

PREA Facility Audit Report: Final

Name of Facility: Memphis Youth Academy

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/08/2025

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: Shirley Turner	Date of Signature: 12/08/2025

AUDITOR INFORMATION

Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	10/23/2025
End Date of On-Site Audit:	10/24/2025

FACILITY INFORMATION

Facility name:	Memphis Youth Academy
Facility physical address:	6880 East Raines Road, Memphis, Tennessee - 38115
Facility mailing address:	

Primary Contact

Name:	Melissa McBride
Email Address:	melissa.mcbride@youthopportunity.com
Telephone Number:	6155988563

Superintendent/Director/Administrator

Name:	Darrell Williams
Email Address:	Darrell.Williams@youthopportunity.com
Telephone Number:	870.370.6932

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	Danielle Dawson
Email Address:	Danielle.Dawson@youthopportunity.com
Telephone Number:	901.305.3222

Facility Characteristics

Designed facility capacity:	68
Current population of facility:	66
Average daily population for the past 12 months:	54
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	13-19
Facility security levels/resident custody levels:	staff secure
Number of staff currently employed at the facility who may have contact with residents:	99
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION

Name of agency:	Youth Opportunity Investments, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	701 94th Avenue North , Suite 100, St. Petersburg , Florida - 33702
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Joseph Nixon	Email Address:	joseph.nixon@youthopportunity.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0	
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Number of standards met:

43	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-23
2. End date of the onsite portion of the audit:	2025-10-24

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:	Shelby County Crime Victims and Rape Crisis Center-Memphis, Tennessee

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	68
15. Average daily population for the past 12 months:	54
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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	65
25. 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
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
27. 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
28. 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
29. 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
30. 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

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	99
37. 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:	0

<p>38. 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>3</p>
<p>39. 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>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The population was separated into geographic clusters such as housing units, PREA-related vulnerable categories, and non-vulnerable categories. Also, reviewed residents' files, conferred with staff, and observed the population. Residents were randomly selected; all four residents identified with a cognitive disability were interviewed.</p>

<p>43. 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>
<p>44. 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):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<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>	
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability 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. <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>Conferred with staff, reviewed files, observed population.</p>
<p>48. 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>4</p>
<p>49. 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 State license does not provide for residents in this category be housed at the facility.</p>
<p>50. 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 State license does not provide for residents in this category be housed at the facility.</p>
<p>51. 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>Conferred with staff and reviewed files.</p>
<p>52. 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>Conferred with staff and reviewed files.</p>
<p>53. 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>Conferred with staff and reviewed files.</p>
<p>54. 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>Conferred with staff; reviewed files. The resident had been released that reported an allegation of sexual abuse.</p>
<p>55. 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>Conferred with staff and reviewed files.</p>

<p>56. 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>Conferred with staff. Observations confirmed no segregated or isolation areas in the facility.</p>
<p>57. 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>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. 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 <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race and ethnicity were also characteristics considered in selecting random staff interviewees.</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>61. 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>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS 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 CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. 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.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. 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>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>77. 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 <input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	1	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	1	1

80. 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.

81. 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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

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

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.

83. 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

84. 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

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

1

<p>86. 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 <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>93. 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>There were no allegations of sexual harassment during this audit period.</p>
<p>94. 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 <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, Prison Rape Elimination Act (PREA) Organization Charts
	Interviews: Superintendent/PREA Compliance Manager PREA Coordinator Random Staff Residents
	Provision (a):

The Memphis Youth Academy is managed by Youth Opportunity Investments (YOI), LLC through a contract with the Tennessee Department of Children's Services. The State requires the facility to adhere to the PREA standards and be subject to PREA audits. The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and it provides the approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy requires zero-tolerance of sexual abuse and sexual harassment of residents and provides guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policy also provides and addresses conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment.

Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in policy and include sanctions for those found to have participated in the prohibited behaviors. Accessibility to PREA information by staff and residents; risk screening; and monitoring assist in detecting sexual abuse and sexual harassment. The identified and other supporting policies include but are not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews confirmed knowledge of the zero-tolerance and other PREA-related policies.

