

# PREA Facility Audit Report: Final

**Name of Facility:** AMIkids Bennettsville

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/20/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kimbla Newsom	<b>Date of Signature:</b> 09/20/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Newsom, Kimbla
<b>Email:</b>	kimbla@justusadvocacy.com
<b>Start Date of On-Site Audit:</b>	08/06/2024
<b>End Date of On-Site Audit:</b>	08/07/2024

FACILITY INFORMATION	
<b>Facility name:</b>	AMIkids Bennettsville
<b>Facility physical address:</b>	620 Marlboro Way, Bennettsville, South Carolina - 29512
<b>Facility mailing address:</b>	Bennettsville, SC,

Primary Contact
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<b>Name:</b>	Joshua Cherone Brown
<b>Email Address:</b>	jbrown@amikids.org
<b>Telephone Number:</b>	8439101988

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Joshua Cherone Brown
<b>Email Address:</b>	jbrown@amikids.org
<b>Telephone Number:</b>	8439101988

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	15
<b>Average daily population for the past 12 months:</b>	15
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	14-21
<b>Facility security levels/resident custody levels:</b>	Intensive
<b>Number of staff currently employed at the facility who may have contact with</b>	23

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

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

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Wendell Watson	<b>Email Address:</b>	wlw@amikids.org
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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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:	2024-08-06
2. End date of the onsite portion of the audit:	2024-08-07

#### Outreach

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

### AUDITED FACILITY INFORMATION

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

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**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**

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>16</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>On the first day of the audit there was a total of 16 residents assigned to two housing units: 12 African American residents, 2 Caucasian residents, 1 Hispanic resident, and 1 "Other" resident. The residents ranged in age of 14-18 and except for one resident, all students arrived at the facility in 2024. Five residents were identified with having either an emotional or learning disability.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	21
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	3
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	The facility had direct care staff (i.e., Youth Care Specialists), Intermediate or higher-level staff, intake staff (i.e., Human Services Professionals), administrative staff, administrators, educational staff, vocational staff, and a volunteer during the onsite visit.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12



<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Upon receiving the roster of residents the Auditor utilized an online random number generator (i.e., calculator.net) to select residents for interview and ensured all housing units were covered. The Auditor also made sure to include a range of racial-ethnic groups for interview, a range of length of stays of residents, and a range of ages of the resident population were considered for the random interviews. The Auditor had an original list of residents selected at random for interview and a back-up list ready in the event youth selected were no longer present or refused to be interviewed.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor oversampled random residents for interview due to limited number available for targeted interviews.</p>

<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	3
<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>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the vulnerability assessment for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The facility provided a list of all residents with disabilities to include those with an emotional disability and a special learning disability. Residents with disabilities were selected for targeted interview.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender, race/ethnicity</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were no barriers to selecting staff for interview and each staff person agreed to be interviewed and were very pleasant throughout the interview process.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>19</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The facility provided a roster of staff in all the specialized categories and at least one representative from each of those categories was selected for interview. All specialized staff were cooperative during interviews and several staffers held multiple PREA-related positions within the facility.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was able to access all areas of the campus to include the housing units, administrative building, vo-tech building, dining hall, education building, outside recreation areas, and sheds that had supplies.</p>
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**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.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The PREA Compliance Manager provided the auditor with a sample of documents via the PREA OAS. During the onsite portion of the audit, the auditor randomly selected records to be reviewed of residents, staff, contractors, and volunteers. All requested files were provided to the auditor.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	N/A - there were no sexual abuse incidents for the Bennettsville facility dating back to the previous audit.

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



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>N/A -There were no sexual harassment incidents for the Bennettsville facility dating back to the previous audit.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>N/A - There were no sexual abuse or sexual harassment incidents for the Bennettsville facility dating back to the previous audit.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.311 (i.e., AMIkids Policy # 6.11), and</li> <li>· Organization Chart 2024</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency Head/Designee (Regional Director)</li> <li>· Agency PREA Coordinator</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to have a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Bennettsville PAQ completed by agency officials indicates the agency’s zero-tolerance policy for sexual abuse and sexual harassment is in the form of Policy #6.11 with the subject “Zero-Tolerance; PREA Coordinator.”</p> <p>The Organization Chart 2024 shows the PREA Compliance Manager (i.e., Program PREA Coordinator on organization chart) for the facility reports directly to the Bennettsville Executive Director, who reports to the Regional Director. Interviews with the Regional Director and PREA Coordinator took place during the pre-onsite audit phase. The Regional Director indicated the PREA Coordinator has been given the authority to oversee efforts for all AMIkids South Carolina facilities to comply with the PREA standards. The PREA Coordinator confirmed his role and ability to work with Bennettsville leadership on implementing and complying with the PREA standards. During the onsite audit both the Bennettsville Executive Director and PREA Compliance Manager were interviewed, and they discussed their roles in implementing and complying with the PREA standards.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.311: based on complying in all material ways with this standard for the review period.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.312 (i.e., AMIkids Policy No. 6.12),</li> <li>· Letter of Agreement with Pee Dee Coalition Against Domestic and Sexual Assault Marlboro County,</li> <li>· Email agreement with McLeod Health Cheraw, and</li> <li>· Memorandum of Understanding with Marlboro County Sheriff’s Department</li> </ul> </li> <li>2. Interviews/Discussions with:</li> </ol>

	<ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Agency Contract Administrator</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency that contracts with outside organizations for confinement of residents, to ensure those contractors adopt and comply with the PREA standards. The Bennettsville PAQ completed by agency officials indicated the agency’s standard for contracting with organizations providing placement services for children, is outlined in AMIkids Policy No. 6.12 with the subject “Contracting with Other Entities for Confinement of Residents.”</p> <p>The AMIkids Policy # 6.12 states “AMIkids Bennettsville does not contract with outside entities to hold its residents.” Bennettsville officials did upload several agreements to the Online Audit System (OAS) with community organizations that provide counseling, advocacy, and investigative services for the facility. During interviews with the Bennettsville Executive Director/Contract Administrator it was confirmed the facility does not contract with outside entities to confine residents but rather Bennettsville is a residential contract provider for South Carolina Department of Juvenile Justice.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.312: based on complying in all material ways with this standard for the review period.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.313 (i.e., AMIkids Policy No. 6.13, Attachment 6.13A, Attachment 6.13B),</li> <li>· Staffing Plan document,</li> <li>· Annual Staff Plan Assessment dated 8/7/24,</li> <li>· Review of Shift Observation (i.e., Unannounced PREA Observation forms), and</li> <li>· AMIkids Daily Shift &amp; Night Shift Logs</li> </ul>

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Bennettsville PREA Compliance Manager
- Intermediate/Higher-Level Facility Staff (3)

3. Site Review/Observations:

- Observations of youth and staff in campus programming or on housing units
- Informal discussions with facility staff
- Review of facility logbooks
- Review of video surveillance

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

The AMIkids Policy #6.13 indicates "facilities will comply with the staffing plan except during limited and discreet exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis." The Executive Director and PREA Compliance Manager confirmed that no deviations from the staffing plan have taken place during the audit review period.

Blank copies of the Annual PREA Staffing Plan Assessment and Unannounced PREA Observation Form were uploaded to the OAS by Bennettsville Officials. Additionally, Unannounced PREA Observation Form completed by the PREA Compliance Manager in Apr-May-Jun-24 were uploaded to the OAS as well. During the onsite audit the auditor reviewed daily and night shift logs from the months of April 2024 thru August 2024. Several supervisory-level staff were interviewed, and they discussed when and how unannounced rounds are conducted and measures in place to prevent staff from alerting others about rounds. Supervisory rounds of security checks and walkarounds can also be documented in logbooks. Staff on the dorms have walkie talkies to communicate and this was observed during the site review along with the placement of cameras throughout the facility. Youth Care Specialists confirmed during informal discussions that each staff is assigned a walkie talkie when they start their daily shift.

