

PREA Facility Audit Report: Final

Name of Facility: AMIkids White Pines II

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/30/2024

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"/>
Auditor Full Name as Signed: Kimbla Newsom	Date of Signature: 08/30/2024

AUDITOR INFORMATION

Auditor name:	Newsom, Kimbla
Email:	kimbla@justusadvocacy.com
Start Date of On-Site Audit:	07/18/2024
End Date of On-Site Audit:	07/19/2024

FACILITY INFORMATION

Facility name:	AMIkids White Pines II
Facility physical address:	780 T Bishop Road, Jonesville, South Carolina - 29353
Facility mailing address:	

Primary Contact

Name:	LaQuentin Irvin
Email Address:	lirvin@amikids.org
Telephone Number:	(864) 674-0458

Superintendent/Director/Administrator	
Name:	LaQuentin Irvvin
Email Address:	lirvin@amikids.org
Telephone Number:	(864) 251-0844

Facility PREA Compliance Manager	
Name:	Dorothy Cannon
Email Address:	dcannon@amikids.org
Telephone Number:	O: (864) 674-0458
Name:	Catina Whitener
Email Address:	cwhitener@amikids.org
Telephone Number:	O: (864) 674-0458

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	15
Average daily population for the past 12 months:	14
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-18

Facility security levels/resident custody levels:	Residential Itense
Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

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

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-18
2. End date of the onsite portion of the audit:	2024-07-19

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:	South Carolina Children's Advocacy Center was emailed along with South Carolina Department of Juvenile Justice. The auditor did not receive any correspondence of PREA-related issues from either organization.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	14
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:	0
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:	1
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:	0
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:	0
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:	0
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:	0

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>45</p>
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I interviewed all residents present at the facility during the onsite audit. Three of the total 14 residents were off campus for a trip out of state.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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>	
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and education staff. Additionally, during resident interviews I inquired if questions were asked of them about any disabilities and their response. No resident disclosed any physical disability.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and education staff. Additionally, during resident interviews I inquired if questions were asked of them about any disabilities and their response. No resident disclosed being blind or having low vision.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and education staff. Additionally, during resident interviews I inquired if questions were asked of them about any disabilities and their response. No resident disclosed being deaf and I interviewed all residents assigned.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and education staff. Additionally, during resident interviews I inquired if questions were asked of them about any disabilities and their response. All residents spoke English well.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and direct-care staff. Additionally, during resident interviews I inquired if questions were asked of them about their LGBTQI status. No resident disclosed being gay or bisexual.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and direct-care staff. Additionally, during resident interviews I inquired if questions were asked of them about any disabilities and their response. No resident disclosed being transgender or intersex.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and direct-care staff. Additionally, during resident interviews I inquired if questions were asked of them about any abuse and their response. No resident disclosed reporting sexual abuse in the facility.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, and discussed with intake/human services professionals. Additionally, during resident interviews I inquired if questions were asked of them about any abuse and their response. No resident disclosed reporting sexual abuse occurring prior to placement at this facility.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The auditor reviewed the PAQ, intake screening records, discussed with intake/human services professionals, and direct-care staff. Additionally, during resident interviews I inquired if they had ever been isolated on the campus for any reason and the response was no.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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>
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<p>If "Other," describe:</p>	<p>gender, race, ethnicity was also included in the selection criteria.</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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):</p>	<p>This facility shares staff from the other White Pines facility so interviews occurred based on their assignment during the week of the audit for each facility.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>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>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	N/A

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>N/A</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>N/A</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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2(WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.311 (i.e., AMIkids Policy # 6.11), · PREA – Sexual Harassment form, · Juvenile Orientation form, and · Organization Chart AMIkids White Pines Camp 2 -2024 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency Head/Designee (Regional Director)

	<ul style="list-style-type: none"> · Agency PREA Coordinator/WP2 Executive Director · WP2 PREA Compliance Manager/Compliance Specialist <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. White Pines 2 PAQ completed by facility 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 for White Pines Camp 2-2024 shows the Compliance Specialist, who also serves as the PREA Compliance Manager for the facility, reports directly to the White Pines Executive Director, who also serves as a Secondary PREA Coordinator for all AMIkids Inc’s South Carolina facilities. The Juvenile Orientation form identifies all the reporting entities for sexual abuse and sexual harassment matters and they include South Carolina (SC) Department of Social Services (DSS), Safe Home/Rape Crisis, AMIkids staff, Department of Juvenile Justice (DJJ) employees, DJJ sick call process or anonymously through the juvenile grievance process. The PREA Sexual Harassment form indicates AMIkids will have an environment free of discrimination and harassment to include sexual harassment that is defined and in line with the PREA Standards definition of the term.</p> <p>Discussions with both the PREA Coordinator as well as the PREA Compliance Manager for the facility revealed they have sufficient time to oversee their efforts to comply with the PREA standards. Additionally, the Regional Director indicated facility officials have authority to ensure compliance with the standards to include White Pines II, having the support of the parent company AMIkids, Inc.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.311. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.312 (i.e., AMIkids Policy No. 6.12)

	<p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WP2 PREA Compliance Manager · WP2 Executive Director <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 White Pines 2 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 White Pines does not contract with outside entities to hold its residents.” The information in the policy was confirmed in interviews with the PREA Compliance Manager and the White Pines Executive Director, who is responsible for overseeing the process for newly initiated and renewed contract agreements for the facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.312. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.313 (i.e., AMIkids Policy No. 6.12), · WP2 Staffing Plan, · Annual Staff Plan Assessment, · Review of Shift Observation forms (i.e., Unannounced PREA Observation Form), <p>and</p> <ul style="list-style-type: none"> · AMIkids Daily Shift & Night Shift Logs

2. Interviews/Discussions with:

- WP2 Executive Director/Agency PREA Coordinator
- WP2 PREA Compliance Manager
- Intermediate/Higher-Level Facility Staff (2)

3. Site Review/Observations:

- Observations of youth and staff in campus programming or on housing units
- Informal discussions with facility staff and residents
- 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 White Pines 2 PAQ indicates the facility's supervision and monitoring plan is outlined in AMIkids Policy #6.12 with the subject "Supervision and Monitoring."

