PCM, the HSP, and the AMIKids HR Business Partner all confirmed that if in the course of an administrative investigation (in some cases of youth-to-youth sexual harassment), if there was anything revealed that could be criminal, they would immediately stop the interviews and contact SC DJJ and local law enforcement to assume the lead in the investigation.

The SC DJJ Policy 326 Investigations, Section E9 (Administrative Inquiry) states "If information is received that could lead to possible criminal charges at any time during the course of an administrative inquiry, the Quality Control Manager will stop the inquiry and return the case to the Chief of Criminal Investigations for review and reassignment." Section D of this same policy states, "All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if probable cause exists for criminal charges." An interview with the SC DJJ Director of the Criminal Investigation Division verified that the cases are referred to the local Sherriff's office when needed. She explained that many times in order to

reduce the response time, when a program calls with an allegation of sexual abuse she directs them to contact the local Sherriff's office. This allows for a more immediate response in which the Sherriff's Office can begin to process the scene and start the investigative process.

Provision (f)

An interview with the SC DJJ Director of Criminal Investigations Division verified that they take all allegations of sexual abuse seriously and interview the victim, as many witnesses as there are, and the perpetrator to uncover the truth. Investigators are trained to gather information from the individuals and analyze the data. They do not base a person's credibility on their status of a resident or a staff member. The SC DJJ Director of Criminal Investigations Division also reported that they would not polygraph the victim but they are allowed to polygraph an alleged suspect. This practice is further supported by the SC DJJ Policy 328 Investigations, Section D (4) which states, "Polygraphs can be used as an investigative tool, but suspects cannot be compelled to submit being polygraphed."

Provision (g)

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

An interview with the AMIKids HR Business Partner who conducts HR investigations verified that witnesses, the victim, and alleged perpetrator are all interviewed as part of the comprehensive administrative review process. All HR Business Partners responsible for conducting administrative investigations are required to produce a written report detailing what individuals heard, saw, and said; an analysis of the facts; and the investigation findings. The AMIKids HR Business Partner provided an example of an AMIKids HR investigation report for the auditor to review. A review of the report verified that the investigation report included a detailed summary of the complaint; a list of witnesses along with who interviewed each of them; dates of each of the interviews; statements from each of the witnesses; other documents/sources reviewed; conclusion; and the corrective actions. The auditor concludes that the evidence provided supports compliance with this provision.

Provision (h)

As previously SC DJJ Policy 328 Investigations Section E "Following the administrative inquiry, a report of findings and recommendations will be issued. The Quality Control Manager and the Inspector General will review reports and make a final determination whether any policy violations occurred in the alleged incident." The SC DJJ Director of Investigations verbally verified that these reports are extensive and all documentation feeding into the investigation outcome are retained.

Provision (i)

In support of this provision, the SC DJJ Policy 326 Investigations (Administrative Inquiry, Section D) states: "All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if probable cause exists for criminal charges." Section E of this same policy states, "If information is received that could lead to possible criminal charges at any time during the course of an administrative inquiry, the Quality Control Manager will stop the inquiry and return the case to the Chief of Criminal Investigations for review and reassignment." An interview with the SC DJJ Director of the Criminal Investigation Division verified that all allegations of sexual abuse that are substantiated and criminal in nature are referred for prosecution.

Provision (j)

The SC DJJ Policy 328 Investigations states: "1. File cabinets containing investigation/inquiry records will be maintained by the ERS Coordinator, will be clearly marked CONFIDENTIAL, and secured. Anyone seeking to enter a confidential file cabinet without proper authorization will be subject to disciplinary action /criminal action. 2. Access to the records is limited to: the SCDJJ Director; Legal Counsel; Inspector General; Chief of Investigations; Quality Control Manager; Investigators and Camera Surveillance Officer assigned to the case; OIG Administrative Assistants; and the ERS Coordinator. 3. Investigative records will be maintained for 7 years and then destroyed."

An interview with the SC DJJ Director of Criminal Investigations confirmed that SC DJJ has an electronic system for retaining records and that investigation-related documents are stored on a different drive to which only investigators have access. She also explained that the hardcopies of PREA case files are stored in a secure and locked location for 10 years.

Provision (k)

An interview with the AMIKids HR Business Partner (responsible for administrative investigations) and the SC DJJ Director of Criminal Investigations (responsible for sexual abuse investigations) confirmed that if a staff member left their position (resigned) or a youth left the program, the investigation would continue until completion.

Provision (l)

The SC DJJ Criminal Investigations Division is responsible for conducting sexual abuse investigations along with local law enforcement. Interviews with SC DJJ Director of Criminal Investigations, the SC DJJ Grievance Coordinator, and a SC DJJ Program Monitor verified they follow the expectations as outlined in SC DJJ investigation-related policies.

Provision (m)

In support of this provision, the AMIKids Georgetown Policy 6.71 PREA: Criminal and

	<p>Administrative Agency Investigations states, “AMIKids Georgetown will fully cooperate with these entities during the course of an investigation. AMIKids Georgetown will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKids Georgetown will document its efforts to remain informed about the progress via progress notes.”</p> <p>Interviews with the Executive Director and the Director of Operations/PCM verified that they email the SC DJJ Investigator approximately once every week or two to stay up to date on the progress of the investigation. These individuals also reported that investigations led by SC DJJ were all wrapped up fairly quickly (within a few weeks).</p> <p>All evidence indicates the facility is in compliance with provisions in this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.72 PREA: Evidentiary Standard for Administrative Investigations • SC DJJ Policy 328 Investigations • Review of sexual abuse allegation and sexual harassment incident reports and supporting documentation (N=4) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interview with SC DJJ Director of Criminal Investigations Division • Interview with SC DJJ Director of Youth Grievances and Family Support • Interview with SC DJJ Program Monitor <p>The AMIKids Georgetown Policy 6.72 PREA: Evidentiary Standard for Administrative Investigations states, “AMIKids Georgetown imposes a standard no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” In further support of this provision, the SC DJJ Policy 328 Investigations states “In determining if a case violates policy, the burden of proof is a preponderance of evidence. If it is more likely than not that a violation occurred, then the case is substantiated.”</p> <p>During an interview with the SC DJJ Director of Criminal Investigations explained that administrative investigations the agency uses a preponderance of evidence standard. When investigating criminal cases then the agency uses a “beyond a reasonable doubt” standard. An interview with the AMIKids HR Business Partner also</p>

	verified that during administrative reviews they determine whether the incident was more likely than not to have occurred when substantiating the allegation.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy 6.73 PREA: Reporting to Residents • SC DJJ Policy 336 Application of PREA Standards • SC DJJ Policy 328 Investigations • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown Business Manager/HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interview with SC DJJ Director of Youth Grievances and Family Support • Interview with SC DJJ Program Monitor • Review of sexual abuse investigation file and supporting documents <p>Provision (a)</p> <p>This PREA Standard requires, “Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>The AMIKids PREA Policy 6.73 Reporting to Residents does not set forth the requirement for informing the youth victim of the investigation outcome. The policy does provide information about notifying a youth victim about the status of the accused abuser but does not require staff to inform youth of the investigation outcome whether substantiated, unsubstantiated, or unfounded. The documents submitted by the program related to the four PREA allegations (three sexual harassment and one sexual abuse) did not include documentation that youth had been notified as to the outcome of the investigation.</p> <p>The auditor reviewed the two SC DJJ policies referenced in the AMIKids policy (the SC DJJ Policy 328 Investigations and the SC DJJ Policy 336 Application of PREA Standards). Neither of these policies speak to the process of notifying the youth victim regarding the outcome of the investigation. In addition, interviews with facility administrators and managers revealed there is a need to clarify who is responsible for informing the youth of the investigation outcome.</p>

Corrective Action - Provision (a)

- The program is required to work with SC DJJ to clearly identify the process for notifying youth victims as to the outcome of a sexual abuse investigation. The program is required to update its policy to reflect specific details about who will make these notifications for all investigation outcomes (i.e., substantiated, unsubstantiated, and unfounded); when this will be done; how these notifications will be documented, etc. The program is required to submit the revised policy to the auditor for review and feedback. Ideally, the SC DJJ would update their policy to reflect this expectation, although the auditor recognizes that it cannot require DJJ to revise their policies.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of this notification process.