During the evidence review period the facility provided a copy of the Annual PREA Staff Plan Assessment that was completed and dated for 8-7-24. The form includes information on the facility composition, staffing plan review checklist, video monitoring, and staff members involved in the assessment that was conducted. Bennettsville leadership team along with the Regional Director signed off on the annual assessment that was completed.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.313: based on complying in all material ways with this standard for the review period.
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115.315	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.315 (i.e., AMIkids Policy No. 6.15), and</li> <li>· Staff training records</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Staff (12)</li> <li>· Random Residents (12)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of youth and staff in programming or on housing units</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or when done by medical practitioners. The Bennettsville PAQ completed by agency officials indicates the facility's procedure for cross-gender viewing and searches is outlined in AMIkids Policy # 6.15 with a subject "Limits to Cross-Gender Viewing and Searches."</p> <p>The AMIkids Policy 6.15. indicates "cross-gender strip and visual body cavity searches are prohibited" and "cross-gender pat-down searches are prohibited." The review of logs of pat-down and strip searches did not indicate any cross-gender searches of any kind by non-medical personnel. Review of facility training records do reflect staff have been trained to conduct cross-gender searches in a professional and respectful manner. During interviews with both residents and staff none reported the use of cross-gender searches. The residents disclosed that only male staff search them and that during shower/restroom time a male staff is near the</p>



	<p>shower area to monitor residents. Female staff knock and announce their presence when entering a housing unit. Staff reported that while they do not conduct cross-gender searches, training has been provided on how to conduct searches in a respectful manner. No staff recalled having any transgender or intersex residents placed at the facility within the past twelve months.</p> <p>Additional documentation uploaded to the OAS for this standard included the “ID child abuse training”, “Keeping kids safe training,” “Mandatory reporting 1,” “PREA training 1,” and “PREA Training Agenda.” The Bennettsville Executive Director and PREA Compliance Manager confirmed the facility prohibits any cross-gender viewing and searches. However, that staff are provided with training on searching residents in a professional manner. During the site tour residents were observed in school.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.315: based on complying in all material ways with this standard for the review period.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.316 (i.e., AMIkids Policy No. 6.16),</li> <li>· Language Line Solution® Quick Reference Guide, and</li> <li>· PREA Student Visitor Pamphlet in Spanish</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Human Services Professionals (2)</li> <li>· Residents with Disabilities (3)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of PREA materials displayed in housing units</li> </ul> </li> </ol>

Analysis and triangulation of information: this standard requires agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The Bennettsville PAQ completed by agency officials indicated the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in AMIkids Policy #6.16 with the subject “Residents with Disabilities and Residents Who are Limited English Proficient.”

AMIkids Policy # 6.16 indicates the facility “prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under 115.364, or the investigation of the resident’s allegations.” Documentation uploaded to the PREA Online Audit System (OAS) included a The Language Line Solutions® Reference Guide. This guide identifies interpreter services and instructions on how to access these services. The PREA student visitor pamphlet in Spanish was also reviewed as part of the uploaded supplemental documentation in OAS. The Executive Director and Human Services Professionals stated that interpreter services are available through Language Line Solutions; however, neither could recall any recent residents needing interpreter services. The Human Services Professionals stated information on PREA, and the facility rules are read residents and posted throughout the facility. Three (3) residents with an emotional or learning disability was interviewed and each stated the PREA information provided to them was in a format they understood.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.316: based on complying in all material ways with this standard for the review period.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.317 (i.e., AMIkids Policy No. 6.17, and Attachment 6.17A),</li> <li>· Employee Files – background check records, self-evaluation reviews, state child registry checks and clearances (i.e., Policy Acknowledgment, Self-Declaration of Sexual Abuse/Sexual Harassment, State Law Enforcement Division – SLED Catch results, Request for Criminal History Record Review and/or Research for Group Home</li> </ul> </li> </ol>

Employees, AMIkids Justification Statement for Hiring, South Carolina Department of Social Services background check results letter, Sex Offender Registry Check results, National Sex Offender Public Website searches,

2. Interviews/Discussions with:

- Administrative Staff (Human Resources Representative)
- Executive Director
- Bennettsville PREA Compliance Manager

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

AMIkids Policy #6.17 indicates in Procedure (1): "Background screenings shall be conducted to ensure all AMIKIDS BENNETTSVILLE employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards." The policy goes further to state in Procedure (3) "all provider and AMIKIDS BENNETTSVILLE employees will be rescreened every five years continued employment." Finally, in Procedure (6) of the policy it states "AMIKIDS BENNETTSVILLE shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of review of current employees." Bennettsville officials uploaded a blank copy of the Self-Declaration of Sexual Abuse/Sexual Harassment form. The Executive Director and PREA Compliance Manager both are involved in the hiring, promotion, and termination of facility staff. All background checks are completed prior to an employment offer letter being extended to prospective employees. Records (i.e., Department of Social Services clearance, consent to release information, sex offender registry check, SLED catch results, and the Self-Declaration of Sexual Abuse/Sexual Harassment form) were reviewed for 20 of the staff and the volunteer with no deficiencies observed.

The Bennettsville PAQ indicated the following with respect to employees, contractors, and volunteers:

o Number of staff currently employed at the facility who may have contact with residents = 23

o Number of staff hired by the facility during the past 12 months who may have contact with residents = 27

o Number of contracts in the past 12 months for services with contractors who may have contact with residents = 4

	<p>o Number of individual contractors who have contact with residents, currently authorized to enter the facility = 3</p> <p>o Number of volunteers who have contact with residents, currently authorized to enter the facility = 1</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.317: based on complying in all material ways with this standard for the review period.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.318 (i.e., AMIkids Policy No. 6.18, and Attachment 6.18A), and</li> <li>· AMIkids PREA Physical Plant Considerations form</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Director of Operations</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of areas with video surveillance on campus</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The Bennettsville PAQ completed by agency officials indicates the facility’s standard regarding upgrades to facilities and technologies is outlined in AMIkids Policy #6.18 with the subject “Upgrades to Facilities and Technologies.”</p> <p>A blank copy of the PREA Physical Plant Considerations form was uploaded to the OAS by Bennettsville officials. The Executive Director informed the auditor there has been no upgrades to the facility in the past 3 years. The PREA Compliance Manager showed the auditor the surveillance equipment available on the computers of the</p>

	<p>Director of Operations and Executive Director. Sixteen total cameras were observed on the monitoring equipment to be operational on campus. Video surveillance was observed during the site tour in all common areas of the facility. The Vo-tech building did not have any video surveillance, but the PREA Compliance Manager shared this building is being used for storage and a sign was observed on the door that indicated “stop no students allowed.” The Director of Operations was interviewed, and he indicated that he and the Executive Director has video surveillance on their work computers and in the event a camera is inoperable, a work order is put in the issue is resolved in a timely manner.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.318: based on complying in all material ways with this standard for the review period.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.321 (i.e., AMIkids Policy No. 6.21, and Attachment 6.22A),</li> <li>· Sexual Abuse Incident Check Sheet,</li> <li>· Letter of Agreement with Pee Dee Coalition Against Domestic and Sexual Assault – Marlboro County,</li> <li>· MOU with Marlboro County Sheriff’s Department, and</li> <li>· Email agreement with McLeod Health Cheraw</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Staff (12)</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings</p>

and criminal prosecutions. Bennettsville PAQ completed by agency officials indicates the procedure for evidence protocol and forensic examinations of investigations into allegations of sexual abuse is outlined in AMIkids Policy 6.21 with the subject "Evidence Protocol and Forensic Medical Examinations." The policy indicates all sexual abuse allegations are reported to the Bennettsville Policy Department, South Carolina Department of Social Services, and the Department of Juvenile Justice. Additionally, the policy indicates CareSouth Carolina will be contacted to provide victim advocate services if it's not available through the rape crisis center.