The AMIkids Policy #6.12 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 AMIkids daily shift logs and night shift logs were reviewed and no deviations from the staffing plan were documented. During the site review, staff and youth ratios were observed and in compliance with agency policy.

AMIkids Policy #6.12 states the facility does not utilize monitoring technology; however, the PAQ does reflect the video surveillance is utilized by the facility. Unannounced rounds are conducted weekly on each shift and members of the leadership team (i.e., Director of Operations, Director of Education, Director of Education, and Executive Director) also conduct unannounced rounds once per month. During the site review cameras were observed in common areas of the facility and the White Pines PREA Compliance Manager confirmed that surveillance is working and monitored by the Executive Director and Director of Operations. Discussions with the Director of Operations revealed the process for unannounced rounds and documentation reviewed of the unannounced rounds were consistent with procedures outlined in AMIkids Policy #6.12. A secure place in the vocational building has the surveillance monitoring equipment. The Director of Operations showed the auditor the surveillance equipment with 13 cameras being operational for the campus and 3 offline cameras. The facility also utilizes 360-degree cameras as another means to limit blind spots on campus.

A Shift Supervisor was also interviewed, and it was indicated that at the beginning of the shift supervisors conduct perimeter checks, observe residents in staff to ensure all residents are accounted for and ratios are being followed. A copy of the

	<p>Annual PREA Staffing Plan Assessment dated for 10/23/23 was provided to the auditor with signatures from the PREA Compliance Manager and Executive Director.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.313. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.315 (i.e., AMIkids Policy No. 6.15) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator · WP2 PREA Compliance Manager · Random Staff (13) · Random Residents (11) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations of youth and staff in programming or on housing units · Informal discussions with facility staff and residents <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 White Pines 2 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. Informal discussions during the site tour with facility staff</p>

	<p>indicated male staff conduct searches of residents. Review of facility training records do reflect staff have been trained to conduct cross-gender searches in a professional and respectful manner.</p> <p>During the resident interviews all residents disclosed that female staff announce their presence when entering the housing units and that during shower time and restroom breaks only male staff are in that area during these times. Female staff confirmed that they have never searched the male residents. Female staff indicated they direct residents to empty their pockets and the male staff reported they conduct all searches of the residents. All residents were in school during the site review; therefore, knock and announce was not heard on the housing units. Nonetheless, signs were observed outside the housing units with information that female staff are to announce their presence when entering the housing unit.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.315. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.316 (i.e., AMIkids Policy No. 6.16) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Executive Director · Human Services Professionals (1) · Residents with Disabilities (1) · Random Staff (13) 1. Site Review/Observations: <ul style="list-style-type: none"> · Observations of PREA materials displayed in dorms

	<p>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 White Pines 2 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.”</p> <p>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 115.365, or the investigation of the resident’s allegations.” Documentation uploaded to the PREA Online Audit System (OAS) included a letter of agreement between AMIkids White Pines and HIT Services. Review of the HIT website indicates they provide interpretive services for organization. The Executive Director confirmed in discussions that an agreement is in place for interpreter services. The lead Human Services Professionals (HSP) reported there was one resident placed with a learning disability and that resident education on PREA was read to this resident along with other residents who have been placed at the program with similar disabilities. A targeted interview took place with a resident with a learning disability, and the youth reported staff and instructors read information to him that is not easily understood but he had no issues understanding the PREA information provided in his handbook. The information on PREA posted throughout the facility had pictures and language that was easy to understand. During staff interviews none of them recalled having any residents needing interpreter services nor any residents translating information to staff on behalf of other residents.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.316. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> Review of documentation consisting of: <ul style="list-style-type: none"> WP2 Pre-Audit Questionnaire (PAQ), PREA 115.317 (i.e., AMIkids Policy No. 6.17), and Employee Records - (i.e., Policy Acknowledgment, Self-Declaration of Sexual

Abuse/Sexual Harassment, State Law Enforcement Division – SLED Catch results, Request for Criminal History Record Review and/or Research for Group Home Employees, AMIkids Justification Statement for Hiring, South Carolina Department of Social Services background check results letter, Sex Offender Registry Check results, National Sex Offender Public Website searches

2. Interviews/Discussions with:

- Administrative Staff (Human Resources Representative)/Business Manager
- Executive Director
- WP2 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 WP2 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 WHITE PINES 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 WHITE PINES employees will be rescreened every five years continued employment.” Finally, in Procedure (6) of the policy it states “AMIKIDS WHITE PINES shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of review of current employees.” The PREA Compliance Manager for the facility who also serves as the Human Resources Representative, explained the process followed for new hires and staff receiving promotions. It was revealed during the interview that “level 2 screenings” are not a part of the current background process. The auditor recommended that the policy be revised to reflect the current processes in place (e.g., remove language about a level 2 screening). Background check records were reviewed for twenty (20) staff and one (1) volunteer with no deficiencies observed with the information. The Executive Director was interviewed, and it was disclosed that the entire background check process is completed, and results are received prior to a new hire receiving an employment offer letter and date to begin work.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.317. This determination is based on the facility 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:

- WP2 Pre-Audit Questionnaire (PAQ),
- PREA 115.318 (i.e., AMIkids Policy No. 6.18), and
- AMIkids PREA Physical Plant Considerations form

2. Interviews/Discussions with:

- WP2 Executive Director/Agency PREA Coordinator
- White Pines 2 PREA Compliance Manager
- Upper-Level Staff (3)

3. Site Review/Observations:

- Observations of areas with video surveillance on campus

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 White Pines 2 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."