Provision (b)

This PREA provision requires, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident." As previously mentioned, interviews with facility administrators and SC DJJ staff revealed there is a need to clarify responsibilities related to the notification process related to investigation outcomes. In addition, the AMIKids PREA Policy 6.73 Reporting to Residents does not set forth the requirement regarding Georgetown obtaining this information nor does the policy describe how this information will be obtained. The program is required to update its existing policy to clearly reflect compliance with this PREA provision.

Corrective Action - Provision (b)

- As previously directed, the program is required to revise its existing policy to require the program obtain information regarding the outcome of the investigation and how it will communicate this information to the youth victim. In addition to the corrective actions outlined in provision (a), the revised policy should also include who and where this notification will be documented as required in provision (e). The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of their responsibility for obtaining investigation outcome information and for the youth victim notification process.

Provision (c)

PREA standards require, "Following a resident's allegation that a staff member has

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

The AMIKids Georgetown PREA Policy 6.73 PREA: Reporting to Residents states, "Unless an allegation is determined to be unfounded, at the conclusion of the investigation AMIKids Georgetown will inform the resident who made the allegation of sexual abuse of the status of the accused staff abuser. "Status" includes whether the staff member is posted within the resident's unit; whether the staff member is employed at the facility; and whether the staff member has been indicted or convicted of a charge related to sexual abuse within the facility. AMIKids Georgetown will inform the resident of indictments or convictions of alleged resident abusers." The procedure section of this same policy states, "1. The victim will be informed of the above via written documentation. The victim will sign acknowledging that he was informed. 2. If the victim is no longer a resident at AMIKIDS Georgetown Department of Juvenile Justice will be responsible for notification. Please see South Carolina Department of Juvenile Justice policy and procedure concerning this standard."

Although the program has not had an allegation of sexual abuse that involved a staff member, facility administrators reported that they would adhere to the agency and program policies regarding notifying youth of the status of the staff member alleged to have committed the abuse.

Provision (d)

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

While the AMIKids PREA Policy 6.73 Reporting to Residents describes in which situations a youth would be informed of the status of a staff member alleged to have committed sexual abuse, the policy does not describe these circumstances in the event the abuser is another resident. This information is also not described in SC DJJ Policy 336 Application of PREA Standards or the SC DJJ Policy 328 Investigations. The Georgetown program will be required to revise its existing policy/procedures to align with PREA expectations.

Corrective Actions - Provision (d)

- In addition to the corrective actions previously described, the program is

required to update its policy to include a process of informing youth victims of the status of the resident abuser. The program is required to submit the revised policy to the auditor for review and feedback.

- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of these additional practice requirements

Provision (e)

This PREA provision requires, "All such notifications or attempted notifications shall be documented."

The AMIKids PREA Policy 6.73 Reporting to Residents declares, "1. The victim will be informed of the above via written documentation. The victim will sign acknowledging that he was informed. 2. If the victim is no longer a resident at AMIKIDS GEORGETOWN then The Department of Juvenile Justice will be responsible for notification. Please see South Carolina DJJ's policy and procedure concerning this standard." This policy language relates specifically to notifying a youth victim as to the status of the staff abuser. However, the current policy does not address documenting notifications for all investigation outcomes (i.e., substantiated, unsubstantiated, and unfounded). In addition, the existing policy is vague and does not identify who and how the documentation will occur. The existing policy also does not clarify where and how the program will document notifications when another youth is the abuser. The program will be required to create a clear policy to address these deficiencies.

Corrective Actions - Provision (e)

- In addition to the corrective actions previously described, the program is required to update its policy to include a clear process for documenting the investigation outcomes required in this standard. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of these additional practice requirements.

Provision (f)

The auditor is not required to audit this provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The

	Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) • AMIKids Policy OPER 1004 Abuse Free Environment • AMIKids PREA Team Member Guide Addendum A – Standards of Conduct • AMIKids Georgetown Policy 6.11 Zero Tolerance; PREA Coordinator • AMIKids Georgetown Policy 6.17 Hiring and Promotion Decision • AMIKids Georgetown Policy 6.76 Disciplinary Sanctions for Staff • AMIKids Georgetown Policy 6.77 PREA: Corrective action for contractors and volunteer • Interview with AMIKids HR Business Partner • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>This PREA provision requires, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”</p> <p>As previously described in this report, the SC DJJ and AMIKids have several policies supporting zero tolerance. These policies describe the agency’s disciplinary sanctions including termination if a staff member violates the agency’s sexual abuse and harassment policies. Some of the support for this provision include:</p> <ul style="list-style-type: none"> • AMIKids Policy OPER 1004 Abuse Free Environment - “If the investigative process determines that a Team Member did indeed abuse a youth, that Team Member will be subject to disciplinary action up to and including termination in accordance with AMIKids policy.” • AMIKids PREA Team Member Guide Addendum A

- “30. All AMIKids Team Members, interns, volunteers, and contractors shall refrain from engaging in any actions or conduct of a sexual nature (verbal or physical) directed toward a youth including, but not limited to, sexual advances, requests for sexual favors or sexually explicit language or conversation. Team Members, interns, volunteers, and contractors shall not form inappropriate social or romantic relationships with youth, regardless of whether or not the youth is 18 years old or no longer in program.” (Standards of Conduct, pages 36-37)
- “Certain behaviors/actions will not be tolerated and may result in immediate suspension and/or termination” (Standards of Conduct, page 35).

- AMIKids Georgetown Policy 6.11 Zero-tolerance; PREA Coordinator - “Any act of sexual abuse, or sexual harassment committed against a youth in the program on or off campus or at program sponsored events is prohibited. Any youth or staff in the program found responsible for a violation of this standard will be subject to criminal prosecution as well as discipline up to and including termination for staff members.”
- AMIKids Georgetown Policy 6.76 PREA: Disciplinary Sanctions for Staff - “It is the policy of AMIKids Georgetown that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”
- AMIKids Georgetown Policy 6.17 Hiring and Promotion Decisions - “Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment.”

In support of the AMIKids policies referenced above, the South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states “3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376]” The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website.

Interviews with AMIKids Regional Director/Project Director, AMIKids HR Business Partner, Georgetown Executive Director, the Director of Operations, and the HSP verified staff that if a staff member violated zero-tolerance policies addressing sexual abuse and sexual harassment, they would be terminated.

Provision (b)

Interviews with agency and facility leaders confirmed that any staff member

substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the investigation). If an allegation of staff-to-youth sexual harassment was substantiated, agency and facility leaders reported that the agency would prohibit the staff member from working directly with any youth and would likely terminate their employment AMIKids.

Provision (c)

This PREA standard provision (c) requires, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

An interview with the AMIKids HR Business Partner confirmed compliance that disciplinary sanctions for incidents of sexual abuse and sexual harassment are “commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offense by other staff with similar histories,” as set forth in this PREA standard.