Provision (b):

The policy provides for the designation of a PREA Coordinator. The position of State Director of Juvenile Justice Services serves as the PREA Coordinator for all YOI facilities in Tennessee. The PREA Coordinator has knowledge of the implementation of the standards and collaboration exists with the facility superintendent who serves as the PREA Compliance Manager. The interview with the PREA Coordinator and observations revealed the authority to provide oversight of the PREA initiatives within the facility. The PREA Coordinator indicated he has the time to discharge his PREA responsibilities. The PREA Coordinator has an upper-level management position and reports directly to the YOI Vice President of Program Development.

Provision (c):

The superintendent was designated as the PREA Compliance Manager per the facility's PREA policy and determined from interviews with the PREA Coordinator and random staff. The PREA Compliance Manager reports directly to the State Director. The interview indicated she has the time to fulfill the PREA duties and it was determined that she has the authority required to fulfill those duties based on interviews and observations. She was knowledgeable of the PREA policy, procedures and practices as evident during the interview. Random staff interviews revealed their awareness of the role of the PREA Compliance Manager. Observations confirmed the superintendent has the support of the facility staff and the YOI statewide PREA Coordinator.

Conclusion:

	Based upon the review and analysis of the available evidence, interviews and observations, the Auditor determined the facility is compliant with this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Interviews:
	Superintendent Youth Opportunity Investments, LLC State Director of Juvenile Services/PREA Coordinator
	Provisions (a) and (b):
	The Tennessee Department of Children's Services contracts for the confinement and services of identified residents with Youth Opportunity Investments, LLC. This practice was confirmed by the interviews with the superintendent and State Director/PREA Coordinator. The facility is not involved in a contract with other facilities for the confinement if its assigned youth. Monitoring of the facility is required by the State, as well as PREA audits.
	Conclusion:
	Based upon the review and analysis of the available evidence, the auditor determined compliance with the standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	Policy 5-06, PREA Staffing Plan Staffing Plan Assessments PREA Unannounced Rounds Forms
	Interviews:

Intermediate or Higher-Level Staff

Superintendent/PREA Compliance Manager

Provision (a):

Each facility operated by Youth Opportunity Investments, LLC has a process for developing a staffing plan, per policy and review of the staffing plan. Compliance with the staffing plan was observed throughout the facility for each day of the onsite audit phase. The staffing plan contained adequate staffing levels; the requirement for the facility is 1:6 during the waking hours and 1:8 during the sleeping hours. Adherence to the facility's contractual staffing ratios ensures compliance regarding the PREA ratios.

The staffing plan includes video monitoring; additional cameras have been installed in the larger building that the program has relocated to. The staffing plan assessment for the new building was completed on 8/25/2025. The cameras are high definition and can focus on 81 different areas. The cameras were strategically placed in identified blind spots and other areas. The review of the staffing plan considered the following factors which were addressed in the staffing plan:

- Generally accepted detention and correctional practices; Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- Composition of the population;
- The number and placement of supervisory staff; Institution programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The number of staff increases as needed due to program activities, one-on-one supervision indicated, or other relevant factors contained in the Safety Plan. The facility maintains a mandatory hold-over system to ensure adherence to the staffing ratio within the staffing plan. Camera monitors are located in each building and the monitoring system is accessible on the telephones of the superintendent and State Director/PREA Coordinator.

The work schedules are based on the facility's staffing plan and population and are developed by the superintendent. There is collaboration in the review of the work schedules on a regular basis by the superintendent and assistant superintendent. The work schedules are based on the facility's staffing plan and population. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies. Supervisors are assigned to each shift as indicated by

interviews and documentation. An evaluation by the external oversight entity is pending and findings will be presented in a written report and any opportunities for improvement noted within the report as identified with the sister facility.

Provision (b):

According to the PREA Pre-Audit Questionnaire and the superintendent, there were no reported deviations from the staffing ratios and none were observed by the auditor during the onsite audit phase. A coordinated effort was described by the superintendent in maintaining the staffing ratios through communication, holdovers in accordance with policy and the staffing plan, and consideration of the population make-up. The facility is prepared to document any deviations from the staffing requirements. The superintendent and assistant superintendent monitor the effectiveness of the work schedules based on the staffing requirements. The staffing ratios were met and practice provides for additional staff for days and times if increased staffing is required. The line of sight is adequate within the dayrooms and hallways. Room checks are made intermittently throughout the sleeping hours.