The PREA Coordinator/ White Pines Executive Director indicated there has not been any upgrades to the facility in several years. When upgrades are being considered the PREA Physical Plant Considerations form is completed so deliberations take place to protect residents from sexual abuse. The PREA Compliance Manager shared a copy of the last completed PREA Physical Plant Consideration form that was dated for 3-1-17 that had recommendations to add additional cameras, putting dividers in the shower, stalls on the toilets, extra 360 mirrors on the dorms and kitchen areas. Recommendations made on the Mar-17 physical plant form were observed in the dorms and kitchen area during the site review. During the facility tour six (6) buildings were visited to include Dorm 1 & Dorm 2, the administration, cafeteria, education, and the vocational building. Video surveillance equipment was observed throughout the campus in common areas of all buildings.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.318. This determination is based on the facility complying in all material ways with this standard for the review period.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.321 (i.e., AMIkids Policy No. 6.21), and · South Carolina Department of Juvenile Justice Policy #336 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator/WP2 Executive Director · Investigative Staff (1) · Random Staff (13) <p>Analysis and triangulation of information: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings and criminal prosecutions. White Pines 2 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 Union County Sheriff's Office, South Carolina Department of Social Services, and the Department of Juvenile Justice. Additionally, the policy indicates the Department of Mental Health will be contacted to provide victim advocate services if it's not available through the rape crisis center.</p> <p>Discussions with the Executive Director revealed that critical incidents are investigated by agency officials, and all PREA-related incidents are referred to outside entities for investigation as well. The PREA Coordinator/Executive Director conducts administrative investigations of critical incidents that occur at the facility. The letter of agreement with Union County Sheriff's Office was reviewed. It was recommended that the facility consider revising the agreement to request the investigative entity follows uniform evidence protocols appropriate for youth. South Carolina DJJ policy #336, titled "Application of the PREA Standards" was reviewed and it did include language on the agency using uniform evidence protocols. Staff are versed on the procedures to follow with respect to preserving usable physical evidence in the event a sexual abuse incident occurred on campus.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.321. This determination is based on</p>

the facility complying in all material ways with this standard for the review period.

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Review of documentation consisting of:

- WP2 Pre-Audit Questionnaire (PAQ),
- PREA 115.322 (i.e., AMIkids Policy No. 6.22), and
- SCDJJ Policy #328

2. Interviews/Discussions with:

- Agency Head/Designee (Regional Director)
- Agency PREA Coordinator
- WP 2 PREA Compliance Manager
- Investigative Staff (1)

3. Site Review/Observations:

- Review of the 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. White Pines 2 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."

White Pines 2 officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals for allegations for investigation in the past 12 months:

- o The number of allegations of sexual abuse and sexual harassment that were

	<p>received = 0</p> <ul style="list-style-type: none"> o The number of allegations resulting in an administrative investigation = 0 o The number of allegations referred for criminal investigation = 0 <p>The South Carolina Department of Juvenile Justice (SCDJJ) 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 to state that AMIkids White Pines 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 White Pines and Union County Sheriff’s Office was reviewed and the PREA Compliance Manager confirmed the agreement remains active along with the contract agreement with South Carolina Department of Juvenile Justice. 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. The agency investigative team (i.e., Executive Director, Regional Director) and the PREA Compliance Manager confirmed through discussions there has been no allegations of sexual abuse and sexual harassment 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 115.322. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.331 (i.e., AMIkids Policy No. 6.31), · PREA Staff Training information sheet, and · Training Documents - AMIkids eUniversity dashboard report 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator

- WP2 PREA Compliance Manager
- Random Staff (13)
- Human Services Professionals (1)

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. White Pines 2 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."

AMIkids Policy 6.31 indicates that training for new hires is completed within 180 days of employment. The in-service training includes eleven (11) PREA topics in line with the employee training requirements listed in the PREA standards. AMIkids staff also receive annual refresher PREA training as per the policy. The PREA Staff Training information sheet includes information on "what is PREA, major provisions, requirements for reporting sexual misconduct, and staff members responsibilities upon discovery of a sexual abuse incident."

Staff training sign-in sheets were uploaded to the OAS for training to take place on 12/7/22 and again on 6/14/23. The topics were "Explain what Prison Rape Elimination Act is and to whom it applies" and "PREA Procedures: Explain how to properly follow program protocol for the prison rape elimination act." Twenty-nine (29) signatures were observed on the training sign-in sheet dated for 12/7/22 and 23 signatures on the training sign-in sheet dated for 6/14/23. The sign-in sheets did not have a section for staff to affirm they understood the PREA training. During random interviews with facility staff, they talked about the type of training they receive which happens both online and, in a classroom setting on an annual basis. The policy acknowledgement and certificates of completion were not observed for a few staff during the record reviews that occurred on site.

During the evidence review period, White Pines officials emailed proof of training received by all employees via the AMIkids eUniversity dashboard report and certificates of completion. Topics covered in those trainings include "PREA", "Mandated Reporting for Child Abuse & Neglect", "Identifying Child Abuse & Neglect", and "Creating a Child Safe Environment." Signed and dated policy acknowledgments for PREA training were also provided to the auditor for employees and volunteers during the evidence review period. Policy acknowledgments include language that staff "fully understand the contents contained in the policy," titled PREA Policy Standard 6 Sexual Abuse Prevention and response.