Provision (d)

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

Interviews with the Georgetown Executive Director, the Director of Operations, the program HSP, and the AMIKids HR Business Partner confirmed there is a need to clarify who is responsible for making the notification to licensing body in the event a staff member is substantiated on a sexual abuse or sexual harassment allegation. Responses from individuals interviewed were not consistent with some people stating the Executive Director was responsible while others reporting that SC DJJ was responsible. The AMIKids policy AMIKids Georgetown Policy 6.76 Disciplinary Sanctions for Staff does not provide any details pertaining to these notifications.

Corrective Action - Provision (d)

- The program is required to update its policy to include a clear process and responsibilities related to notifying relevant licensing bodies in the event a staff member is substantiated on allegation of sexual abuse or sexual harassment. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and SC DJJ are aware of their roles as it relates to notifying licensing bodies.

FINAL AUDIT DETERMINATION

	<p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</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><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) • AMIKids Georgetown Policy 6.11 Zero Tolerance; PREA Coordinator • AMIKids Georgetown Policy 6.77 PREA: Corrective action for contractors and volunteer • Interview with AMIKids HR Business Partner • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>This PREA Standard requires, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>The AMIKids Georgetown Policy 6.77 PREA: Corrective action for contractors and volunteers states, “...any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. Contractors or volunteer engaging in sexual abuse are prohibited from contact with residents.” Similar to the previous standard (115.376) interviews with the Georgetown Executive Director, the Director of Operations, the program HSP, and the AMIKids HR Business Partner confirmed there is a need to clarify who is responsible for making the notification to licensing bodies in the event a contractor or volunteer is substantiated on a sexual abuse allegation. Responses from individuals interviewed</p>

were not consistent with some people stating the Executive Director was responsible while others reporting that SC DJJ was responsible. In addition, the AMIKids Georgetown Policy 6.76 Disciplinary Sanctions for Staff does not provide any details pertaining to these notifications.

Corrective Action - Provision (a)

- The program is required to update its policy to include a clear process and responsibilities related to notifying relevant licensing bodies in the event a contractor or volunteer is substantiated on an allegation of sexual abuse. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and SC DJJ are aware of their roles as it relates to notifying licensing bodies.

Provision (b)

The AMIKids Georgetown Policy 6.77 PREA: Corrective action for contractors and volunteers states, "...any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. Contractors or volunteer engaging in sexual abuse are prohibited from contact with residents." Interviews with facility administrators and managers verified that in the event a contractor or volunteer is substantiated on a violation of agency/facility sexual harassment or the sexual abuse policies, they would be prohibited from having contact with AMIKids youth.

To date, there have not been any contractors or volunteers who have violated these policies.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Used in Compliance Determination:

- AMIKids Georgetown Policy 6.11 Zero Tolerance; PREA Coordinator
- AMIKids Georgetown Policy 6.77 PREA: Corrective action for contractors and volunteers
- State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov))
- AMIKids Georgetown Student Handbook
- Interviews with Executive Director
- Interview with Director of Operations
- Interviews with Shift Supervisors
- Interviews with YCSs (direct care staff)
- Interviews with youth residents

Provision (a)

The AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “ AMIKIDS Georgetown will subject residents who are found guilty of engaging in resident-on-resident sexual abuse, either through an administrative investigation or criminal investigation, to disciplinary sanctions. The standard establishes requirements to determine the type and level of sanction that can be imposed.”

The procedure section of the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states “1. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 2. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. 3. AMIKIDS Georgetown does not use isolation as a disciplinary sanction. 4. AMIKIDS Georgetown will refer residents to the Privacy Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 5. Residents will not be denied access to general programming or education for refusing to participate in such interventions. 6. AMIKIDS Georgetown will only discipline residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 7. AMIKIDS Georgetown prohibits all sexual activity between residents. 8. AMIKIDS Georgetown deems such activity to constitute sexual abuse only if it determines that the activity is coerced. AMIKIDS Georgetown will not take disciplinary action unless findings are substantiated”

The Georgetown Student Handbook provides information regarding disciplinary actions regarding various infractions. The handbook explains that among the reasons to be placed on disciplinary work detail include, but are not limited to, fighting and horse playing. All youth interviewed confirmed that they understood the program rules including not physically touching another youth or staff. All youth explained that if they break the rules they are assigned to work detail and have to

wear a jumpsuit and boots for a few days (rather than khaki pants and a polo shirt).

During interviews with facility administrators and Shift Supervisors it was reported that if a youth was substantiated for sexual assault of a staff member or a youth, the youth perpetrator would be transferred to another program with SC DJJ (a more secure program that could better serve this type of youth).

Provision (b)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, "4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]. 5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378." The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) are posted on the SC DJJ website.

In support of this PREA provision, the procedure section of the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states "3. AMIKIDS Georgetown does not use isolation as a disciplinary sanction. 4. AMIKIDS Georgetown will refer residents to the Privacy Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 5. Residents will not be denied access to general programming or education for refusing to participate in such interventions." Interviews with facility administrators and Shift Supervisors verified that if a youth sexually abused or assaulted another student the offender would either be offered counseling services with the contracted mental health clinician or transferred to a more secure SC DJJ facility (depending on the severity of the incident).

As previously mentioned, interviews with youth and staff (agency and facility levels) verified that the Georgetown program does not use isolation. Youth who receive consequences for negative behaviors are enrolled in work detail and if needed, placed on one-on-one supervision, transferred to a more secure program, and/or referred to mental health services. All staff and youth stated that when youth are on one-on-one supervision they are still required to participate in daily large-muscle exercise, school, and other daily programming activities.

Evidence reviewed supports compliance with this provision.

Provision (c)

Although the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents policy does not specifically state that the disciplinary process would take into consideration the resident's mental disabilities or illnesses, interviews with the Executive Director, Director of Operations, Shift Supervisor, YCSs (direct care staff),

and youth verified that the program considers a youth's mental state. If disciplinary measures are necessary, the behavior modification system outlined in the student handbook would be used. Review of the behavior modification system verified consequences are not in conflict with PREA standards. Disciplinary decisions are made by the Executive Director and the Director of Operations, in consultation with Shift Supervisors to ensure all individual factors are carefully considered.

As stated previously, the program does not use isolation. For serious infractions such as sexual abuse or sexual assault incidents the youth would be placed on one-on-one supervision, referred to mental health counseling services, and most likely transferred to another program.

Provision (d)

The AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states, "3. AMIKIDS Georgetown does not use isolation as a disciplinary sanction. 4. AMIKIDS Georgetown will refer residents to the Private Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse." Interviews verified that providing counseling services to the offender in an effort to address and correct the underlying reasons for the abuse would be one action the program could take. The majority of facility administrators and Shift Supervisors interviewed believed that a resident perpetrator of sexual abuse would most likely be transferred to a more secure SC DJJ program.

Provision (e)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, "5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378." The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) are posted on the SC DJJ website.

In support of this PREA provision, the procedure section of the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states, "6. AMIKIDS Georgetown will only discipline residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 7. AMIKIDS Georgetown prohibits all sexual activity between residents. 8. AMIKIDS Georgetown deems such activity to constitute sexual abuse only if it determines that the activity is coerced. AMIKIDS Georgetown will not take disciplinary action unless findings are substantiated." Interviews with facility administrators and managers verified this practice is in place.

Provision (f)

This PREA provisions directs, "For the purpose of disciplinary action, a report of

sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states “4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378].”

The procedure section of the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “AMIKIDS Georgetown prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contact. AMIKIDS Georgetown is prohibited from considering a resident report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred to constitute false reporting or lying. AMIKIDS Georgetown is also prohibited from assuming that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.”