Provision (c):

Staffing ratios for the facility are routinely provided by the direct care staff; other staff with the same required training to supervise residents may fill in if needed due to emergencies. The security practices and policies ensure the PREA ratios are met due to the internal ratios of 1:6 during the waking hours and 1:8 during the sleeping hours. The ratios were discussed and observed for and were met during the comprehensive site review. Direct observation of residents is provided and supervision is enhanced with the monitoring system. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Once a year, the collaboration of the facility Security Manager, PREA Coordinator, and PREA Compliance Manager, provides for the review of the staffing plan to determine if any adjustments are needed. It also considers the facility's deployment of video monitoring systems and other monitoring technology. The collaboration also included review of the staffing plan to determine if adjustments were needed to the resources the facility has available to commit to ensure adherence to the staffing plan. There were no issues noted in the staffing plan assessment which was dated 8/20/2025.

The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; electronic monitoring system; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made by the development and implementation of a corrective action plan that would be indicated through findings or recommendations. The annual assessment documents the summarization of the review including the areas of staffing, physical plant, and the electronic monitoring system.

	<p>Provision (e):</p> <p>Policy and practice require that intermediate-level or higher-level staff conduct unannounced rounds on all shifts. The rounds are required to be documented. Per policy and the interview with the intermediate or higher-level staff member, it is prohibited for staff to alert other staff of the occurring unannounced rounds. The rounds are made at various times, confirmed by the interview and documentation, and cover all shifts. The staff member provided any walkie talkie transmissions would be heard and no cell phones are carried by staff. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment.</p> <p>According to the interview with the higher-level staff and documentation, all areas of the facility are checked during the unannounced rounds. The rounds include but not limited to checking the dorms and all areas of the facility. The staff is not informed when the rounds occur and leadership and administrative staff conduct unannounced rounds and include superintendent, assistant superintendent, two Unit Managers, and Operations Manager.</p> <p>Conclusion:</p> <p>Based on the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	Policy 5-06, PREA
	Training Records
	Interviews:
	Random Staff
	Residents
	Provision (a):
	Cross-gender strip searches, visual body cavity searches and cross-gender pat-down searches are prohibited and searches must be documented. The policy and training provide guidance to staff on how the searches are to be conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-Audit Questionnaire and according to the

interviews, no type of cross-gender search has been conducted at the facility during the past 12 months.

Provision (b):

Policy does not support staff conducting cross-gender pat-down searches; all searches must be documented. Responses from staff included that only male staff conduct searches. Staff receives training on how to conduct searches, including cross gender searches and searches of transgender and intersex youth. Staff interviews confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):

Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There was no evidence documenting any type cross-gender searches.

Provision (d):

Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the comprehensive site review, the Facility Administrator explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the bathroom. There are separate and private shower and toilet stalls on each living unit.

Staff members of the opposite gender announce their presence when entering the residents' housing or bathroom area as demonstrated during the comprehensive site review. The staff interviewed stated female staff announce their presence upon entering the living units. Twelve of 16 residents interviewed, stated female staff announce their presence; two stated no; and two stated female staff announce their presence sometime. All residents interviewed stated they are never naked in full view of female staff. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations support that viewing of the camera monitors does not show residents when they are showering, using the toilet or changing clothes. The bathroom area does not allow staff to get a view of the resident while performing bodily functions. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

	<p>Not Applicable</p> <p>Provision (f):</p> <p>Not Applicable</p> <p>Conclusion:</p> <p>Based on the evidence, the facility is compliant with this standard.</p>
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115.316	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Client Services Agreement, Tennessee Language Center</p> <p>Accessibility Implementation Guide</p> <p>Accessibility for Incarcerated People Acknowledgement Form</p> <p>New Hire Training Orientation Plan</p> <p>PREA Brochures and other Printed Materials</p> <p>PREA Education Acknowledgement Forms</p>
	<p>Interviews:</p> <p>Youth Opportunity Investments, (YOI) LLC Agency Head Designee</p> <p>Random Staff</p> <p>Provision (a):</p> <p>The policy and implementation guide collectively address the provision of support services and accommodations by providing youth the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy reinforces the requirements of the standard. The implementation guide, through the PREA Resource Center, provides information about PREA and victim services and their accessibility to people with disabilities. It provides strategies for established practices for making services accessible. The accessibility information related to the PREA standards is addressed in new hire orientation and is a part of the training</p>

plan.