A Sexual Abuse Incident Check Sheet was uploaded to OAS for this standard. This form includes information about the initial report or allegation of sexual abuse, initial PREA review 48 to 72 hours after report, and ongoing PREA retaliation monitoring. A signed and Letter of Agreement with Pee Dee Coalition Against Domestic and Sexual Assault-Marlboro County, Memorandum of Understanding with Marlboro County Sheriff's Department, and Email agreement with McLeod Health Cheraw was also uploaded by facility administrators and reviewed by the auditor. The Executive Director and PREA Compliance Manager confirmed that investigations into sexual abuse and sexual harassment are conducted by the Marlboro County Sheriff's Office and South Carolina Department of Juvenile Justice. Additionally, it was shared that an agreement is in place with Pee Dee Coalition Against Domestic and Sexual Assault to provide forensic examinations of investigations into allegations of sexual abuse. During the site review, contact information for the investigative and supportive services entities were posted in common areas of the facility. Staff disclosed during random interviews that the local sheriff's office and/or DJJ conducts investigations into sexual abuse and sexual harassment.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.321: based on complying in all material ways with this standard for the review period.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.322 (i.e., AMIkids Policy No. 6.22, and Attachment 6.22A),</li> <li>· PREA log (i.e., Sexual Abuse Incident Check Sheet), and</li> <li>· MOU with Marlboro County Sheriff's Department</li> </ul> </li> </ol>

2. Interviews/Discussions with:

- Agency Head/Designee (Regional Director)
- Agency PREA Coordinator
- Bennettsville Executive Director
- Bennettsville PREA Compliance Manager

3. Site Review/Observations:

- Review of the DJJ agency website

Analysis and triangulation of information: this standard requires the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. Bennettsville PAQ completed by agency officials indicated the policy in place to ensure referrals of allegations for investigation is AMIkids Policy #6.22 with the subject "Policies to Ensure Referrals of Allegations for Investigations."

During the pre-onsite audit phase, the Regional Director and PREA Coordinator informed the auditor there were no incidents of sexual abuse investigated or concluded during the audit review period for the Bennettsville facility. The Bennettsville Executive Director and PREA Compliance Manager during the onsite audit disclosed there were no referrals made to the sheriff's office, DJJ, or DSS for allegations of sexual abuse or sexual harassment. The Sexual Abuse Incident Checklist Sheet was reviewed; however, there were no completed forms to suggest any incidents of sexual abuse or sexual harassment had occurred during the review period.

Bennettsville officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals of allegations for investigation in the past 12 months:

- o The number of allegations of sexual abuse and sexual harassment that were received = 0
- o The number of allegations resulting in an administrative investigation = 0
- o The number of allegations referred for criminal investigation = 0

The South Carolina (SC) Department of Juvenile Justice (DJJ) website does have a link to a PREA policy that includes Policy No. 328 that is titled "Investigations." AMIkids Policy 6.22 indicates "in the event of sexual abuse allegations the Union County Sheriff's Office, the South Carolina Department of Social Services, and the Department of Juvenile Justice will be notified immediately." The policy goes further

	<p>to state that AMIkids Bennettsville will document referrals made in their PREA log. AMIkids Policy 6.22 does not delineate the responsibilities of the investigative bodies. The letter of agreement between AMIkids Bennettsville and Marlboro County Sherriff’s Office was reviewed. During the interview with the Executive Director, it was confirmed that an agreement is in place with the entities listed in the policy to conduct criminal and administrative investigations.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.322: based on complying in all material ways with this standard for the review period.</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.331 (i.e., AMIkids Policy No. 6.31),</li> <li>· PREA Staff Training information sheet, and</li> <li>· Training Documents – ID child abuse training, keeping kids safe training, mandated reporting, PREA training 1, and PREA Training Agenda</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Staff (12)</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. Bennettsville PAQ completed by agency officials indicates employee training on the agency’s zero tolerance toward all forms of sexual abuse and sexual harassment is outlined in AMIkids Policy No. 6.31 with the subject “Employee Training.”</p> <p>AMIkids Policy 6.31 indicates that training for new hires is completed within 180 days of employment. The in-service training includes eleven (11) PREA topics in line</p>



with the employee training requirements listed in the PREA standards. AMIkids staff also receive annual refresher PREA training as per the policy. Training topics uploaded to the OAS included “Identifying Child Abuse and Neglect 1 hr.,” “Creating a Child Safe Environment – hr.,” “Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIkids Staff – 2.5 hr.,” “PREA – 1hr.,” and “PREA Training Agenda.”

Training records for 14 staff were reviewed on site and included certificates of completion for mandated reporting of child abuse and neglect; identifying child abuse and neglect; creating a child safe environment, PREA, and the signed policy acknowledgments. Records for two staff members did not reflect all the completed PREA trainings. The PREA Compliance Manager and Executive Director shared that training begins after all background check clearances have been received. A training calendar is sent out each month to staff with the sessions that are required to remain in compliance with agency policy. During the random staff interviews each staff shared they complete new hire training that includes PREA topics, and they have refresher trainings annually. It was reported that most of the PREA training takes place online; however, other sessions can be via classroom instruction.

During the evidence review period of the audit, copies of certificates of completion for PREA training was provided to the auditor for those staff members who had missing PREA course records during the onsite audit.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.331: based on complying in all material ways with this standard for the review period.

115.332	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.332 (i.e., AMIkids Policy No. 6.32, and Attachment 6.32A),</li> <li>· PREA Training Agenda form, and</li> <li>· Volunteer/Contractor training records – Completed and signed Policy Acknowledgment forms</li> </ul> </li> <li>2. Interviews/Discussions with:</li> </ol>

	<ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager; and</li> <li>· Volunteer (1)</li> </ul> <p>Analysis and triangulation of information: this standard requires volunteer or contract staff who interact with residents to be trained on their responsibilities under the agency’s policies and procedures for sexual abuse and sexual harassment. The Bennettsville PAQ completed by agency officials indicates the process for volunteer and contractor training is outlined in AMIkids Policy No. 6.32 with the subject “Volunteer and Contractor Training.”</p> <p>The Bennettsville facility information document indicated the facility has three (3) contract staff and one (1) volunteer that has contact with residents. A blank copy of the Policy Acknowledgment form was uploaded to the OAS. The Bennettsville PAQ indicated one (1) volunteer/contract staff who have contact with residents. The training records was reviewed for both contractor and volunteer staff who come onsite to the facility and interact routinely with residents. The signed PREA policy acknowledgment was observed for the volunteer staff person but not for the contract staff. The auditor informed the Executive Director that since the contractors have routine contact with residents on site at the facility, those individuals need to receive training on their duties specific to the agency’s PREA policy. The volunteer staff person was interviewed onsite, and she was able to talk about her responsibilities under the agency’s PREA policies. The volunteer informed the auditor that she was not aware of any PREA incidents occurring at the facility nor has a resident made any direct reports to her about sexual abuse and sexual harassment.</p> <p>During the evidence review period, the auditor was provided with the signed PREA policy acknowledgement for the three (3) contract staff persons who provide counseling services to residents on site at the facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.332: based on complying in all material ways with this standard for the review period.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The evidence relied upon to determine compliance with this standard included: <ol style="list-style-type: none"> <li>1. Review of documentation consisting of:</li> </ol>

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.333 (i.e., AMIkids Policy No. 6.33, and Attachment 6.33A),
- Resident PREA education records (i.e., Youth Acknowledgment and Notification of Prison Rape Elimination Act),
- AMIkids “Let’s Talk” forms,
- AMIkids Medical Request forms,
- Bennettsville Student Handbook

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Bennettsville PREA Compliance Manager
- Random Residents (12)
- Residents with Disabilities (3)
- Intake Staff/Human Services Professionals (1)

3. Site Review/Observations:

- Observations made throughout common areas of the facility
- Informal discussions with residents

Analysis and triangulation of information: this standard requires the agency to educate residents on the facility’s zero tolerance policy for sexual abuse and harassment. Additionally, residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The Bennettsville PAQ completed by agency officials indicated that resident education on PREA requirements is outlined in AMIkids Policy No. 6.33 with the subject “Resident Education.”