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

115.332	Volunteer and contractor training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 338 1401 371">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 1369 949" style="list-style-type: none"> <li data-bbox="280 412 871 445">1. Review of documentation consisting of: <ul data-bbox="280 486 1369 658" style="list-style-type: none"> <li data-bbox="280 486 906 519">· WP2 Pre-Audit Questionnaire (PAQ), and <li data-bbox="280 557 1369 591">· PREA 115.332 (i.e., AMIkids Policy No. 6.32, and Attachment 6.32A), and <li data-bbox="280 629 711 663">· Volunteer training records <li data-bbox="280 701 711 734">2. Interviews/Discussions with: <ul data-bbox="280 775 995 949" style="list-style-type: none"> <li data-bbox="280 775 711 808">· Agency PREA Coordinator <li data-bbox="280 846 995 880">· White Pines 2 PREA Compliance Manager; and <li data-bbox="280 918 603 952">· Volunteer Staff (1) <p data-bbox="280 1061 1442 1301">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 White Pines 2 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 data-bbox="280 1339 1469 1749">The White Pines 2 PAQ indicated the facility has zero (0) contract staff and one (1) volunteer that has contact with residents. This information was confirmed by the Agency PREA Coordinator. An interview occurred with the volunteer who comes and meets with residents at the facility. The volunteer could not recall receiving an education on the agency’s zero tolerance policy nor was a signed acknowledgment observed in training records provided by the facility. During the site tour it was revealed that a barber comes on site to cut residents hair. The auditor informed the PREA Compliance Manager that since the barber comes on site and has routine contact with residents during those visits, he/she would need to receive training for contractors/volunteers on the agency’s zero tolerance policy.</p> <p data-bbox="280 1787 1481 2027">During the evidence review period, the facility confirmed that PREA training with the volunteer and contractor did take place and the PREA Compliance Manager was able to provide the auditor with a copy of a policy acknowledgment form that was signed by the volunteer who was interviewed during the onsite portion of the audit. The signed PREA policy acknowledgment was also provided to the auditor for the barber that interacts with residents on site at the facility.</p> <p data-bbox="280 2065 1385 2098">Based on the evidence reviewed and analyzed, it has been determined by the</p>

	auditor that the agency meets Standard 115.332. This determination is based on the facility complying in all material ways with this standard for the review period.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.333 (i.e., AMIkids Policy No. 6.33), · Student Training records (i.e., Juvenile Orientation form), · AMIkids “Let’s Talk” forms, · AMIkids Medical Request forms 2. Interviews/Discussions with: <ul style="list-style-type: none"> · White Pines Executive Director · Intake Staff (1) · Random Residents (11) · Residents with Disabilities (1) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations made throughout common areas of the facility · Informal discussions with residents <p>Analysis and triangulation of information: this standard requires the agency to educate residents on the facility’s zero tolerance policy for sexual abuse and harassment. Additionally, residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The White Pines 2 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.”</p> <p>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</p>

	<p>youth’s case management file. The resident handbook was also reviewed that included information on PREA. During resident interviews the youth indicated they receive information on PREA day one of placement and this is completed by the Human Services Professionals (HSPs). The information is read to the residents, and they also receive a copy of the information in the resident handbook. During random resident interview, the youth disclosed that PREA education is provided to them on the first day of admission into the program. A resident identified with having a learning disability was also selected for a targeted interview and he disclosed that the PREA education provided to him was presented in a way that he could understand. Review of the juvenile orientation form revealed there was no information included on residents being free from retaliation for reporting sexual abuse and sexual harassment incidents nor was there a signature line included. Additionally, the juvenile orientation form did not have a signature and date section included. A Human Services Professional was interviewed, and she discussed the intake process to include PREA education taking place with all residents on the first day of placement and prior to the resident being assigned to their housing unit. During the site review PREA posters were observed in all common areas within buildings on campus.</p> <p>During the evidence review period, the facility provided the auditor with a revised copy of the juvenile orientation form that included language “it is the policy of AMIkids White Pines to protect all residents from retaliation if they report sexual abuse and sexual harassment or to protect from retaliation those who cooperate with sexual abuse and sexual harassment investigation.” The form also included a section for signatures and the date.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.333. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.334 (i.e., AMIkids Policy No. 6.34), and · Staff training records (i.e., certificates of completion) 2. Interviews/Discussions with:

	<ul style="list-style-type: none"> · Agency PREA Coordinator/Executive Director · White Pines 2 PREA Compliance Manager · Interviews with Investigator (1) <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 White Pines II 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 “AMIkids White Pines does not employ investigators;’ however, the PAQ indicates the agency has three (3) investigators. The policy indicates AMIkids White Pines “will rely on law enforcement agencies ant the Department of Juvenile Justice to conduct investigations and will cooperate with their investigations.” Department of Juvenile Justice, Union County Sheriff’s Office, and DOJ conduct were listed as agencies that conduct investigations of allegations of sexual abuse. Interviews with the Executive Director/PREA Coordinator revealed that all critical incidents are investigated internally, and PREA-related incidents are also investigated by external agencies such as the Union County Sheriff’s Office and South Carolina Department of Juvenile Justice. It was recommended by the auditor that the agency consider revising its agreement with Union County Sheriff’s Office to reflect a request for agents and investigators to be trained in conducting sexual abuse investigations in confinement settings as reflected in White Pines Policy # 6.34. Review of training records did not reflect specialized training received by agency investigative officials. Information was provided to the facility by the auditor regarding specialized training for investigators being available online through organizations such as the National Institute of Corrections (NIC).</p> <p>During the evidence review period, training records (i.e., certificate of completion) were provided to the auditor for 3 AMIkids officials who conduct investigations. The trainings were completed online in August 2024 via the NIC online course titled “PREA: Investigating Sexual Abuse in a Confinement Setting.”</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.334. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

1. Review of documentation consisting of:

- White Pines 2 Pre-Audit Questionnaire (PAQ),
- PREA 115.335 (i.e., AMIkids Policy No. 6.35), and
- Staff training records

2. Interviews/Discussions with:

- Agency PREA Coordinator
- White Pines 2 PREA Compliance Manager
- Human Services Professional (1)
- Resident Interviews (11)

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 White Pines 2 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."