Interviews with facility administrators and Shift Supervisors verified youth are not punished for making reports in good faith. However, youth consistently reported they were not sure if they would be punished for reporting an incident they thought occurred and the investigation concluded that it had not occurred. The program will be required to take actions to ensure youth understand that if they made a report in “good faith” they will not be punished.

Corrective Action - Provision (f)

- The program is required to update its Student Handbook to include detailed information about “good faith” reporting. The program will submit the revised section of the Student Handbook for review and approval.
- The program is required to incorporate information about “good faith” reporting in the comprehensive PREA training it will develop (pursuant to Standard 115.333).

Provision (g)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, “ 5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378.”

In further support of this provision, the AMIKids Georgetown Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “AMIKIDS Georgetown prohibits

	<p>disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contact. AMIKIDS Georgetown is also prohibited from assuming that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced." Staff interviews confirmed that all physical interactions (i.e., touching) between staff and youth and youth-to-youth are prohibited. Youth receive consequences for violating the "no touch" rule. Specific disciplinary sanctions are outlined in the Georgetown Student Handbook. The facility administrators interviewed confirmed their understanding that an incident involving two students engaging sexually would only be considered sexual abuse if the act was coerced. Staff and youth interviews confirmed that physical interactions and sexual activity is not permitted while in program (either with staff or another resident).</p> <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse • Review of random sample of youth files indicating youth who disclosed sexual victimization and/or perpetration were referred for follow-up meeting with a medical and/or mental health practitioner within 14 days (VASB tool) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown HSPs • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialist (YCS - direct care staff) • Interview with contracted mental health provider

Provision (a)

The AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, "AMIKIDS Georgetown requires that any resident that is identified as a past sexual abuse victim or abuser pursuant to the screening conducted in standard 115.341) in an institutional setting is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening." The procedure section of the AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, " 1. Medical and Mental Health staff will maintain a form documenting compliance with the above required services." It is important to note that the procedure section only states that youth have previously perpetrated sexual abuse will be offered mental health services within 14 days. The program is required to include youth who have previous history of sexual abuse to be referred for services as well.

This PREA provision directs, "If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." Interviews with the Executive Director and the HSP indicated they were not aware of this requirement. In addition, the contracted mental health clinician was not aware of this and stated they she was unsure as to how the program made referrals to her (i.e., not all Georgetown youth see the contracted clinician).

As previously described, review of a sample of the vulnerability risk tools highlighted some significant challenges that call into question the accuracy of the VASB information. Some of these challenges outlined in this audit findings report (see Standards 115.341 and 115.342) include that there were no youth (out of 23 files in the sample) who reported a history of sexual victimization or sexual perpetration. In addition, the HSP reported that she does not update the VASB score based on collateral information gathered. Because the information on the VASB may not be accurate, the program has not made referrals for youth who have a history of prior sexual victimization to the contracted mental health clinicians within 14 days.

Corrective Action - Provision (a)

- The program is required to expand its current policy to include referring youth who have previous history of sexual victimization be offered mental health counseling within 14 days. The policy should also explain where these referrals will be formally documented. The program will submit this revised policy to the auditor for review and feedback.
- The program is required to work with the contracted mental health clinician to develop a formal method for tracking this referral information as mentioned in the Georgetown Policy 6.81. This information should be shared with the auditor and supportive documents (i.e. completed forms on youth

- who report prior sexual victimization) submitted as evidence of compliance.
- In addition to the corrective actions detailed in Standards 115.341 and 115.342, the program is required to provide documentation that the HSP, the contracted mental health clinician, and other individuals who conduct the vulnerability risk assessments (i.e., Executive Director as the backup) are informed of this practice (i.e., youth who report prior sexual victimization are referred to the contracted mental health clinician within 14 days of learning this information). Documentation of this communication will be sent to the auditor as evidence for compliance.

Provision (b)

The AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “AMIKIDS Georgetown requires that any resident that is identified as a past sexual abuse victim or abuser pursuant to the screening conducted in standard 115.341) in an institutional setting is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening.” The procedure section of this same policy also states, “ 1. Medical and Mental Health staff will maintain a form documenting compliance with the above required services.”

This PREA provision directs, “If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.” Interviews with the Executive Director and the HSP indicated they were not aware of this requirement. The contracted mental health clinician was also not aware of this requirement and stated they he was unsure as to how the program made referrals to her (i.e., not all Georgetown youth see the contracted clinician).

As previously described, review of a sample of the vulnerability risk tools highlighted some significant challenges that call into question the accuracy of the VASB information. Some of these challenges outlined in Standards 115.341 and 115.342 section of this report, include there were no youth (out of 23 youth files in the sample) who reported a history of sexual victimization or sexual perpetration. In addition, the HSP reported that she does not update the VASB score based on collateral information gathered. Because the information on the VASB may not be accurate, the program has not made referrals for youth who has a history of prior sexual victimization to the contracted mental health clinicians within 14 days.

Corrective Action - Provision (b)

- The program is required to work with the contracted mental health clinician to develop a formal method for tracking this referral information as mentioned in the Georgetown Policy 6.81. This information should be shared with the auditor and supportive documents (i.e. completed forms on youth who report prior sexual perpetrations) submitted as evidence of compliance.

- In addition to the corrective actions detailed in Standards 115.341 and 115.342, the program is required to provide documentation that the HSP, the contracted mental health clinician, and other individuals who conduct the vulnerability risk assessments (i.e., Executive Director as the backup) are informed of this practice of referring youth who have a history of sexual perpetration within 14 days. Documentation of this communication will be sent to the auditor as evidence for compliance.

Provision (c)

The AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, "The standard limits information related to sexual victimization or abusiveness in an institutional setting only to medical and mental health practitioners and other necessary staff." The procedure section of this same policy states, "Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and shall be kept in medical and mental health files."

An interview with the HSP, who is responsible for the gathering information via the vulnerability assessment, confirmed that information related to sexual abuse or sexual victimization is stored on the electronic online system. Direct care staff cannot access this sensitive information, although basic information is shared with all staff for the purposes of keeping the facility safe. The HSP and the Executive Director stated that they would tell staff that the youth has a history of sexual victimization and to make sure you watch the youth closely, particularly around certain youth (i.e., those with a history of sexual perpetration). They would provide this same basic information when there is a youth with a history of sexual perpetration.

Staff interviews and review of completed vulnerability risk tools support that client information is protected and staff adhere to privacy information policies and expectations. The auditor determines the facility is in compliance with this PREA provision.

Provision (d)

The AMIKids Georgetown Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, "AMIKIDS Georgetown also requires medical and mental health practitioners to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the resident is under the age of 18)."

Interviews with the contracted mental health counselor and facility managers confirmed that the facility only houses youth who are under 18 and therefore, this provision is N/A.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised

	<p>policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</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><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services • MOU with Rape Crisis Center (May 2021) • Review of incident reports involving sexual abuse allegations • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM) • Interview with AMIKids Georgetown HSP • Interviews with the Georgetown Youth Care Specialist Supervisors • Interviews with Georgetown Youth Care Specialists (YCS - direct care staff) • Interview with contracted mental health counselor <p>Provision (a)</p> <p>This PREA provision requires, “Resident victims of sexual abuse shall 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.”</p> <p>The facility reports there have been no incidents of sexual abuse that have involved penetration or that have required serious medical attention. As stated previously, review of incident reports revealed that there was one incident of “sexual abuse” which involved one youth poking another youth’s buttocks (both fully clothed) as he walked by the youth victim. In support of this PREA provision the agency’s AMIKids Georgetown Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, “ AMIKIDS Georgetown will provide treatment services to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p>

Interviews with facility administrators and Shift Supervisors verified that youth who have experienced sexual abuse would be transported to the local hospital and receive immediate medical attention. Interviewees also stated that youth would be offered emotional support through the Rape Crisis Center – i.e., offering a phone call to the youth and/or having the advocate meet the youth at the hospital for additional support.