The Executive Director and PREA Compliance Manager stated that youth typically receive PREA resident education during the intake process but no later than 10 days of admission with the information being maintained in the youth’s case management file. The resident handbook was also reviewed that included information on PREA. The PREA education materials was provided to the auditor for those residents with limited English proficiency, those deaf, visually impaired, and those residents with limited reading skills. During resident interviews the youth indicated they receive information on PREA the first day they arrive. The Human Services Professionals serve as the intake staff, and they read over the PREA resident education information with residents and have them initial PREA acknowledgment forms. The auditor reviewed the PREA acknowledgment forms for 11 residents with no deficiencies being observed. During the site tour the auditor

	<p>observed PREA information posted in common areas of the facility in formats that could be easily understood by residents. "Let's talk" and medical request forms were also observed on the housing units for youth to fill out as needed.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.333: based on complying in all material ways with this standard for the review period.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.334 (i.e., AMIkids Policy No. 6.34), and</li> <li>· South Carolina Department of Juvenile Justice (DJJ), Investigations Policy # 328</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to conduct specialized training to investigative staff on conducting investigations in confinement facilities. The Bennettsville PAQ completed by agency officials indicated that specialized training for investigators on PREA requirements is outlined in AMIkids Policy No. 6.34 with the subject "Specialized Training: Investigators."</p> <p>AMIkids Policy 6.34 indicates "The Department of Juvenile Justice, Bennettsville Policy Department, or Department of Juvenile Justice component shall conduct investigations of allegations of sexual abuse (incident resident-on-resident sexual abuse and staff sexual misconduct)." The Bennettsville Executive Director and PREA Compliance Manager confirmed the agency does not conduct formal investigations for sexual abuse and sexual harassment incidents but rather the local police department, sheriff's office, and/or DJJ conducts such investigations. While it is that outside entities conduct PREA-related investigations for the Bennettsville facility, the agency PREA Coordinator has received specialized training for</p>

	<p>investigations and his certificate of completion was provided to the auditor by the agency PREA Coordinator.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.334: based on complying in all material ways with this standard for the review period.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.335 (i.e., AMIkids Policy No. 6.35), and</li> <li>· Staff training records</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Human Services Professionals (2)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. The Bennettsville PAQ completed by agency officials indicated specialized training for medical and mental health staff on PREA requirements is outlined in AMIkids Policy No. 6.35 with the subject “Specialized Training: Medical and Mental Health Care.”</p> <p>AMIkids Policy 6.35 indicates “Bennettsville will train all full and part-time medical and mental health care practitioners” in their PREA requirements. The PAQ indicates the facility does not employ any medical and mental health staff at the time of its submission. Staff training files did not reflect any specialized training on medical and mental health care. Interviews with the Executive Director and PREA Compliance Manager revealed that residents are taken off site for medical services and the agency contracts with mental health professionals to provide counseling services to residents. The Human Services Professionals do serve as intake staff and complete the screening for sexual victimization and abusiveness along with meet</p>

	<p>with residents on a weekly basis related to their case planning. Additionally, the HSPs have access to the grievance boxes that are checked daily and scanned to the DJJ representative who investigates, and resolves are grievances at the facility. It is recommended by the auditor that the HSPs receive specialized training for medical and mental health care staff due to their roles and responsibilities directly connected to the PREA policies and procedures.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.335: based on complying in all material ways with this standard for the review period.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.341 (i.e., AMIkids Policy No. 6.41, and Attachment 6.41A), and</li> <li>· VSAB for Youth (i.e., Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form RC-8050-2)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Residents (12)</li> <li>· Staff that Perform Screening for Risk of Victimization and Abusiveness (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of youth in programming and on housing units</li> <li>· Informal discussions with facility staff and residents</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to gather and use information about each resident’s personal history and behavior to</p>

	<p>lower their risk of being a victim of sexual abuse or being sexually abusive. The Bennettsville PAQ completed by agency officials indicated the process for obtaining information from residents is outlined in AMIkids Policy No. 6.41 with the subject “Screening for Risk of Victimization and Abusiveness.”</p> <p>AMIkids Policy 6.41 indicates “within 72 hours of admission and periodically throughout a resident’s confinement” a screening for VSAB will take place. A youth a risk is documented on the facility alert log. A blank VSAB form was uploaded to the OAS. During the onsite audit, a total of eleven (11) completed VSAB were reviewed with all being completed within 72 hours of the resident’s admission into the program. No periodic reassessments were observed in the student records reviewed. Interviews with residents revealed the screening is completed on day one of admission; however, no resident recalled being asked the same/similar questions throughout their confinement period. Interviews with the staff who perform the screening for risk of victimization revealed the screening is completed on day of admission by the Human Services Professionals. However, there is no periodic screening for VSAB after the initial one completed for residents. This was brought to the attention of the Executive Director and PREA Compliance Manager and that the facility would need to revise it process to ensure a periodic reassessment of VSAB should occur for at least residents who have been identified at risk for victimization or abusiveness.</p> <p>During the evidence review period the facility provided the auditor with an 8/8/24 dated facility memo addressed to the “treatment team” and the content includes information that “when conducting the VSAB with incoming youth, a score of 4 or above will require the VSAB to be updated every 90 days.” A section on the memo has a space for the Human Services Professionals (HSPs) to sign off they have read and acknowledge the information provided.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.341: based on complying in all material ways with this standard for the review period.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>Review of documentation consisting of: <ul style="list-style-type: none"> <li>Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>PREA 115.342 (i.e., AMIkids Policy No. 6.42), and</li> </ul> </li> </ol>

- Facility logbooks

2. Interviews/Discussions with:

- Bennettsville PREA Compliance Manager
- Bennettsville Executive Director
- Director of Operations
- Human Services Professionals (2)

3. Site Review/Observations:

- Observations of residents in programming on campus

Analysis and triangulation of information: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program, education, and work assignments for residents. Bennettsville PAQ completed by agency officials indicated the procedure for placement of residents in housing, bed, program, education, and work assignments is outlined in AMIkids Policy No. 6.42 with the subject "Use of Screening Information."

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

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

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

The AMIkids Policy 6.42 denotes isolation can be used as a last resort with a review every 30 days but is "only used when less restrictive measures are not adequate to keep them or other residents safe, and then only until alternative means of keeping all residents safe can be arranged." During discussions with the Executive Director and PREA Compliance Manager it was revealed the facility does isolate residents. In the event a resident is a danger to himself/others or in need of protective custody the resident is placed on a one-on-one supervision status with a supervisory-level staff person, but the resident remains in programming throughout the day. The Human Services Professionals (HSPs) are responsible for placement of residents in housing. The Executive Director and Director of Operations could also be involved in resident housing assignments. The HSPs stated they have not had to place a resident on a one-on-one supervision status due to PREA-related matters. The Director of Operations shared when a resident is placed on a one-on-one supervision status this information is documented in facility logbooks. Review of facility logbooks during the audit period did not reflect any residents being placed on a one-on-one supervision status due to any sexual abuse or sexual harassment incidents.



	<p>During the site tour the auditor did not observe any residents being isolated from other residents nor any residents on a one-on-one supervision status on campus.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.342: based on complying in all material ways with this standard for the review period.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.351 (i.e., AMIkids Policy No. 6.51),</li> <li>· AMIkids, Inc. &amp; Affiliated Program: Team Member Reference Guide, and</li> <li>· AMIkids Bennettsville, Inc. Student Handbook</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Staff (12)</li> <li>· Random Residents (12)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations made on housing units and other areas of programming Informal discussions with facility staff and residents</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to provide several internal ways for residents to privately report sexual abuse or sexual harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The Bennettsville PAQ completed by agency officials indicated the process for resident reporting is outlined in AMIkids Policy No. 6.51 with the subject "Resident Reporting."</p> <p>The AMIkids Policy 6.51 denotes the reporting methods of informing staff,</p>

completing a grievance form, speaking with treatment counselors, and speaking with anyone to include the Director. The policy goes further to state that staff are mandatory reporters and must report within 2 hours of gaining knowledge about a PREA-related incident and document all reports within 8 hours of gaining knowledge of an alleged incident. The abuse hotline for the agency is also included in the policy. During random interviews with both staff and residents, each group could articulate the ways in which they could report sexual abuse and sexual harassment to someone outside of the facility/agency. During the site tour the auditor observed the contact number and address for Pee Dee Coalition in the administrative building but not in other common areas such as the dorms, school, and dining area. The auditor made recommendations to add the contact number and address for Pee Dee Coalition to the living units, dining area, and education building. The contact information for outside support services that were posted throughout the facility were contacted by the auditor to verify they were working numbers. Residents did disclose they had the option to use the "RED phone" to call the hotline. It was disclosed by the Executive Director and PREA Compliance Manager that the RED phones are no longer operable; therefore, residents are brought to the administration building to conduct PREA hotline calls. It was recommended the auditor that they facility update the intake process to reflect that PREA hotline calls can be made at the administration building instead of using the RED phones that are located on the housing units.