AMIkids Policy 6.35 indicates "White Pines 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. Discussions with the lead Human Services Professional (HSP) revealed HSPs are responsible for conducting the screenings for victimization, the HSPs provide one-on-one case management sessions with all residents, and HSPs are the primary entity that administers medications to residents. Based on the information shared by the lead HSP on their role and review of intake records, the facility was informed that HSPs should receive specialized training in the category of medical and mental health care staff. Information was provided by the auditor to the facility leadership team on specialized training for medical and mental health care staff online courses available through the National Institute of Corrections (NIC).

During the evidence review period, the auditor was provided with certificates of completion for both HSPs assigned the facility. The online courses from the NIC were titled "PREA201 for Medical and Mental Health Care Practitioners," and "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting."

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.335. This determination is based on the facility complying in all material ways with this standard for the review period.

115.341	Obtaining information from residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</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 1401 1352" style="list-style-type: none"> <li data-bbox="280 412 1401 703">1. Review of documentation consisting of: <ul data-bbox="280 483 1401 703" style="list-style-type: none"> <li data-bbox="280 483 976 519">· White Pines 2 Pre-Audit Questionnaire (PAQ), <li data-bbox="280 555 1034 591">· PREA 115.341 (i.e., AMIkids Policy No. 6.41), and <li data-bbox="280 627 1401 703">· VSAB for Youth (i.e., Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form RC-8050-2) <li data-bbox="280 739 1401 1128">2. Interviews/Discussions with: <ul data-bbox="280 810 1401 1128" style="list-style-type: none"> <li data-bbox="280 810 708 846">· Agency PREA Coordinator <li data-bbox="280 882 900 918">· White Pines PREA Compliance Manager <li data-bbox="280 954 676 990">· Random Residents (11) <li data-bbox="280 1025 1385 1061">· Staff that Perform Screening for Risk of Victimization and Abusiveness (1) <li data-bbox="280 1097 986 1133">· Human Services Professionals/Intake Staff (1) <li data-bbox="280 1164 1401 1352">3. Site Review/Observations: <ul data-bbox="280 1236 1401 1352" style="list-style-type: none"> <li data-bbox="280 1236 1197 1272">· Observations of youth in programming and on housing units <li data-bbox="280 1308 1075 1344">· Informal discussions with facility staff and residents <p data-bbox="280 1456 1474 1702">Analysis and triangulation of information: this standard requires the agency to gather and use information about each resident’s personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The White Pines 2 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 data-bbox="280 1738 1474 2069">AMIkids Policy 6.41 indicates “within 72 hours of admission and periodically throughout a resident’s confinement” a screening for VSAB will take place. The VSAB was uploaded to the OAS for one resident and dated for 11/8/23. The date of completion was not observed on the form, only the date of the resident’s admission to the program. Majority of the completed VSABs were done so the first day of a resident’s admission; one was observed beyond the 72 hour-timeframe allowed by policy. The auditor did not observe any vulnerability reassessments of residents in the files. This was discussed with the lead Human Services Professional during the</p>

	<p>specialized staff interviews. While none of the residents were determined to be at risk for victimization or perpetration on the original VSABs completed, the facility must conduct periodic reassessments/reviews throughout a resident’s confinement as per the standards and internal policy. The auditor suggested the facility revise Policy 6.41 to reflect which residents would receive an updated VSAB and the HSPs would need to acknowledge changes to the process/policy via a signed acknowledgment.</p> <p>During the evidence review period the facility submitted a revised copy of Policy 6.41 that was dated for 8/8/24. The policy revision indicates “a youth who identified as being vulnerable to victimization or abusiveness (from the VSAB), and/or a youth scoring 4 or higher on the VSAB will complete a reassessment VSAB within 90 days.” The policy acknowledgment was also completed by both Human Services Professional staff who administer the screening.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.341. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.342 (i.e., AMIkids Policy No. 6.42), and · Facility logbooks 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator · White Pines 2 PREA Compliance Manager 3. Site Review/Observations: <ul style="list-style-type: none"> · Informal interview with staff supervising residents who are 1-on-1 with staff <p>Analysis and triangulation of information: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program,</p>

education, and work assignments for residents. White Pines 2 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."

White Pines 2 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." Interviews with the Executive Director revealed that residents are not isolated in the facility. In the event a resident is a danger to himself or others, he is placed on a 1-on-1 with a supervisory-level staff. The resident will continue to program even if on a 1-on-1 and is removed from the program if the behaviors cannot be managed under close observations. The PREA Compliance Manager indicated youth on a 1-on-1 status will be documented in the facility logbooks. Review of the daily and night shift logs for the audit period, did not reflect any current residents on a 1-on-1 supervision status and this was confirmed in informal discussions with staff during the site review.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.342. This determination is based on the facility complying in all material ways with this standard for the review period.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.351 (i.e., AMIkids Policy No. 6.51), and

- Juvenile Orientation form

2. Interviews/Discussions with:

- Agency PREA Coordinator
- White Pines 2 PREA Compliance Manager
- Random Staff (13)
- Random Residents (11)

3. Site Review/Observations:

- Observations made on housing units and other areas of programming Informal discussions with facility staff and residents

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 WP2 PAQ completed by agency officials indicated the process for resident reporting is outlined in AMIkids Policy No. 6.51 with the subject "Resident Reporting."

The Juvenile Orientation form lists the various ways in which a resident can report sexual abuse and sexual harassment allegations. The reporting mechanisms provided were the DJJ sick call process, the juvenile grievance process, call DSS or the Safe Home/Rape Crisis Center. The address for both the DSS and the Safe Home/Rape Crisis Center was also included on the form. The form has a section for both residents and staff to sign and date. During random interviews with both staff and residents, each group could explain 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 Safe Home/Rape Crisis Center. The phone numbers posted throughout the facility were contacted by the auditor to verify they were working numbers and had a live person to answer calls.

The AMIkids Policy 6.51 denotes the reporting methods of informing staff, completing a grievance form, speaking with treatment counselors, and speaking with anyone to include the Director. The policy goes further to state that 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.