Youth are not used as readers or interpreters, confirmed by random staff interviews.

Posted and other printed PREA information is accessible to youth in English, Spanish, and may be accessed in other languages as needed. The process in gaining assistance was demonstrated by treatment staff who walked the Auditor through the process of obtaining translation services. The Tennessee Language Center is used as needed per the Client Services Agreement. A call was made at the sister facility and contact was made in a prompt manner. The response to the call was prompt and services were available immediately. Personal identification of a resident is not required to access services and the privacy of an office is provided to conduct the interview and at other times when the services are used.

Policy and the Client Agreement collectively provide for interpreter and translation services for disabled and LEP residents. Policy requires PREA education to be in formats accessible to all residents the facility is licensed to house. The education staff also provides support services through accommodating resources, including teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. There was not a need for interpreter services during the onsite audit phase.

Provision (b):

A Client Services Agreement exists between the parent agency and the Tennessee Language Center for professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are LEP, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.

The response to the call made at a sister facility was prompt and there was immediate access to services which were professional and efficient. Personal identification of the youth was not required to access services and the privacy of an office was provided to conduct the interview and at other times when the services are used. Informal conversation with treatment staff indicated that translation services are conducted in the privacy of an office.

Provision (c):

The use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment is prohibited by policy. The facility documents there is access to services and the Auditor was able to use the translation services upon request and without hesitation at a sister facility. The education unit and mental health staff

	<p>members have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed. Resident interviews, not LEP, revealed identifications of staff that ensure they understand information provided to them, including how to report allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Policy 1-14, Background Screening</p> <p>Background Checks</p> <p>Personnel Records</p> <p>Employee Handbook</p>
	<p>Interview:</p> <p>Human Resources Manager</p>
	<p>Provisions (a) and (f):</p> <p>Policies address hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks. The background checks occur initially and annually thereafter, aligned with policy. The personnel files include the completed background checks and hiring documents. The sources for background checks include: National Sex Offender Registry; Vulnerable Persons Abuse Register; Tennessee Felony Database Clearance; local law enforcement; Out-of-State Child Abuse/Neglect Check; and fingerprints results through the Tennessee Bureau of Investigation and Federal Bureau of Investigation.</p> <p>Prior to hire and promotion, through the employment application process, it was</p>

verified that applicants had not participated in the following behaviors:

- 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);
- 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;
- civilly or administratively adjudicated to have engaged in the activity described above.

The PREA-related specific questions are asked and answered by the applicant (new or promotion), employee (annually as part of background check); or unescorted contractor or visitor. The applicant must respond with the applicable response and include his/her signature confirming the information provided.

The "Self-Declaration of Sexual Abuse/Sexual Harassment for YDC Employees" form clearly speaks directly to whether or not an applicant has prior sexual misconduct. The interview and a review of policies provide details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. The documentation, interview and policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the background checks.

Staff members are informed of their continuing duty to report any related misconduct. The interview and review of policy and Employee Handbook, collectively support that staff receive the information during the onboarding process. All applicants are asked about any prior misconduct involving any sexual activity. The documentation and interview support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the criminal background checks. The review of a sample of background checks and the interview with the human resource manager confirmed that background checks are conducted in accordance with policy and the intent of the standard provisions.

Provision (b):

The policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application process regarding previous misconduct. A form, PREA Questionnaire for Prior Institutional Employers, is used by the Human Resources Manager to formally request any PREA related information regarding an applicant.

The PREA policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist

the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) and (d):

The background check process includes consulting a child abuse registry. The prospective employee or contractor also has to be cleared through the background check process. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee. Inquiries are made through the National Sex Offender website, systems created or updated by the Adam Walsh Child Protection and Safety Act, and the database of the Tennessee Department of Children Services.