On Page 14 of the "AMIkids, Inc. & Affiliated Program: Team Member Reference Guide" is the information on PREA. On Page 40 of the Bennettsville Student Handbook is PREA information on preventing and reporting sexual harassment, sexual misconduct, and sexual assault/rape. Information on reporting any sexual harassment, sexual misconduct, sexual assault/rape is also included along with counseling and medical assistance. The auditor did not observe any information in the handbook nor posted with respect to contact information on the local consulate or Department of Homeland Security for residents detained solely for immigration purposes. The Executive Director informed the auditor that the facility only takes resident committed by South Carolina Department of Juvenile Justice. The facility does not accept placements of residents detained solely for immigration purposes.

During the evidence review period the auditor received a copy of an agency memo dated for 8/8/24 to the "treatment team." The memo includes a directive for Human Services Professionals to inform residents during the intake process of PREA calls being made in the administrative office and not on the dorms. In the event the RED phones are operational in the future, the HSPs will update the intake process to reflect this information. Both HSPs signed off that they have read and acknowledge the change to their intake process regarding PREA hotline calls.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.351: based on complying in all material ways with this standard for the review period.

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 1340 1276" style="list-style-type: none"> <li data-bbox="280 412 874 448">1. Review of documentation consisting of: <ul data-bbox="280 483 1340 775" style="list-style-type: none"> <li data-bbox="280 483 970 519">· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li data-bbox="280 555 970 591">· PREA 115.352 (i.e., AMIkids Policy No. 6.52),</li> <li data-bbox="280 627 1340 707">· South Carolina Department of Juvenile Justice “Application of the PREA Standards” Policy #336 &amp; “Investigations” Policy #328, and</li> <li data-bbox="280 743 829 779">· AMIkids Grievance Procedure form</li> </ul> </li> <li data-bbox="280 815 715 851">2. Interviews/Discussions with: <ul data-bbox="280 887 919 1133" style="list-style-type: none"> <li data-bbox="280 887 798 922">· Bennettsville Executive Director</li> <li data-bbox="280 958 919 994">· Bennettsville PREA Compliance Manager</li> <li data-bbox="280 1030 817 1066">· Human Services Professionals (2)</li> <li data-bbox="280 1102 676 1137">· Random Residents (12)</li> </ul> </li> <li data-bbox="280 1173 689 1209">3. Site Review/Observations: <ul data-bbox="280 1245 1200 1281" style="list-style-type: none"> <li data-bbox="280 1245 1200 1281">· Observations on housing units of grievance boxes and forms</li> </ul> </li> </ol> <p data-bbox="280 1388 1436 1630">Analysis and triangulation of information: this standard requires agencies to have procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The Bennettsville PAQ completed by agency officials indicated exhaustion of administrative remedies is outlined in AMIkids Policy No. 6.52 with the subject “Exhaustion of Administrative Remedies.”</p> <p data-bbox="280 1666 1455 2078">AMIkids Policy 6.52 indicates “AMIkids Bennettsville does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse” which is formally investigated by DJJ. The policy goes further to state that sexual harassment grievances are addressed thru the facility grievance process. The Human Services Professionals (HSPs) informed the auditor that the HSPs are responsible for checking the grievance boxes daily and they scan all grievances to the DJJ representative assigned to investigate and resolve all grievances for the Bennettsville facility. The HSPs stated they have not had an PREA-related grievances brought to their attention or observed in the grievance boxes. This was also confirmed in random</p>

	<p>interviews with residents and discussions with the Executive Director and PREA Compliance Manager. Residents also confirmed in interviews that use of the grievance system is a way they can report sexual abuse and sexual harassment incidents.</p> <p>Bennettsville officials provided the following responses on the Pre-Audit Questionnaire with respect to administrative remedies in the past 12 months:</p> <ul style="list-style-type: none"> <li>o The number of grievances that were filed that alleged sexual abuse = 0</li> <li>o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = 0</li> <li>o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = 0</li> <li>o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = 0</li> </ul> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.352: based on complying in all material ways with this standard for the review period.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.353 (i.e., AMIkids Policy No. 6.53),</li> <li>· Pee Dee Coalition letter of agreement,</li> <li>· AMIkids PREA brochure for students, and</li> <li>· Bennettsville Student Handbook</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville PREA Compliance Manager</li> <li>· Bennettsville Executive Director</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>· Random Residents (12)</li> </ul> <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> <li>· Observations made on housing units and other areas of programming</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The Bennettsville PAQ completed by agency officials indicated the process for resident access to outside support services and legal representation is outlined in AMIkids Policy No. 6.53 with the subject "Resident Access to Outside Confidential Support Services."</p> <p>The policy 6.53 indicates that contact information is supportive services are provided to residents during the intake process and is posted throughout the facility. The policy goes further to state that residents are permitted 1 call per week to their parents/guardians, 2 face-to-face visits or skypes per month, and unlimited written communication via email to their parents/guardians.</p> <p>The letters of agreement between AMIkids with Pee Dee Coalition was reviewed. Pee Dee Coalition provides victim advocate and/or rape counseling referrals services. The AMIkids Policy 6.53 also indicates Pee Dee Coalition provides referral services to youth in need of medical care to the appropriate local agencies in the event of sexual assault. Interviews with the Bennettsville Executive Director and PREA Compliance Manager confirmed the outside support services available to students on campus. Random resident interviews also revealed the students were aware of outside support services that was posted in common areas throughout the facility. Residents also confirmed they see their probation officer at DJJ at least once monthly and can talk to them via phone anytime they needed. Information on the outside support services were observed in PREA brochures and the student handbook.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.353: based on complying in all material ways with this standard for the review period.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p>

	<ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.354 (i.e., AMIkids Policy No. 6.54)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Random Residents (12)</li> </ul> <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> <li>· Observations made on housing units and other areas of programming</li> <li>· Review of the South Caroline Department of Juvenile Justice website</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The Bennettsville PAQ completed by agency officials indicated that third-party reporting is outlined in AMIkids Policy No. 6.54 with the subject “Third-Party Reporting.”</p> <p>The AMIkids Policy 6.54 indicates posters with reporting information will be displayed throughout the facility. Additionally, pamphlets with reporting information are also made available in visiting areas of the facility and the check-in counter/ desk. The auditor verified this information was visible in common areas of the facility during the site tour with the PREA Compliance Manager. The Executive Director discussed the third-party reporting organizations, and that no resident has contacted these organizations during the review period for PREA-related incidents. During random resident interviews, each youth could identify a person or entity outside the facility that they could report sexual abuse and sexual harassment.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.354: based on complying in all material ways with this standard for the review period.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ), and
- PREA 115.361 (i.e., AMIkids Policy No. 6.54)

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Agency PREA Coordinator
- Bennettsville PREA Compliance Manager
- Human Services Professionals (2)
- Random Staff (12)

Analysis and triangulation of information: this standard requires agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local services, while also protecting the alleged victim's privacy. Additionally, this standard requires facility management to report allegation of sexual abuse to the appropriate agency office, the alleged victim's parent or legal guardian and legal representative. The Bennettsville PAQ indicates that staff and agency reporting duties are outlined in AMIkids Policy No. 6.54 with the subject "Staff and Agency Reporting Duties."