Provision (b)

Interviews with the Director of Operations/PREA Compliance Manager (PCM), HSP, Youth Care Specialist Supervisors, and Youth Care Specialists (YCS - direct care staff) all confirmed that if they are first responders they are first supposed to protect the victim by separating and closely supervising the alleged perpetrator. They are also required to notify their supervisor immediately so that youth can get the necessary emotional support and medical attention as soon as possible.

Provision (c)

While onsite, facility administrators and managers consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews with the Executive Director, Director of Operations/PREA Compliance Manager (PCM), the HSP, and Youth Care Specialist Supervisors verified compliance with this standard. Since the program does not employ nurses or contract with medical professionals, resident victims of sexual abuse would be immediately transported to the local hospital. It is important to note that the local hospital, the Tideland Memorial Hospital does not have a SANE program. Therefore, sexual assault victims would be transported to the McLeod Regional Hospital in Florence, SC. As part of a standard SANE exam, SANE nurses offer pregnancy testing, emergency contraception, and sexually transmitted infections prophylaxis. Since this is a male facility some of these services may not apply.

An interview with the Executive Director and Director of Operations also verified that if youth did not want to be transported to the hospital for a SANE exam, the program would offer to take the youth to the local medical clinic for the requisite testing.

The program's policy does not describe what is meant by "treatment services" as spelled out in this PREA provision. Since the program does not employ or contract with medical professionals, it is important that the program be clear about what services sexual abuse victims are entitled. The program is required to revise its existing policy and procedures to further detail the steps that it will take to ensure compliance with this provision.

Corrective Action - Provision (c)

- The program is required to expand its current policy to clearly state that it will transport youth victims to the hospital for a SANE exam to be offered specific services including but not limited to: pregnancy testing, emergency

	<p>contraception, and Sexually Transmitted Infection (STI) testing and prophylaxis. The policy should also explain that in the event a youth does not want to go for a full SANE exam, the program will offer to transport the youth to a local physician or care clinic to receive these services. The policy should also explain how the program will document a youth's acceptance or denial of these services offered. The program will submit this revised policy to the auditor for review and feedback.</p> <ul style="list-style-type: none"> • The program will be required to submit a description of how this revised protocol was shared with facility administrators and Shift Supervisors and what was discussed (i.e., meeting minutes or training/communication description). Documentation of this communication/training will be sent to the auditor as evidence for compliance. <p>Provision (d)</p> <p>In support of this PREA provision the agency's AMIKids Georgetown Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, " AMIKIDS Georgetown will provide treatment services to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." As previously mentioned, interviews with facility administrators verified that a resident who suffers sexual abuse would not be responsible for costs associated with the needed medical treatment and follow-up.</p> <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</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
	<i>Evidenced Used in Compliance Determination:</i>

- AMIKids Georgetown Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services
- AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- MOU with Rape Crisis Center (executed May 2021)
- Interview with the Georgetown Executive Director
- Interview with the Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM)
- Interview with AMIKids Georgetown HSP
- Interviews with the Georgetown Youth Care Specialist Supervisors
- Interviews with Georgetown Youth Care Specialist (YCS - direct care staff)
- Interview with the contracted mental health counselor

Provision (a)

The AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, "AMIKIDS Georgetown offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been an abuser in any jail, lockup, or juvenile facility." The procedure portion of this same policy states, "1. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. 2. AMIKIDS Georgetown will attempt to conduct 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. This will be documented via the referral process."

In support of this provision, the Georgetown program has an established MOU (executed May 2021) with the Rape Crisis Center (RCC). An interview with an RCC advocate was not aware of an MOU with the Georgetown program. However, she reported that RCC has not received a call from a Georgetown resident needing their services. The MOU between AMIKids Georgetown and the Rape Crisis Center requires AMIKids Georgetown to:

- Transport youth to the appropriate medical center for a forensic exam when the sexual abuse occurred within 72 hours. If the incident was beyond the 72 hour mark, transport youth for a medical evaluation by a physician.
- Contact RCC of the alleged sexual abuse as soon as possible.
- Facilitate follow-up meetings and communications between youth and the RCC. The Georgetown program will provide private meeting spaces for counseling sessions with RCC.
- Will assume all charges and costs associated with the services provided by RCC.
- This MOU also clearly maps out the responsibilities of the RCC. These include, but are not limited to:
- Provide advocacy to youth transported to the medical facility for forensic

medical exams.

- Provide follow-up services and crisis intervention contacts to victims who are in custody at AMIkids as resources allow.
- Work cooperatively with designated AMIkids officials to obtain security clearances for entry into the facility.
- Follow facility guidelines promulgated for purposes of safety and security.
- Maintain the confidentiality of communication with victims who are in custody at AMIkids.
- Communicate questions or concerns to AMIkids officials and cooperatively attempt to resolve unforeseen issues which may arise.

The program has not had any incidents of sexual abuse at the facility that involved penetration or that resulted in the need for medical attention. However, interviews with the Executive Director and Director of Operations verified that in the event an incident occurred the program would follow the coordinated response protocol and related agency policies. Interviews verified that youth victims would be referred to the contracted mental health counselor and offered a call with the Rape Crisis Center. Facility administrators and managers also explained that youth would be transported to the local hospital for medical evaluations if needed.

Provision (b)

As previously mentioned, AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, "AMIKIDS GEORGETOWN offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been an abuser in any jail, lockup, or juvenile facility."

As previously mentioned, facility administrators and the contracted mental health counselor reported that in the event of a sexual abuse or assault incident, they would closely follow the recommendations of the medical professionals (either at the hospital and/or the local medical facility) and the rape crisis advocates. Facility administrators verified youth would receive ongoing counseling services from the contracted mental health provider based on the mental health professional's treatment recommendations.

Provision (c)

This PREA provision requires facilities to provide "...victims with medical and mental health services consistent with the community level of care." While not explicitly stated in the program's policy, interviews with the contracted mental health provider verified that a sexual abuse victim would be evaluated and an individualized treatment plan developed based on their needs. Since the mental health counselor is a contractor this might involve ensuring he is able to meet with youth twice per week (instead of the typical once per week) if the need existed. The auditor determines the facility would provide services consistent with the community level of care and therefore, is compliant on this provision.

Provision (d)

This PREA provision requires resident victims of sexually abusive vaginal penetration be offered pregnancy tests. While the Georgetown program serves primarily a male population, the facility is still required to comply with this federal provision when/if they serve transgender or intersex youth. The existing policy does not clearly state they will offer pregnancy testing. While the facility has not served youth who identify as transgender or intersex, facility administrators reported that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the hospital, the youth would be offered to go to a medical clinic in the community to receive the required services (i.e., pregnancy testing, STI testing, and emergency contraception).

Provision (e)

This PREA provision requires victims of sexual abuse to specifically have access to all lawful pregnancy-related medical services. As stated previously, interviews with facility administrators verified that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the hospital, the youth would be offered to go to a medical clinic in the community to receive the required services (i.e., pregnancy testing, STI testing, and emergency contraception).