The personnel files include the completed background checks and hiring documents. The sources for background checks include: National Sex Offender Registry; Vulnerable Persons Abuse Register; Tennessee Felony Database Clearance; local law enforcement; Out-of-State Child Abuse/Neglect Check; and fingerprints results through the Tennessee Bureau of Investigation and Federal Bureau of Investigation. The Self-Declaration of Sexual Abuse/Sexual Harassment for YDC Employees form clearly speaks directly to whether or not an applicant has prior sexual misconduct. A sample of personnel files were reviewed which included employees and contractors. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 39.

Provision (e):

A review of background checks and Re-Screens revealed they are conducted initially and are conducted annually thereafter, with the exception of obtaining new fingerprints, in accordance with the interview and policy. The interview, review of documentation and a review of the policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with policy. This information is also covered in the new employee orientation training. Staff members have a continuing duty to report related misconduct. Employees are informed during new employee orientation that they have a continuing affirmative duty to disclose any such misconduct.

Provision (h):

When a former employee applies for work at another institution, upon receipt of a request from that institution regarding any substantiated allegations of sexual abuse, the human resources manager will forward the request to the regional

	<p>human resources manager. The request will be researched and the regional human resources manager will respond to the request.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility meets the provisions of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>PREA Pre-Audit Questionnaire</p> <p>Observations</p> <p>Interviews:</p> <p>Superintendent Designee</p> <p>PREA Coordinator</p> <p>Youth Opportunity Investments (YOI), LLC Agency Head Designee</p> <p>Provision (a):</p> <p>The program moved to a larger facility in 2024, increasing the capacity from 48 to 68. Observations and the interview with the agency head designee confirmed the parent agency, YOI, considered the design, acquisition, and expansion upon the agency's ability to protect residents from sexual abuse. The modifications to the facility included but were not limited to reinforced structural changes and tamper-resistant fixtures to prevent escapes and ensure the safety of residents and staff. Communal and living spaces were adapted to minimize blind spots and potential contraband or weapon storage. Spaces were also adapted for education and counseling services, activities, and offices.</p> <p>Provision (b):</p> <p>The parent agency considered how an upgraded camera system would significantly enhance the ability to protect residents from sexual abuse. The camera system enhances direct supervision provided to residents by staff. The interviews and observations confirmed space adapted for a dedicated control room and the addition of high definition cameras. The cameras were strategically placed inside and on the outside of the facility with additional consideration for identified blind spots.</p>

	<p>Conclusion:</p> <p>Based on the evidence, the facility is compliant with this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Tennessee Department of Children's Services (DCS) PREA Policy, 18.8</p> <p>Training Curriculum</p> <p>Memorandum of Understanding (MOU)</p> <p>Investigation File</p>
	<p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Residents</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>DCS Investigative Staff</p> <p>Advocacy Center Representative</p>
	<p>Provisions (a) and (b):</p> <p>Trained DCS investigative staff with the PREA Unit conduct administrative investigations. Allegations that are criminal in nature are referred to local law enforcement. There are no facility-based or parent agency investigators. All allegations of sexual abuse and sexual harassment are reported to DCS. The review of policies, investigation records, and interviews with DCS investigative staff and the facility superintendent supported that a uniform evidence protocol is followed that maximizes the potential for obtaining useable physical evidence for administrative proceedings and criminal prosecution. This premise also applies to the local law enforcement agency responsible for conducting allegations that are criminal in nature. The protocols regarding investigations are developmentally appropriate for</p>

youth. The PREA training curricula for facility staff includes protocols for first responders regarding sexual abuse, including preserving evidence. The investigation file documents the administrative investigation for the resident-on-resident allegation of sexual abuse and the referral to law enforcement where the investigation is ongoing.

Provision (c):

A MOU exists between the facility and the Shelby County Crime Victims and Rape Crisis Center (SCCVRCC) for the delivery of advocacy services. Forensic medical examinations will be conducted by a qualified medical practitioner, through the SCCVRCC. Continuity of care is the responsibility of the facility's medical and mental health staff. The interview with medical staff revealed follow-up medical services and any follow-up appointments would be provided. Mental health staff revealed ensuring a rapport for the resident to talk. A forensic medical examination was conducted at the SCCVRCC after the allegation of abuse at the facility. The forensic medical examination and ancillary advocacy services, were provided at no cost to the victim as stated in policy, interview with the advocacy agency representative, and supported by the MOU. A Rape Crisis Services Safety Plan was reviewed which included things the victim said he could do to take his mind off his problems without contacting another person. The identified things could be done within the facility and upon release. The Rape Crisis Services Safety Plan included telephone numbers of the SCCVRCC and the Suicide Prevention Lifeline and names and numbers of two people the victim identified for social support that he could ask for help.