The policy 6.54 indicates that all AMIkids staff, medical and mental health staff are mandated reporters. Therefore, all allegations of sexual abuse and sexual harassment must be reported to the facilities designated investigators. During interviews with the leadership team, and random staff, they all indicated that all allegations of sexual abuse and sexual harassment will be immediately reported the Executive Director, Department of Juvenile Services and the Marlboro County Sheriff's office. The staff interviewed did not disclose any instances of sexual abuse or sexual harassment occurring during the review period nor did specialized staff tasked with conducting screenings and intakes of residents upon admission.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.361: based on complying in all material ways with this standard for the review period.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.362 (i.e., AMIkids Policy No. 6.62), and
- Resident case management files

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Agency PREA Coordinator
- Bennettsville PREA Compliance Manager
- Agency Head/Designee (Regional Director)
- Random Staff (12)

Analysis and triangulation of information: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The Bennettsville PAQ indicates the agency protection duties are outlined in AMIkids Policy No. 6.62 with the subject "Agency Protection Duties."

AMIkids Policy 6.62 denotes that immediate actions must take place to protect residents at a substantial risk of imminent sexual abuse to include removing the resident at risk from the area as the abuser. The policy goes further to state that isolation can be used as a last resort but must include a 30-day review with documented actions in the shift log and the residents case management file. Interviews with the PREA Coordinator and Regional Director during the pre-on-site audit phase revealed that all staff are trained to immediately report and suspicions of sexual abuse and sexual harassment. During random staff interviews, each shared they would make an immediate report up their chain of command for sexual abuse. Staff could also talk about their duties with respect to protecting residents who are at an imminent risk of sexual abuse. The PREA Compliance Manager & Executive Director both disclosed they were not aware of any case of residents being at an imminent risk of sexual abuse at the facility during the reporting period.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.362: based on complying in all material ways with this standard for the review period.



<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 874 448" style="list-style-type: none"> <li data-bbox="280 412 874 448">1. Review of documentation consisting of: <ul data-bbox="280 483 967 591" style="list-style-type: none"> <li data-bbox="280 483 967 519">· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li data-bbox="280 555 906 591">· PREA 115.363 (i.e., AMIkids Policy 6.63)</li> </ul> </li> <li data-bbox="280 627 715 663">2. Interviews/Discussions with: <ul data-bbox="280 698 957 949" style="list-style-type: none"> <li data-bbox="280 698 807 734">· Bennettsville Executive Director</li> <li data-bbox="280 770 715 806">· Agency PREA Coordinator</li> <li data-bbox="280 842 925 878">· Bennettsville PREA Compliance Manager</li> <li data-bbox="280 913 957 949">· Agency Head/Designee (Regional Director)</li> </ul> </li> </ol> <p data-bbox="280 1057 1477 1299">Analysis and triangulation of information: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The Bennettsville PAQ indicates that reporting PREA incidents to other confinement facilities is outlined in AMIkids Policy 6.63 with the subject "Reporting to Other Confinement Facilities."</p> <p data-bbox="280 1335 1474 1711">AMIkids Policy 6.63 indicated the Executive Director is responsible for notifying the appropriate investigative agencies and the head of the facility or appropriate office of the agency in which the allegation was made. Additionally, abuse victims will be referred to the CareSouth Carolina for treatment services. During discussions with the Executive Director and PREA Compliance Manager they all indicated there has not been any reports made by residents at the facility of any sexual abuse or sexual harassment incidents that occurred while the resident was placed at another confinement facility. The Regional Director also stated during the pre-onsite audit period that she has not reported any PREA incidents to other confinement facilities.</p> <p data-bbox="280 1818 1481 1935">Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.363: based on complying in all material ways with this standard for the review period.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.364 (i.e., AMIkids Policy No. 6.64)

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Agency PREA Coordinator
- Bennettsville PREA Compliance Manager
- Human Services Professionals (2)
- Random Residents (12)
- Random Staff (12)
- Staff Who Have Act as First Responders (5)

3. Site Review/Observations:

- Observations made in Dorms 1 & 2, Vo-tech building, Administration building, dining hall, and the Education building

Analysis and triangulation of information: this standard requires that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The Bennettsville PAQ indicates that staff 1st responder duties are outlined in AMIkids Policy No. 6.64 with the subject “Staff First Responders Duties.” Interviews with the Executive Director and PREA Compliance Manager revealed that all staff could be considered first responders at the facility. Five staff selected at random for interviews were also interviewed about their duties as a first responder. Each staff interviewed could articulate their role as a first responder (i.e., preserve and protect the crime scene until steps can be taken to collect evidence, preserve physical evidence that may be on the alleged victim and alleged perpetrator) but none reported having to respond to any incidents of sexual abuse at the campus. During the random resident interviews, no youth reported any incidents of sexual abuse or sexual harassment that has occurred while they were placed at the facility.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.364: based on complying in all material ways with this standard for the review period.
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.365 (i.e., AMIkids Policy No. 6.65, Attachment 6.22A), and</li> <li>· Institutional Plan</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> <p>Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The Bennettsville PAQ indicates the facility coordinated response is outlined in AMIkids Policy No. 6.65 with the subject "Coordinated Response."</p> <p>The AMIkids Policy 6.65 states the nurse on duty will conduct assessment of victims or youth will be transported to McLeod Medical Center for a medical assessment and CareSouth Carolina for crisis intervention counseling. The institutional plan document outlines seven (7) that mirrors the same information from Policy 6.65. The Executive Director and PREA Compliance Manager confirmed no incident of sexual abuse and sexual harassment during the review period. Additionally, review of facility logs, grievance forms, "let's talk" forms, and medical request forms did not reveal any documented PREA-related incidents during the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.365: based on complying in all material ways with this standard for the review period.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.366 (i.e., AMIkids Policy No. 6.66)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· Bennettsville Executive Director</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to avoid entering into agreements that would forbid the agency from removing an alleged staff sexual abuser from the post that involves interaction with residents, as a preventive measure during an investigation or a determination of discipline. The Bennettsville PAQ indicates preservation of the agency’s ability to protect residents from contact with abusers is outlined in AMIkids Policy No. 6.66 with the subject “Preservation of Ability to Protect Residents from Contact with Abusers.”</p> <p>AMIkids Policy 6.66 indicates the agency does not enter collective bargaining agreements. This information was confirmed by the Executive Director and the PREA Coordinator during interviews and discussions.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.366: based on complying in all material ways with this standard for the review period.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The evidence relied upon to determine compliance with this standard included:

	<p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.367 (i.e., AMIkids Policy No. 6.67),</li> <li>· PREA Retaliation Monitoring Report (i.e., AMIkids Attachment 6.67A)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Director of Operations</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to protect residents and staff from retaliation coming from other residents and staff. The Bennettsville PAQ indicates the agency’s procedure for protection against retaliation is outlined in AMIkids Policy No. 6.67 with the subject “Protection Against Retaliation.”</p> <p>The policy indicates that shift supervisors are responsible for ensuring sexual abuse and sexual harassment reporters are protected from retaliation, whether staff or residents. The Director of Operations is responsible for monitoring retaliation and notifying the Executive Director of any instances of retaliation that occurs. A blank copy of the PREA Retaliation Monitoring Report form was uploaded the OAS by Bennettsville officials. The Director of Operations was interviewed, and he reported no instances of retaliation monitoring being implemented for any sexual abuse or sexual harassment incidents during the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.367: based on complying in all material ways with this standard for the review period.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> </ul>

	<ul style="list-style-type: none"> <li>· PREA 115.368 (i.e., AMIkids Policy No. 6.68)</li> <li>· Facility Logbooks (i.e., Daily Shift Logs &amp; Night Shift Logs)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Director of Operations</li> </ul> <p>Analysis and triangulation of information: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The Bennettsville PAQ indicates the agency’s procedure for post-allegation protective custody is outlined in AMIkids Policy No. 6.68 with the subject “Post-Allegation Protective Custody.”</p> <p>AMIkids Policy No. 6.68 indicates the facility does not utilize isolation. The Executive Director stated that if youth require protective custody, then they will be placed on a one-on-one with staff for supervision. The auditor discussed language in several policies (e.g., AMIkids Policy No. 6.62) that isolation can be used as a last resort. The Executive Director explained that residents are placed on a 1-on-1 with administrative staff in the event protective custody needs to occur. No residents were currently on a 1-on-1 and this was confirmed during interviews with residents as well as review of the facility log books. The Director of Operations was asked and could articulate the procedures followed when residents are on a 1-on-1 status and the reasons for that designation.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.368: based on complying in all material ways with this standard for the review period.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.371 (i.e., AMIkids Policy No. 6.71),</li> </ul>