Provision (f)

This PREA provision requires resident victims be offered STI testing. The AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, "1. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate." As stated previously, interviews with facility administrators verified that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the hospital, the youth would be offered to go to a medical clinic in the community to receive the required services, including testing for Sexually Transmitted Infections (STIs), as required by this PREA standard provision.

Provision (g)

Although the AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers does not include specific language about providing treatment services to victims without financial cost, other Georgetown policies do clearly state this practice. More specifically, the AMIKids Georgetown Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, "AMIKIDS Georgetown will provide treatment services to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." As previously mentioned, interviews with facility administrators verified that a resident who suffers sexual abuse would not be responsible for costs associated

	<p>with the needed medical treatment and follow-up.</p> <p>Provision (h)</p> <p>This PREA provision requires “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.”</p> <p>The AMIKids Georgetown Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, “2. AMIKIDS Georgetown will attempt to conduct 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. This will be documented via the referral process.” Interviews with facility administrators and managers revealed that they were not aware of this 60-day federal PREA requirement, likely because a sexual abuse or sexual assault has not occurred. The program is encouraged to communicate clearly this expectation and determine who will be responsible for ensuring compliance with this federal PREA standard in the event there is a significant incident.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • Sexual Assault Abuse Reporting Form (dated 2/13/2024) • Interview with the Georgetown Executive Director • Interview with the Georgetown Director of Operations/GeorgetownPREA Compliance Manager (PCM) <p>Provision (a)</p> <p>The AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews states, “AMIKIDS Georgetown 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.” The procedure portion of this same policy describes, “1. Sexual abuse incident review will ordinarily be conducted within 30 days of concluding the criminal or administrative investigation. 2. The sexual abuse incident review team will include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental</p>

health practitioners. 3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement and submit such report to the Executive Director and PREA compliance manager. 4. AMIKIDS Georgetown will implement the recommendations for improvement or document the reasons for not doing so.”

Interviews with facility administrators and managers verified that there is currently a process in place to review critical incidents. The program had one incident of youth-to-youth sexual abuse/misconduct (non-penetration) in which a youth passed by another youth (both fully clothed) and poked him in the buttocks with his finger. The program provided a Sexual Assault Abuse Reporting form that was completed the day the allegation was made. While the form appears to cover the items listed in provision (d) of this standard, it appears there is confusion about the intention of this PREA provision and the use of this form.

This PREA provisions upholds, “The facility shall 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.” Provision (b) requires this review to occur within 30 days of the conclusion of the investigation. Provision (c) describes the required review team members while (d) explicitly describes what must be discussed during the review. The intent of this standard is not to have a program administrator complete a form the day of the incident. PREA requires a full investigation be completed and within 30 days of the investigation conclusion, a team of mid and high-level administrators and managers gather to discuss the sexual abuse incident (if it was substantiated or unsubstantiated). The program will be required to provide clarity on how this form should be used including when it is completed; providing detailed descriptions to capture the discussion (not just checking boxes); having all review team members listed and/or sign to show they participated in the formal review process; and other specifics outlined in PREA standard 115.386.

Corrective Actions - Provision (a)

- The program is required to establish a clear practice and purpose for the existing form and send a description and the revised form to the auditor for review and feedback. The program will be required to provide clarity on how this form should be used including when it is completed (i.e., not the day an incident occurs but rather within 30 days of investigation completion); providing detailed descriptions to capture the discussion (not just checking boxes); having all review team members listed and/or sign to show they participated in the formal review process; and other specifications outlined in PREA standard 115.386.
- The program will be required to submit documentation that facility administrators and managers have received this information about the purpose of the sexual abuse committee, who is required to attend (not just the Executive Director and Director of Operations), when it occurs, specific topics to be discussed, required actions, and who will implement the

corrective actions needed.

Provision (b)

The AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews requires a sexual abuse incident review team to be conducted within 30 days of concluding the criminal or administrative investigation. The Executive Director and Director of Operations reported that all incidents are reviewed with the AMIKids Risk Management unit to discuss what they could do better or if there is a need for policy changes. That said, the program submitted the Sexual Abuse and Assault Reporting form to the auditor as evidence of compliance for the 30-day review. As previously mentioned, the program is required to evaluate the purpose of the form and determine how it will formally document that it has completed the sexual abuse review committee within 30 days of investigation completion. The auditor is finding the program not in compliance with this provision because a full investigation could not have been completed the same day as an incident occurred and because there seems to be confusion around the purpose of the sexual abuse incident reviews.

Corrective Action - Provision (b)

- The program is required to address the corrective actions detailed in provision (a) and describe how it will ensure a thorough incident review is completed within 30 days of investigation completion.

Provision (c)

The AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews states, "AMIKIDS Georgetown 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." The procedure portion of this same policy describes, "2. The sexual abuse incident review team will include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners."

As previously mentioned, the program submitted the Sexual Assault Abuse Reporting form as evidence for compliance. The form was completed and electronically signed by the Executive Director and the Director of Operations. The signature lines were blank for the SC DJJ Investigator and the HSP. The auditor reminds the program that this provision requires "the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical and mental health." The document does not clearly support compliance with this standard.

Corrective Actions - Provision (c)

- The program is required to revise its policies related to this standard to

include detailing which upper-level managers will specifically attend these meetings (i.e., the PCM, HSPs, investigators, etc.) and how it will ensure input from investigators and direct care staff is reflected/documentated. The program will submit these revisions to the auditor for review and feedback.

- If during the corrective action period there are any sexual abuse allegations that are substantiated or unsubstantiated, the program is required to submit completed forms as further evidence for compliance.

Provision (d)

This PREA provision requires discussion and conclusions (and actions to prevent future situation and address current deficiencies) around the following items at a minimum: "The review team shall:

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

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

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

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

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Although the AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews states, "3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement and submit such report to the Executive Director and PREA compliance manager" and "4. AMIKIDS Georgetown will implement the recommendations for improvement or document the reasons for not doing so" there is not sufficient evidence that all of the required items are adequately addressed. As previously mentioned, the program submitted a completed Sexual Assault Abuse Reporting form. While this form includes some of the items listed in this PREA provision, the form was not thoroughly completed. There was no documentation of the discussion on any of the items (only boxes indicating yes/no were checked). The program is required to develop a form that will be used in the future to sufficiently address the items in this provision. If one already exists the program is required to submit it to the auditor to conduct a review to ensure all items are included (i.e., the

date of the review; date of the incident; date investigation was completed; outcome of the investigation; list the participants; indicate sources discussed (i.e., video footage review; DJJ investigation outcomes and testimonies; etc.).

Corrective Actions - Provision (d)

- The program is required to develop a form that will sufficiently address items in this provision and submit the form to the auditor for review and feedback. The program must ensure all components are included – e.g., the date of the review; date of the incident; date investigation was completed; outcome of the investigation; list the participants; indicate sources discussed (i.e., video footage review; DJJ investigation outcomes and testimonies; etc.); how input from line staff and investigators was included; and ensure that discussion around each of the items required in provision (d) are addressed.
- If any incidents of sexual abuse are substantiated or unsubstantiated the program will be required to submit completed sexual incident review forms to the auditor as evidence for compliance.

Provision (e)

This PREA provision requires, “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.” The AMIKids Georgetown Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews mirrors this PREA language by stating, “4. AMIKIDS Georgetown will implement the recommendations for improvement or document the reasons for not doing so.”

Based on the evidence previously discussed, the program is required to include in its revised policy who will be responsible for ensuring implementation of the corrective actions. The policy must also include how and by whom this information will be tracked or checked to ensure the action steps have been fully implemented. The program will be required to submit signed and dated training rosters to demonstrate the staff impacted by this policy have been officially informed.