The interview with the advocacy agency representative described the advocacy services contained in the MOU and that the agency provides, including accompaniment and emotional support. The residents are informed of services at the SCCVRCC during PREA education sessions and the information is posted. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents confirming the provision of general and emergency services, which also included services provided related to the allegation of sexual abuse.

Provisions (d) and (e):

Victim advocacy services have been arranged and outlined in a written MOU which was in process of being updated with current signatures beginning in the pre-onsite audit phase. This victim advocacy facility provides a range of services including forensic medical examinations, accompaniment, advocacy and resource assistance for survivors, and emotional support. The advocacy facility follows all applicable laws and regulations with respect to confidentiality as well as other required mandates through compliance with applicable standards applicable to a comprehensive community sexual assault agency. The advocacy facility may be notified for services by the resident, facility staff, or law enforcement.

The victim advocacy facility offers the following per the MOU, interview with the advocacy agency representative, and documented practice :

- 24-hour hotline services;
- Forensic medical examinations;
- Information and Resources;
- Crisis counseling;
- Confidentiality;
- Staff Education, as needed.

Information regarding victim advocacy services is provided to the residents during the intake process, according to intake staff, and is provided through the accessibility of posted information. Victim advocacy services are provided at no cost to the victim in accordance with facility policy. Auxiliary aids, interpreter/language services and accommodations due to a disability will be provided as needed and also at no cost to the victim. According to the interview with the advocacy agency representative and the MOU, the advocacy agency adheres to standards and these standards include maintaining privileged communication with clients. One forensic medical examination was conducted during this audit period.

Provisions (f) & (g):

Administrative investigations are conducted by a trained DCS Investigator, PREA Unit. Allegations that are criminal in nature are referred to local law enforcement for an investigation. There are no facility-based investigators and no investigators within Youth Opportunity Investments, LLC. A DCS PREA Investigator conducts administrative investigations in accordance with agency's policies and procedures. The interview with the DCS investigative staff and agency policy support that the State of Tennessee adheres to the PREA standards regarding investigations in State-run and contract facilities. The administrative investigation completed by DCS substantiated one allegation of sexual abuse for this audit period and that criminal investigation is ongoing. The DCS ensure investigators follow the prescribed protocols for conducting allegations of sexual abuse and, through communication, ensure the same by law enforcement.

Provision (h):

The facility has made arrangements for victim advocacy services as confirmed through the interviews, MOU, and documentation of advocacy services in the investigation file. The background and training of some treatment staff provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Department of Children's Services (DCS) Agency Policy, 18.8</p> <p>Incident Report</p> <p>Investigation Record</p> <p>Investigation Outcome Report</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Superintendent</p> <p>DCS Investigative Staff</p> <p>Youth Opportunity Investments (YOI) Agency Head Designee</p> <p>Provision (a):</p> <p>The policies and interviews provide that staff report all allegations of sexual abuse and sexual harassment and document the reports. Sexual abuse and sexual harassment allegations are referred to the DCS PREA Unit, and law enforcement where the allegations are criminal in nature. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. According to the interviews and PAQ, the information provides for one allegation of resident-on-resident sexual abuse and no allegations of sexual harassment for the past 12 months. The allegation for the administrative investigation was substantiated. The case was also referred for a criminal investigation and it is ongoing.</p> <p>Provisions (b) and (c):</p> <p>Policy and reporting information are located on the DCS and YOI websites and the reporting information is posted within the facility and accessible to the public, residents, staff, and visitors. The DCS and facility policies, interviews, and investigation outcome summary confirmed the allegation of sexual abuse was investigated by a trained DCS PREA investigator and referred to law enforcement because the allegation was criminal in nature.</p> <p>Provision (d):</p> <p>The DCS has policy governing administrative investigations and the agency utilizes</p>