	<p>Review of the resident handbook also included contact numbers for reporting abuse. 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. Discussion with Human Services Professionals revealed they would notify residents of this information; however, they have not had any residents detained solely for immigration purposes. The auditor recommended that the agency revise the resident handbook to include this information or create and post flyers with the contact number and address for the consulate and Department of Homeland Security.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.351. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.352 (i.e., AMIkids Policy No. 6.52), and · Grievance Procedure form 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator · White Pines 2 PREA Compliance Manager/Business Manager · Human Services Professionals (1) · Random Residents (11) · Investigator (1) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations on housing units of grievance boxes and forms <p>Analysis and triangulation of information: this standard requires agencies to have</p>

procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The White Pines 2 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."

AMIkids Policy 6.52 indicates "AMIkids White Pines 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.

White Pines 2 officials provided the following responses on the Pre-Audit Questionnaire with respect to administrative remedies in the past 12 months:

- o The number of grievances that were filed that alleged sexual abuse = 0
- o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = 0
- o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = 0
- o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = 0

The PREA Coordinator informed the auditor that all youth grievances are forwarded to DJJ who conducts their own review and notifies the facility of the findings. The Business Manager confirmed that she, the PREA Compliance Manager (PCM) is the only staff with keys to the grievance boxes on campus and this person scans the grievances to DJJ for investigation and resolution. The grievance boxes are checked daily by the PCM. The PCM reported leadership is notified via email of any significant findings or required actions by DJJ. During random resident interviews all residents included the grievance system as a way they can report sexual abuse and sexual harassment. One resident disclosed that he did file a PREA grievance because another resident was "doing gay stuff" but did not touch him at all. He stated that someone from DJJ did come to talk to him about the incident but that was it. The youth interviewed stated that the resident he filed the grievance about was no longer placed at the program. The PCM was not aware of the alleged incident made by the resident. A copy of the incident report was requested by the auditor along with any documentation received from DJJ on the incident. The incident report description included language that "resident masturbating and trying to touch his peers." The Executive Director informed the auditor the incident was not determined to be PREA, according to the DJJ representative who investigated the incident.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.352. This determination is based on the facility complying in all material ways with this standard for the review period.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.353 (i.e., AMIkids Policy No. 6.53), · HIT Sexual Assault Services letter of agreement, · Safe Homes Rape Crisis letter of agreement, and · Union County Sheriff letter of agreement 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator/WP2 Executive Director · White Pines 2 PREA Compliance Manager · Human Services Professional (1) · Random Residents (11) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations made on housing units and other areas of programming <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 White Pines 2 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 HIT Services, Safe Home/Rape Crisis Center or the Safe Homes Rape Crisis Coalition (SHRCC), and Union County Sheriff's</p>

	<p>Office were reviewed. HIT services provides interpretive services according to information on their website. AMIkids Policy 6.53 indicates “in the event of a sexual assault HIT Services agrees to provide interpreting services to AMIkids Camp White Pines 2 & 2 if needed.” The SHRCC provides rape counseling services to youth and refers youth in need of medical and mental health care to the appropriate agency for services. The AMIkids Policy 6.53 indicates Union County Sheriff’s Office provides referral services to youth in need of medical care to the appropriate local agencies in the event of sexual assault. The lead Human Services Professional indicated they refer residents to Union Mental Health and Union Medical Center for medical and mental health services. It was recommended by the auditor that they facility consider revising its agreement with both Union County Sheriff’s Office and Safe Home Rape Crisis Center, removing the referral language since referrals are made by in-house staff.</p> <p>Interviews with the Executive Director and PREA Compliance Manager confirmed the outside support services available to residents. Random resident interviews also revealed that residents were aware of outside support services that was posted throughout the facility in common areas. Residents also confirmed they see their probation officer at DJJ at least once monthly and can talk to them via phone anytime they request to do so. During the facility tour, the outside support services were posted and observed in the administration building, housing units, cafeteria, education and vocational buildings.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.353. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 Pre-Audit Questionnaire (PAQ), · PREA 115.354 (i.e., AMIkids Policy No. 6.54) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator · WP2 PREA Compliance Manager

	<ul style="list-style-type: none"> · Random Residents (11) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> · Observations made on housing units and other areas of programming · Review of the agency website <p>Analysis and triangulation of information: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The WP2 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 desk. The auditor verified the posting and placement of third-party information during the site tour.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.354. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), and · PREA 115.361 (i.e., AMIkids Policy No. 6.61) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator · WP2 PREA Compliance Manager · Mental Health Staff/Human Services Professional (1)

	<ul style="list-style-type: none"> · Random Staff (13) <p>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 WP2 PAQ indicates that staff and agency reporting duties are outlined in AMIkids Policy No. 6.61 with the subject “Staff and Agency Reporting Duties.”</p> <p>The policy 6.61 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 White Pines 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 local sheriff’s office. None of the facility staff interviewed disclosed 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.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.361. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.362 (i.e., AMIkids Policy No. 6.62), and · Resident electronic case management files 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator

	<ul style="list-style-type: none"> · WP2 PREA Compliance Manager · Agency Head/Designee (Regional Director) · Random Staff (13) <p>Analysis and triangulation of information: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The WP2 PAQ indicates the agency protection duties are outlined in AMIkids Policy No. 6.62 with the subject “Agency Protection Duties.”</p> <p>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 revealed that all staff are trained to immediately report and suspicions of sexual abuse and sexual harassment. Additionally, such incidents will receive an immediate investigation by both internal and external officials. During random staff interviews they stated that reports would be made immediately up their chain of command for sexual abuse and sexual harassment incidents. With some prompts, 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 disclosed she was not aware of any youth being at an imminent risk of sexual abuse at the facility during her time working at the agency.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.362. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.363 (i.e., AMIkids Policy 6.63)