Corrective Actions - Provision (e)

- The program is required to revise its policy to more clearly describe how the program will identify recommendations for improvement through the incident review process; who will be responsible for ensuring implementation of the corrective actions; how and by whom this information will be tracked or checked to ensure the action steps have been fully implemented; how this information will be communicated; etc. The program is required to submit documentation that the staff impacted by this policy have been officially informed about this revised practice.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records

	<p>verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Determining Compliance:</i></p> <ul style="list-style-type: none"> • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • Review of AMIKids PREA incident data reports • AMI Kids Georgetown Policy and Procedures 6.87 PREA: Data Collection • Review of program-specific sexual abuse and sexual harassment allegation data (12-month period) • Review of incident reports and supporting information (i.e. documents demonstrating follow-up to incidents) • Correspondences with AMIKids Risk Management Unit staff • Interview with the AMIKids Regional Director • Interview with the Georgetown Executive Director <p>Provision (a)</p> <p>The AMI Kids Georgetown Policy and Procedures 6.87 PREA: Data Collection states, “The South Carolina Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions. AMIKids-George Town will provide South Carolina Juvenile Department with information/data when requested in order to accomplish that task.”</p> <p>This PREA provision requires, “The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.” It is important to note that the term “agency” is defined as AMIKids. SC DJJ is considered the contracting agency or the oversight agency. Therefore, AMIKids is responsible for adhering to this PREA standard.</p> <p>The auditor reviewed data provided by the AMIKids Risk Management unit. The auditor reviewed the data reports which included a short description of each</p>

incident, where it occurred, when it was reported, as well as a bar graph showing the total number of incidents in a 12-month period.

The term “accurate” is a critical part of this standard. The auditor has some concerns related to the data. Among these include that all four of the allegations that occurred in the past 12 months, were inaccurately categorized as abuse. Based on PREA definitions three of these incidents should have been classified as sexual harassment and one as a sexual abuse allegation. The agency’s research unit and program leaders are required to review the PREA definitions and determine a strategy for ensuring data is accurate (allegations of sexual abuse and harassment are properly categorized).

Corrective Actions - Provision (a)

- The agency staff responsible for data collection as well as program leaders are required to carefully review the PREA definitions to better understand the classification criteria (i.e., sexual abuse versus sexual harassment). If the agency does not already have one, it must create a category to track incidents of sexual harassment.
- The program must create an oversight or quality assurance process for how these allegations are categorized (program level and agency level checks). The agency must submit a description of this process and/or a revised policy to the auditor for approval.
- The program is required to communicate the PREA definitions, new data categories, and submit evidence that new PREA definitions and related categories were communicated to the appropriate parties (i.e., program investigators, PREA Compliance Managers, the AMIKids PREA Coordinator, Risk Management Unit, etc.).
- Additionally, the program is required to revise its existing policy to reflect that the AMIKids is responsible for collecting these data; provide the standard definitions used (i.e., sexual abuse, sexual harassment, referred, unfounded, unsubstantiated, and unfounded); who collects the data, how often; how these data are tracked to be aggregated later; when data is aggregated; how data is used to improve facility safety; etc.
- The agency will be required to submit any PREA-related data (incident and outcome) to the auditor for review during the corrective action period.

Provision (b)

AMI Kids Georgetown Policy and Procedures 6.87 PREA: Data Collection states, “ The South Carolina Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions. AMIKids-George Town will provide South Carolina Juvenile Department with information/data when requested in order to accomplish that task.”

Correspondences with the AMIKid Risk Management Unit and an interview with the AMIKids Regional Director verified that aggregate data reports of PREA are provided

to each program each quarter for discussion. The auditor applauds this practice and encourages AMIkids to continue providing and discussing the data displayed in these reports. The auditor reviewed a sample of these automated reports and verified the program is in compliance on this standard provision.

Provision (c)

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

The DOJ Survey of Sexual Victimization Juvenile Survey requires the agency to report on numerous variables/data points. It is critical that the persons who will be responsible for gathering these data establish the structure for collecting these data, as they can be called upon by DOJ or SC DJJ to furnish this information at any time. No evidence related to this standard was submitted for review and therefore the program is not in compliance on this provision.

Corrective Action - Provision (c)

- The agency is required to describe their method for tracking the required DOJ variables and submit a written description of the process. The agency will share the tracker with current data with the auditor.
- The existing policy should be revised to describe what information will be collected; who will be responsible for gathering these data; any quality control strategies that will ensure the accuracy of the data; and how the data will be aggregated, communicated, and shared as required by other provisions in this standard. The program will submit this revised policy to the auditor for review and feedback.

Provision (d)

Interviews with the Regional Director and program Executive Director as well as correspondences with the AMIkids Risk Management Unit indicate that all incident-based documents, including reports, investigation files, and sexual abuse incident reviews are part of the AMIKids electronic records system. The program provided an example of the documentation for the four PREA allegations that was generated by the system. This information is retained in perpetuity.

Provision (e)

The agency does not contract with private agencies for confinement of residents. The AMIkids Georgetown program is contracted by the SC DJJ to provide housing and treatment services to youth in South Carolina. Therefore, this item is N/A and by default, the program is in compliance with this provision.

Provision (f)

Interviews with AMIKids Regional Director verified that the program will submit data

	<p>to DOJ when/if it is requested. As mentioned in provision (c), it is unclear to the auditor whether the current tracking mechanisms will allow for data to be produced to meet all of the data elements on the Survey of Sexual Violence conducted by the Department of Justice. Since AMIKids has not yet had to provide these data, the auditor finds the program in compliance on provision (f) since she can neither prove or disprove that the agency is capable of providing the requisite data. It is important to note that the program is required to furnish evidence that it has a structure in place to collect the required DOJ survey variables (see provision (c) for specific corrective actions related to this provision).</p> <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. The AMIKids agency submitted a new PREA Incident Reporting policy that includes all information (e.g. definitions, processes, responsibilities, etc.) as required by these standard provisions. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Georgetown Policy and Procedure Policy 6.88 PREA: Data Collection • 2023-AMIKids-Annual-Impact-Report-Final.pdf • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014 • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Georgetown Executive Director • Correspondences with the AMIKids Risk Management Unit <p>Provision (a)</p> <p>This PREA provision requires, “The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and</p>

training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.” PREA provision (b) requires this report to include a comparison of the current year’s data and corrective actions with those from prior years. Provision (c) requires the report to be approved by the agency head and be made readily available to the public through its website.

An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014 provided further clarification on data gathered from agencies/facilities with whom Travis County Probation contracts with to house and treat youth. The FAQ stated:

Q: “Is an agency that holds inmates on behalf of another agency pursuant to a contract responsible for posting the data and reports described in standards 115.87, 115.88, and 115.89 on its own website, in addition to reporting that information to the agency with which it holds the contract?”

A: Yes. Standards 115.87, 115.88, and 115.89 require the agency to collect and post certain data and reports on its website or, if it does not have a website, to make the data available through other means. “Agency” (standard 115.5) means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority. Therefore, a contracting agency is required to do the following with the data described in standards 115.87, 115.88, and 115.89:

- Provide the data to the parent agency in the contractual relationship; and
- Post the data on its website or, if it does not have a website, to make it available through other means.
- The parent agency in the contractual relationship is also required to post the data from the contracting agency on its website or, if it does not have a website, to make it available through other means.”