	<ul style="list-style-type: none"> <li>· Memorandum of Understanding with Marlboro County Sheriff’s Office, and</li> <li>· South Carolina Department of Juvenile Justice (DJJ) “Investigations” Policy #328</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Bennettsville Executive Director</li> </ul> <p>Analysis and triangulation of information: this standard requires that all allegations of sexual abuse and sexual harassment be promptly investigated through an objective investigation. The Bennettsville PAQ completed by agency officials indicates the facility’s procedure for criminal and investigative agency investigations are outlined in AMIkids Policy No. 6.71 with the subject “Criminal and Administrative Agency Investigations.”</p> <p>AMIkids Policy No. 6.71 indicates the facility relies on Bennettsville Police Department and/or Department of Juvenile Justice to investigate sexual abuse. The PREA Compliance Manager and Executive Director shared that the Marlboro County Sheriff’s Office can also be contacted for investigations and a copy of the Memorandum of Understanding with this entity was provided to the auditor. The Executive Director disclosed that no PREA-related incidents have occurred at the facility nor has any investigations into allegations of sexual abuse or sexual harassment has been investigated or concluded during the review period. During the pre-onsite audit phase the PREA Coordinator was interviewed and he was not aware of any PREA-related incidents occurring at the Bennettsville facility during the audit review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.371: based on complying in all material ways with this standard for the review period.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> </ul>

	<ul style="list-style-type: none"> <li>· PREA 115.372 (i.e., AMIkids Policy No. 6.72), and</li> <li>· Administrative/Criminal Investigations Files</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Agency Head/Designee (Regional Director)</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to consider allegations to be substantiated if most of the evidence supports it. The Bennettsville PAQ indicates the evidentiary standard for administrative investigations is outlined in AMIkids Policy No. 6.72 with the subject “Evidentiary Standard for Administrative Investigations.”</p> <p>There were no reports of criminal or administrative investigations for PREA-related incidents during the review period. The Regional Director also confirmed during the pre-on-site audit period the policy that is in place for evidentiary standard for administrative investigations.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.372: based on complying in all material ways with this standard for the review period.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.373 (i.e., AMIkids Policy No. 6.73), and</li> <li>· Resident PREA Allegation Status Notification (Attachment 6.73A)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> <p>Analysis and triangulation of information: this standard requires that after an</p>



	<p>investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Bennettsville PAQ indicates the facility’s procedure for resident reporting is outlined in AMIkids Policy No. 6.73 with the subject “Reporting to Residents.”</p> <p>AMIkids Policy No. 6.73 indicates the facility will inform the victim of the investigation’s finding to include the status of staff accusers and indictments of alleged resident abusers. The information will be provided to victims in writing with signed acknowledgment of them being informed. A blank copy of the Resident PREA Allegation Status Notification form was uploaded to the OAS.</p> <p>AMIkids officials provided the following responses on the Bennettsville Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months:</p> <ul style="list-style-type: none"> <li>o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0</li> <li>o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation = 0</li> <li>o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0</li> <li>o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No</li> </ul> <p>Interviews with the Executive Director and PREA Compliance Manager confirmed information provided on the PAQ of no investigations of a criminal or administrative nature for PREA-related incidents during the review period nor any findings of such incidents.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.373: based on complying in all material ways with this standard for the review period.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> </ul> </li> </ol>

- PREA 115.376 (i.e., AMIkids Policy No. 6.76)

- AMIkids form 115.376 (b)

2. Interviews/Discussions with:

- Bennettsville Executive Director

- Bennettsville PREA Compliance Manager

- Administrative (Human Resources) Staff

Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The Bennettsville PAQ indicates the facility's supervision and monitoring plan is outlined in AMIkids Policy No. 6.76 with the subject "Disciplinary Sanctions for Staff."

Upon review of the AMIkids Policy No. 6.76, the auditor did not observe information that terminations for sexual abuse or sexual harassment violations will be reported to law enforcement agencies and to any relevant licensing bodies. Additionally, AMIkids 115.376(b) form indicates "no staff has been terminated or resigned for violating company sexual abuse policy." During interviews with the Executive Director and PREA Compliance Manager who both perform human resource roles, they indicated that DJJ and the sheriff's office would be notified of terminations related to sexual abuse and sexual harassment incidents. It is recommended by the auditor that the agency revise Policy 6.76 to include language about terminations related to PREA-related incidents will be reported to law enforcement and other relevant licensing bodies such as DJJ and DSS.

Bennettsville officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months:

- o The number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies = 0

- o The number of staff from the facility that have disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies = 0

- o The number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies = 0

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.376: based on complying in all material ways with this standard for the review period.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.377 (i.e., AMIkids Policy No. 6.77)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires consequences for contractor or volunteer violations of the agency’s sexual abuse and sexual harassment policies. The Bennettsville PAQ indicates corrective action for contractors and volunteers is outlined in AMIkids Policy No. 6.77 with the subject “Corrective Action for Contractors and Volunteers.”</p> <p>AMIkids Policy No. 6.77 indicates that contractor and volunteer PREA violators will be reported to law enforcement agencies and to relevant licensing bodies. The Bennettsville Executive Director disclosed no corrective action measures taken of any kind for volunteer or contract staff during the review period.</p> <p>AMIkids Bennettsville officials provided the following responses on the Pre-Audit Questionnaire with respect to corrective actions taken against contractors and volunteers in the past 12 months:</p> <ul style="list-style-type: none"> <li>o Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents = No</li> <li>o The number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents = 0</li> </ul> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.377: based on complying in all material ways with this standard for the review period.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.378 (i.e., AMIkids Policy No. 6.78), and
- AMIkids Incident Report form

2. Interviews/Discussions with:

- Bennettsville Executive Director
- PREA Compliance Manager

Analysis and triangulation of information: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The Bennettsville PAQ indicates interventions and disciplinary sanctions for residents are outlined in AMIkids Policy No. 6.78 with the subject "Disciplinary Sanctions for Residents."

Bennettsville officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months:

- o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0
- o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0
- o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0

Interviews with the Executive Director and PREA Compliance Manager confirmed information on the PAQ submitted. Additionally, during random resident interviews, no residents reported being disciplined for any PREA-related incidents during their stay at the facility.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.378: based on complying in all material ways with this standard for the review period.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.381 (i.e., AMIkids Policy No. 6.81), and
- Mental Health/Substance Abuse Referral Summary form

2. Interviews/Discussions with:

- Bennettsville Executive Director
- Bennettsville PREA Compliance Manager
- Staff that Perform Screening for Risk of Victimization and Abusiveness (2)
- Intake Staff (2)
- Random Residents (12)

3. Site Review/Observations:

- Informal discussions with facility staff

Analysis and triangulation of information: this standard requires facilities to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The Bennettsville PAQ indicates information on this standard is outlined in AMIkids Policy No. 6.81 with the subject "Medical and Mental Health Screenings: History of Sexual Abuse."

Bennettsville policy 6.81 indicates "all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with mental health practitioners within 14 days of the intake screening." A blank copy of the Mental Health/Substance Abuse Referral Summary form was uploaded to the OAS.

During interviews with the Human Services Professionals (HSPs), they reported being the responsible party to conduct the screenings for risk of victimization and abusiveness during the intake process. The HSPs disclosed that no residents placed have reported past or current sexual abuse nor any residents released during the review period. This information was confirmed during random resident interviews.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.381: based on complying in all material ways with this standard for the review period.