	<p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator · WP2 PREA Compliance Manager · Agency Head/Designee (Regional Director) <p>Analysis and triangulation of information: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The WP2 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>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 Department of Mental Health for treatment services. During discussions with the Executive Director, Regional 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 residential program.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.363. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.364 (i.e., AMIkids Policy No. 6.64) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator

	<ul style="list-style-type: none"> · WP2 PREA Compliance Manager · Random Residents (11) · Staff Who Have Act as First Responders (3) <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> · Observations made in Dorms 1 & 2, Administration building, vocational building, cafeteria, and the Education building <p>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 WP2 PAQ indicates that staff 1st responder duties are outlined in AMIkids Policy No. 6.64 with the subject “Staff First Responders Duties.”</p> <p>Interviews with the Executive Director and PREA Compliance Manager revealed that all staff could be considered first responders at the facility. Three staff selected at random for interviews were also interviewed about their duties as a first responder. Each staff interviewed could explain their role as a first responder and none of those interviewed, 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 occurring.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.364. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.365 (i.e., AMIkids Policy No. 6.65) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator

	<ul style="list-style-type: none"> · WP2 PREA Compliance Manager <p>Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The WP2 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 Union Medical Center for a medical assessment. Additionally, trained staff will conduct forensic evidence. 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. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.366 (i.e., AMIkids Policy No. 6.66) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · PREA Coordinator/ WP2 Executive Director · WP2 PREA Compliance Manager <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</p>

	<p>WP2 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 PREA Compliance Manager during interviews and discussions.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.366. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.367 (i.e., AMIkids Policy No. 6.67) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · WP2 Executive Director/Agency PREA Coordinator · WP2 PREA Compliance Manager · Director of Operations <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 WP2 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. The Director of Operations was interviewed, and he reported no instances of retaliation monitoring being implemented 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. This determination is based on</p>

the facility complying in all material ways with this standard for the review period.

115.368 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Review of documentation consisting of:

- WP2 Pre-Audit Questionnaire (PAQ),
- PREA 115.368 (i.e., AMIkids Policy No. 6.68)
- Facility Logbooks

2. Interviews/Discussions with:

- WP2 Executive Director/Agency PREA Coordinator
- WP2 PREA Compliance Manager
- Random residents (11)

3. Site Review/Observations:

- Informal interviews with staff supervising residents on 1-on-1

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 WP2 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.”

AMIkids Policy No. 6.68 indicates the facility does not utilize isolation but rather that if youth require protective custody, then they will be placed on a one-on-one with staff for supervision. 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 a resident being placed on that type of status.

Based on the evidence reviewed and analyzed, it has been determined by the

	auditor that the agency meets Standard 115.368. This determination is based on the facility complying in all material ways with this standard for the review period.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.371 (i.e., AMIkids Policy No. 6.71), · AMIkids contract with SCDJJ, · Letter of agreement with Union County Sheriff’s Office 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator/WP2 Executive Director · WP2 PREA Compliance Manager · Investigative Staff (1) <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 WP2 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 does not conduct its own investigations of sexual abuse and sexual harassment but rather they rely on the City of White Pines Police Department and/or Department of Juvenile Justice to investigate sexual abuse. Interviews with the Executive Director/PREA Coordinator revealed that internal investigations do occur for critical incidents along with external investigations by the Union County Sheriff’s Office and South Carolina DJJ. The Executive Director serves as a facility investigator and he did not report any instances of sexual abuse or sexual harassment being investigated or referred for investigation during the review period. The PREA Compliance Manager provided a copy of the agreement with Union County Sheriff’s Office and the contract with SCDJJ was provided to the auditor by the Executive Director during the onsite</p>

	<p>portion of the audit.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.371. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.372 (i.e., AMIkids Policy No. 6.72) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Executive Director/Investigative Staff (1) <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 WP2 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. Copies of the certificate of completion for specialized training was provided for three (3) investigators during the evidence review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.372. This determination is based on the facility complying in all material ways with this standard for the review period.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

1. Review of documentation consisting of:

- WP2 Pre-Audit Questionnaire (PAQ),
- PREA 115.373 (i.e., AMIkids Policy No. 6.73, and Attachment 6.73A)

2. Interviews/Discussions with:

- Agency PREA Coordinator/Executive Director
- WP2 PREA Compliance Manager

Analysis and triangulation of information: this standard requires that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The WP2 PAQ indicates the facility's procedure for resident reporting is outlined in AMIkids Policy No. 6.73 with the subject "Reporting to Residents."

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.

AMIkids officials provided the following responses on the WP2 Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months:

- o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0
- o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation = 0
- o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0
- o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No

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.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.373. This determination is based on the facility complying in all material ways with this standard for the review period.

115.376	Disciplinary sanctions for staff
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li data-bbox="280 412 874 448">1. Review of documentation consisting of: <ul style="list-style-type: none"> <li data-bbox="280 483 1066 519">· White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), <li data-bbox="280 555 960 591">· PREA 115.376 (i.e., AMIkids Policy No. 6.76) <li data-bbox="280 627 715 663">2. Interviews/Discussions with: <ul style="list-style-type: none"> <li data-bbox="280 770 708 806">· Agency PREA Coordinator <li data-bbox="280 842 798 878">· WP2 PREA Compliance Manager <li data-bbox="280 913 912 949">· Administrative (Human Resources) Staff <p data-bbox="280 1057 1477 1218">Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The WP2 PAQ indicates the facility’s supervision and monitoring plan is outlined in AMIkids Policy No. 6.76 with the subject “Disciplinary Sanctions for Staff.”</p> <p data-bbox="280 1254 1477 1621">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. During interviews with the PREA Coordinator and PREA Compliance Manager they indicated that DJJ and law enforcement would be notified of terminations related to sexual abuse and sexual harassment incidents. It was 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.</p> <p data-bbox="280 1657 1461 1738">White Pines II officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months:</p> <ul style="list-style-type: none"> <li data-bbox="280 1774 1461 1854">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 <li data-bbox="280 1890 1477 1971">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 <li data-bbox="280 2007 1461 2087">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)