The AMIKids Georgetown Policy and Procedure Policy 6.88 PREA: Data Collection states, “The South Carolina office of Juvenile Justice is responsible for reviewing 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, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and corrective actions from each facility, as well as the agency as a whole.” This same policy states, “The South Carolina Office of Juvenile Justice is responsible for completing any annual reports. AMIKids Georgetown will provide The South Carolina Office of Juvenile Justice with information/data when requested in order to accomplish this task. The South Carolina Office of Juvenile Justice will review the collected data to identify problem areas and develop a corrective action plan if needed.” It is important to clarify that the AMIKids agency is considered the “agency” as outlined in the PREA standards, not SC DJJ. The SC DJJ is considered the

oversight body and/or the contracting agency, and therefore AMIKids is required to produce its own annual report.

The auditor reviewed the AMIKids Annual Impact report posted on the agency's website (2023-AMIKids-Annual-Impact-Report-Final.pdf. The report did not have any PREA related data or the other items required in this provision. Compliance with PREA standards requires AMIKids (the "agency") NOT the oversight or contracting agency (SC DJJ) to produce an annual report that includes identified program areas; corrective actions taken; current and prior year's PREA related data; and an assessment of the agency's progress in addressing sexual abuse. The program will be required to establish a clear practice for ensuring compliance with this standard.

Corrective Action - Provision (a)

- The agency is required to draft an annual PREA report that, at a minimum, includes identified program areas; corrective actions taken; current and prior year's PREA related data; and an assessment of the agency's progress in addressing sexual abuse. The report must include data from all juvenile justice AMIKids programs. The agency is required to submit the annual report to the auditor for review and feedback.
- Once approved by the auditor and agency head, the program is required to publish the report on its website.
- The agency is required to create a process to ensure compliance with this standard. The agency and program are required to revise its policy and procedures to more accurately reflect that AMIKids will draft the annual report (not SC DJJ). The revised policy should address the process for drafting the report, ensuring the agency head reviews and signs the report (provision c), and that specific identifiers will be removed prior to publishing the report (provision (d)). The agency and program must update its existing policy to reflect and support this new practice.

Provision (b)

A link to the SC DJJ meeting was provided to the auditor to demonstrate compliance with this provision - PREA Reports | South Carolina Department of Juvenile Justice (sc.gov). While this includes aggregate data for SC DJJ programs the last data report posted to the website is from 2019. PREA standards required the agency (AMIKids) to have a report that includes "...a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse." As previously mentioned, the program is required to demonstrate compliance with this provision as outlined in the corrective actions in provision (a).

Corrective Actions - Provision (b)

AMIKids is required to draft an annual report to include comparison data over the years and submit it to the auditor for review and approval (see corrective actions in provision (a)).

Provision (c)

This PREA provision requires, “The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.” The agency will be required to ensure that the new practice and associated policies reflect this requirement.

Corrective Action - Provision (c)

- The agency is required to establish a practice that includes the agency head approving the annual report (with signature and date as evidence of approval) and posting it on its website in a timely manner.
- In addition to the agency submitting the report to the auditor, the agency will be required to send the link to the annual report once it is posted.

Provision (d)

This PREA provision requires, “The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.” The program will be required to ensure this is part of the newly developed practice of publishing the annual PREA report.

Corrective Action - Provision (d)

- The program will be required to include language regarding redacting specific material from the reports in any revised agency and program policy and procedures and submit to the auditor for review and feedback.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Georgetown Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. The AMIKids agency submitted a new PREA Incident Reporting policy that includes language to support the annual PREA progress reporting requirement. The program also provided a detailed reporting template for the annual agency report. The auditor was informed that the full 2024 annual report will be completed, approved, and posted to the agency website by March 31st of each year. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- AMIKids Georgetown Policy and Procedure 6.89 PREA: Data, Storage, Publication, and Destruction
- 2023-AMIKids-Annual-Impact-Report-Final.pdf
- PREA Reports | South Carolina Department of Juvenile Justice (sc.gov)
- An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014
- Review of agency aggregate data
- Interview with AMIKids Regional Director
- Interview with the AMIKids Agency PREA Coordinator
- Interview with the Georgetown Executive Director
- Correspondences with the AMIKids Risk Management Unit

Provision (a)

AMIKids Georgetown Policy and Procedure 6.89 PREA: Data, Storage, Publication, and Destruction states, "The South Carolina office of Juvenile Justice is responsible for ensuring that incident-based and aggregate data are securely retained. AMIKids Georgetown data will be made readily to the public at least annually through the South Carolina Website. The South Carolina Office of Juvenile Justice is responsible maintaining sexual abuse data collected pursuant to 115.387 for at least 10 years after the data of initial collection, unless Federal , State, or local law requires otherwise. AMIKids Georgetown will provide South Carolina with information/data when requested in order to accomplish this task."

As previously explained, the "agency" in the federal PREA standards refers to AMIKids, not SC DJJ. The SC DJJ is considered the oversight agency or contracting agency. AMIKids does not currently have an annual report that addresses PREA standards

Corrective Action - Provision (a)

- The agency is required to include in its updated policies a description of how these data will be retained; when and how aggregated sexual abuse data available to the public through its website (provision (b)); and that it will remove any personal identifiers before making these data publicly available (provision (c)).
- The program is required to submit evidence that this policy has clearly communicated to those agency and program managers who will be impacted by this policy change.

Provision (b)

PREA standard requires, "The agency shall make all aggregated sexual abuse data,

from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.” As stated in provision (a) the program will be required to update its policy and practices to comply with this standard’s PREA provisions.

Corrective Action - Provision (b)

- The program is required to update its policies and practices to reflect PREA provisions and as detailed in the corrective action section of provision (a).

Provision (c)

The PREA standard requires, “Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.” As previously mentioned, AMIKids does not currently have an annual PREA progress report.

Corrective Action - Provision (c)

The program is required to update its policies and practices to reflect PREA provisions and as detailed in the corrective action section of provision (a).

Provision (d)

PREA standard provision requires, “The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”

Corrective Action - Provision (d)

- The program is required to update its policies to reflect PREA provisions and as detailed in the corrective action section of provision (a).

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The AMIKids agency submitted a new PREA Incident Reporting policy that includes language to support the annual PREA progress reporting requirement. The program also provided a detailed reporting template for the annual agency report. The auditor was informed that the full 2024 annual report will be completed, approved, and posted to the agency website by March 31, 2025. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This is the third PREA audit the Georgetown program has undergone (the previous audit was conducted in 2018 and 2021). This audit report details information obtained from the third PREA audit, the onsite portion of which was conducted on June 19th and 20th, 2024. This is the third cycle of the third year. AMIKids Georgetown is in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.</p> <p>The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports, and conducting a facility tour. The process also included interviews with several staff, contractors, and volunteers. To the best of her knowledge, the auditor adhered to the expectations outlined in the PREA Auditor Handbook Version 2.1 (revised November 2022) – i.e., sampling methods; not receiving additional financial compensation from AMIKids; and other provisions.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor has confirmed that the Georgetown final PREA audit reports (2018 and 2021) are posted on the SC DJJ website.</p> <p><u>Corrective Action:</u></p> <ul style="list-style-type: none"> • The agency is required to post the current PREA audit final report (after the corrective action period has ended) as well as previous PREA audit reports on the AMIKids website. The working link will be sent to auditor program as evidence of compliance. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the corrective action period (CAP), the program the AMIKids agency submitted a new PREA Incident Reporting policy that includes language requiring AMIKids to post final PREA audit reports to the agency website. The auditor checked the link submitted to confirm previous audit reports are posted. The auditor has determined the program is now in full compliance with this PREA standard.</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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

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

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

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

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

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

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

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

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

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

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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

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

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

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

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

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

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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