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.382 (i.e., AMIkids Policy No. 6.82)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Human Services Professionals (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Informal discussions with residents during site review</li> <li>· Observations of outside support service numbers posted throughout the facility</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the facility the provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The Bennettsville PAQ indicates access to emergency medical and mental health services are outlined in AMIkids Policy No. 6.82 with the subject “Access to Emergency Medical and Mental Health Services.”</p> <p>In review of AMIkids Policy No. 6.82, it did not address “emergency” services. Resident victims should receive timely access to emergency services. This was discussed with AMIkids Bennettsville officials. The Human Services Professionals indicated residents would immediately refer resident victims of sexual abuse to Tri County Mental Health for emergency medical and mental health services. It is recommended by the auditor that the facility revise the policy 6.82 to include “emergency” services as identified in the PREA standard and practice at the facility. The auditor did contact the number for outside support services posted throughout the facility and a live representative was reached.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.382: based on complying in all material ways with this standard for the review period.</p>

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.383 (i.e., AMIkids Policy No. 6.83)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Human Services Professional (2)</li> <li>· Random Residents (12)</li> </ul> <p>Analysis and triangulation of information: this standard requires nonemergency medical and mental health treatment to be offered to resident who are victims of sexual abuse in the facility. The Bennettsville PAQ indicates ongoing medical and mental health care for sexual abuse victims and abusers is outlined in AMIkids Policy No. 6.83 with the subject “Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.”</p> <p>The AMIkids Policy 6.83 denotes that “AMIkids offers medical and mental health evaluation and, as appropriate, treatment to all residents who are victimized or have been an abuser in any jail, lockup, or juvenile facility.” Additionally, an attempt will be made by AMIkids to conduct mental health evaluations of all known resident-on-resident abusers within 60 days of learning of such an abuse history. Further, AMIkids will offer treatment when it is deemed appropriate by mental health professionals with documentation of the referral process. The Human Services Professionals (HSPs) for the agency reported they will refer residents for medical and mental health services needed. Additionally, the HSPs also reported that while no residents have disclosed sexual abuse or identified as abusers, they would refer residents that fit this category for medical and mental health services upon learning of this information. Residents confirmed during random interviews that they have not been the victim of sexual abuse at the facility nor in the community.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.383: based on complying in all material ways with this standard for the review period.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.386 (i.e., AMIkids Policy No. 6.86), and</li> <li>· Sexual Abuse Incident Review Report (Attachment 6.86A)</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· Bennettsville PREA Compliance Manager</li> <li>· Bennettsville Executive Director</li> <li>· Bennettsville Director of Operations</li> </ul> <p>Analysis and triangulation of information: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The Bennettsville PAQ indicates the procedures for the sexual abuse incident review is outlined in AMIkids Policy No. 6.86 with the subject "Sexual Abuse Incident Reviews."</p> <p>The AMIkids Policy No. 6.86 indicates the Director of Operations prepares reports and findings from the sexual abuse incident reviews (SAIRs) and submits them to the Executive Director and the PREA Compliance Manager. The policy goes further to state the SAIR will include upper-level management officials with input from line supervisors, investigators, medical or mental health practitioners. A blank copy of the Sexual Abuse Incident Review Report was uploaded to the OAS. Members of the SAIR team were interviewed and none reported any SAIR taking place during the review period but a policy and procedure does exist for this standard.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.386: based on complying in all material ways with this standard for the review period.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard



	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.387 (i.e., AMIkids Policy No. 6.87), and</li> <li>· South Carolina Department of Juvenile Justice - 2022 PREA Statistical Data report</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Bennettsville Executive Director</li> <li>· Bennettsville PREA Compliance Manager</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Review of PREA section on the agency website</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard is about the incident- based data gathered by the facility for every allegation of sexual abuse at its campus. The Bennettsville PAQ indicates its standard for data collection is outlined in AMIkids Policy No. 6.87 with the subject “Data Collection.”</p> <p>The AMIkids Policy No. 6.87 indicates South Carolina Department of Juvenile Justice “is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions.”. The auditor reviewed the SC DJJ website and did observe annual reports from 2017-2021 that aggregated PREA allegation by month, total allegations by type, status of allegation types, and number of allegations by facility (i.e., alternative placement/group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). Bennettsville officials also uploaded a copy of the DJJ PREA Data report from 2022 and confirmed this information during interviews.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.387: based on complying in all material ways with this standard for the review period.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Bennettsville Pre-Audit Questionnaire (PAQ),
- PREA 115.388 (i.e., AMIkids Policy No. 6.88), and
- South Carolina Department of Juvenile Justice - 2022 PREA Statistical Data report (i.e. 2022 PREA Statistical Data

2. Interviews/Discussions with:

- Agency PREA Coordinator
- Bennettsville PREA Compliance Manager
- Agency Head/Designee (Regional Director)

3. Site Review/Observations:

- Review of PREA section on the agency website

Analysis and triangulation of information: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The Bennettsville PAQ indicates sexual abuse and sexual harassment data review for corrective action is outlined in AMIkids Policy No. 6.88 with the subject "Data Collection."

The AMIkids Policy 6.88 indicates South Carolina DJJ completes the annual report to include identifying problem areas and develop a correction action plan if needed. The policy goes further to state that "AMIkids will provide South Carolina Office of Juvenile Justice with information/data when requested in order to accomplish this task." The PREA Coordinator, Regional Director, and PREA Compliance Manager confirmed that DJJ completes annual reports and notifies the agency if they need additional information or requires any corrective actions on the part of the agency.

The auditor reviewed the SC DJJ website and did observe an annual report from 2021 that aggregated PREA allegation by month, total allegations by type, status of allegations types, and number of allegations by facility (i.e., alternative placement/group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). The report did not have any qualitative information such as commentary on problem areas or any necessary corrective action plan.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.388: based on complying in all material ways with this standard for the review period.

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 979 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 871 448" style="list-style-type: none"> <li data-bbox="280 412 871 448">1. Review of documentation consisting of: <ul data-bbox="280 483 1031 663" style="list-style-type: none"> <li data-bbox="280 483 967 519">· Bennettsville Pre-Audit Questionnaire (PAQ),</li> <li data-bbox="280 555 1031 591">· PREA 115.389 (i.e., AMIkids Policy No. 6.89), and</li> <li data-bbox="280 627 845 663">· Document with link to DJJ Site 2024</li> </ul> </li> <li data-bbox="280 698 715 734">2. Interviews/Discussions with: <ul data-bbox="280 770 919 878" style="list-style-type: none"> <li data-bbox="280 770 798 806">· Bennettsville Executive Director</li> <li data-bbox="280 842 919 878">· Bennettsville PREA Compliance Manager</li> </ul> </li> <li data-bbox="280 913 686 949">3. Site Review/Observations: <ul data-bbox="280 985 1002 1021" style="list-style-type: none"> <li data-bbox="280 985 1002 1021">· Review of PREA section on the agency website</li> </ul> </li> </ol> <p data-bbox="280 1128 1445 1290">Analysis and triangulation of information: this standard requires that sexual abuse data be stored, published and retained by the agency. The Bennettsville PAQ indicates the agency’s process for data storage, publication and destruction is outlined in AMIkids Policy No. 6.89.</p> <p data-bbox="280 1326 1465 1653">AMIkids Policy 6.89 denotes that South Carolina Office of Juvenile Justice ensures incident-based and aggregate data are securely retained for at least ten (10) years. Review of the South Carolina DJJ website did have the list and final report of PREA audits completed for owned, operated, and contracted facilities. AMIkids is responsible for providing SC DJJ with “information/data when requested in order to accomplish this task.” The Executive Director and PREA Compliance Manager confirmed in discussions that SCDJJ stores and publishes aggregate data on PREA and it can reports can be found on DJJs website.</p> <p data-bbox="280 1765 1481 1881">Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.389: based on complying in all material ways with this standard for the review period.</p>

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

<p><b>115.403</b></p>	<p><b>Audit contents and findings</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Bennettsville Pre-Audit Questionnaire (PAQ), and</li> <li>· Final PREA Reports – Agency Website</li> </ul> <p>Analysis and triangulation of information: this standard regarding audit content and</p>

findings, is outlined in South Carolina DJJ Policy No. 336, Application of the PREA Standards.

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

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

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	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
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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 )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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