	<p>for violating agency sexual abuse or sexual harassment policies = 0</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.376. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.377 (i.e., AMIkids Policy No. 6.77) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WP2 Executive Director <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 WP2 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 White Pines Executive Director disclosed no corrective action measures taken of any kind for volunteer or contract staff during the review period.</p> <p>AMIkids White Pines 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"> o Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents = No o The number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents = 0

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.377. This determination is based on the facility complying in all material ways with this standard for the review period.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.378 (i.e., AMIkids Policy No. 6.78) · Administrative Investigation Files <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · WP2 Executive Director · PREA Compliance Manager · Random Residents (11) <p>Analysis and triangulation of information: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The WP2 PAQ indicates interventions and disciplinary sanctions for residents are outlined in AMIkids Policy No. 6.78 with the subject "Disciplinary Sanctions for Residents."</p> <p>White Pines II officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months:</p> <ul style="list-style-type: none"> o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0 o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0

	<p>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.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.378. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.381 (i.e., AMIkids Policy No. 6.81) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Intake Staff (1) · Staff that Perform Screening for Risk of Victimization and Abusiveness (1) · Random Residents (11) 3. Site Review/Observations: <ul style="list-style-type: none"> · Informal discussions with Human Services Professionals <p>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 WP2 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.”</p> <p>During interviews with the lead Human Services Professionals (HSP) reported being the responsible party to conduct the screenings for risk of victimization and abusiveness during the intake process. The HSP disclosed that no residents placed have reported past or current sexual abuse nor any residents released during the</p>

	<p>review period. This information was confirmed during random resident interviews.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.381. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), · PREA 115.382 (i.e., AMIkids Policy No. 6.82) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Human Services Professionals (1) 3. Site Review/Observations: <ul style="list-style-type: none"> · Observations of outside support service numbers posted throughout the facility <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 WP2 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 White Pines officials. The lead Human Services Professional indicated staff would immediately refer resident victims of sexual abuse to Union Mental Health and/or Union Medical Center for emergency medical and mental health services. It was 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 contacted 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. This determination is based on the facility complying in all material ways with this standard for the review period.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.383 (i.e., AMIkids Policy No. 6.83) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Human Services Professional (1) · Random Residents (11) <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 WP2 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 lead Human Services Professional (HSP) for the agency reported HSPs will refer residents for medical and mental health services needed. Additionally, the lead HSP also reported that while no residents have disclosed sexual abuse or identified as abusers, they department 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. This determination is based on the facility complying in all material ways with this standard for the review period.</p>	

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · White Pines II (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.386 (i.e., AMIkids Policy No. 6.86) <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> · Agency PREA Coordinator/ WP2 Executive Director · WP2 PREA Compliance Manager · WP2 Director of Operations <p>Analysis and triangulation of information: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The WP2 Campus 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. Members of the SAIR team were interviewed and none reported any SAIR taking place 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 115.386. This determination is based on the facility complying in all material ways with this standard for the review period.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines 2 (WP2) Pre-Audit Questionnaire (PAQ), · PREA 115.387 (i.e., AMIkids Policy No. 6.87) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator · WP2 PREA Compliance Manager 3. Site Review/Observations: <ul style="list-style-type: none"> · Review of PREA section on the agency website <p>Analysis and triangulation of information: this standard is about the incident- based data gathered by the facility for every allegation of sexual abuse at its campus. The WP2 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 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 PREA Coordinator and PREA Compliance Manager confirmed in interviews the entity responsible for collecting uniform data related to PREA.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.387. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.388 (i.e., AMIkids Policy No. 6.88) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator · WP2 PREA Compliance Manager · Agency Head/Designee (Regional Director) 3. Site Review/Observations: <ul style="list-style-type: none"> · Review of PREA section on the agency website <p>Analysis and triangulation of information: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The WP2 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.”</p> <p>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.</p> <p>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.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.388. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · PREA 115.389 (i.e., AMIkids Policy No. 6.89) 2. Interviews/Discussions with: <ul style="list-style-type: none"> · Agency PREA Coordinator 3. Site Review/Observations: <ul style="list-style-type: none"> · Review of PREA section on the agency website <p>Analysis and triangulation of information: this standard requires that sexual abuse data be stored, published and retained by the agency. The WP2 PAQ indicates the agency’s process for data storage, publication and destruction is outlined in AMIkids Policy No. 6.89.</p> <p>AMIkids Policy 6.89 denotes that South Carolina Office of Juvenile Justice ensures incident-based and aggregate data are securely retained for at least ten (10) years. Review of the South Carolina DJJ website did have the list and final report of PREA audits completed for owned, operated, and contracted facilities. AMIkids is responsible for providing SC DJJ with “information/data when requested in order to accomplish this task.” The Executive Director/PREA Coordinator confirmed in discussions that SCDJJ stores and publishes aggregate data on PREA and it can reports can be found on DJJs website.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.389. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> 1. Review of documentation consisting of: <ul style="list-style-type: none"> · White Pines II (WP2) Pre-Audit Questionnaire (PAQ),

	<ul style="list-style-type: none"> · Final PREA Reports – South Carolina DJJ Agency Website · Google search of information about the White Pines II <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 WP2 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 White Pines II. 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. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> · WP2 Pre-Audit Questionnaire (PAQ), and · Final PREA Reports – Agency Website <p>Analysis and triangulation of information: this standard regarding audit content and findings, is outlined in South Carolina DJJ Policy No. 336, Application of the PREA Standards.</p> <p>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 White Pines II was completed on June 15, 2021.</p>

	<p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.403. This determination is based on the facility complying in all material ways with this standard for the review period.</p>
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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