	<p>trained investigators. The interview with the DCS investigative staff and an informal conversations with facility staff confirmed administrative investigations are conducted by a trained investigator. The Investigative staff confirmed allegations that are criminal in nature are referred to local law enforcement, as evident through documentation of the practice.</p> <p>Provision (e):</p> <p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p>Conclusion:</p> <p>Based on the review of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Policy 1-11, Pre-Service Training</p> <p>Policy 1-12, Annual In-Service</p> <p>Annual Training Plan</p> <p>New Hire Training Plan Training Curricula Training Logs</p> <p>Acknowledgement Statements</p> <p>Training Certificates</p> <p>Interviews:</p> <p>Superintendent</p> <p>Random Staff</p> <p>Training and Staff Development Staff</p> <p>Provisions (a) and (c):</p> <p>Policy addresses PREA related training for staff which is provided initially upon employment and annually. Interviewed staff members were familiar with the PREA</p>

information. During the site review the auditor also had informal conversations with staff that confirmed training and signing acknowledgement statements of receipt and understanding PREA training which was conducted in-person and/or online.

Facility policy provides for refresher training to occur annually. PREA training is provided to staff, as indicated by a review of facility and agency policies, training documents, and interviews. The facility reports all staff members that may have contact with residents have been trained or re-trained on the PREA Standards requirements. The training includes the requirements within the provision of the standard.

Provision (b):

The facility provides services for males and staff training considers the needs of the population served as indicated by the interviews and training. A course within the training curricula is titled, "Gender Responsive." The subject matter includes but is not limited to the following topics: gender differences; biological differences; gender and program design; learning styles; and communication. The policy and interviews support that the program provides training that is tailored to the needs and attributes of the population served. Interaction with the residents, observations, and staff and resident interactions indicate appropriate responses to the needs of the population served. All staff within the facility are provided PREA training.

Provision (d):

The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The PREA training is documented by staff signatures, certificates, and electronically. The training was also verified through staff interviews, informal conversations with other random staff, training curricula, and training plans.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.

115.332 Volunteer and contractor training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Tennessee Volunteers and Contractors Orientation/New Training Plan

	<p>PREA Training and Information Acknowledgement Statements</p> <p>Interviews:</p> <p>Contractors</p> <p>Provision (a):</p> <p>Policy requires volunteers and contractors who have contact with residents to receive PREA training, including their responsibilities regarding sexual abuse prevention, detection, and response to allegations of sexual abuse and sexual harassment. The training curriculum includes but is not limited to reporting allegations of sexual abuse and sexual harassment, related definitions and maintaining professional relationships with residents. The two contractors interviewed provide food services for the facility. The interviews revealed knowledge of the agency's zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. The training plan and interviews revealed, in addition to the PREA policy review, the training covers definitions, prevention, detection, and response to allegations of sexual abuse and sexual harassment.</p> <p>Provision (b):</p> <p>The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment as determined from the training plan and interviews. The training is based on the services provided by the contractors. The interviews revealed familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report allegations. The interviews also confirmed the review of the zero-tolerance policy for the facility is included in the PREA training. There are no volunteers providing services in the facility at this time.</p> <p>Provision (c):</p> <p>The training documentation and interviews confirmed the receipt and awareness of PREA training by contractors. The interviews indicated the understanding of the training received. The PREA training is provided within the facility and through the training unit. There are no volunteers providing services in the facility at this time.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion
<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Youth and Parent Handbook</p> <p>PREA Brochure</p> <p>PREA Video</p> <p>Pre and Post Tests</p> <p>PREA Education Acknowledgement Statements</p> <p>Posted Information</p> <p>Interviews:</p> <p>Residents</p> <p>Intake Staff</p> <p>Provisions (a) and (b):</p> <p>During the intake process, residents received information explaining, in an age-appropriate manner, the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Residents received directions on how to report allegations of sexual abuse and sexual harassment; and information about the right to be free from retaliation for reporting, in accordance with policy and the standard. This premise was supported through the review of training related documentation for residents and the interviews. A review of the education materials indicated the information provided is age-appropriate. The intake staff presented and reviewed the PREA education materials with the Auditor during the interview.</p> <p>Within 10 days of intake, comprehensive, age-appropriate PREA education is provided to residents. PREA education is incorporated in the independent living groups, on a rotating basis, which are conducted weekly. PREA education is provided in-person utilizing the training materials, through the use of a video which is available in English and Spanish, and pre and post tests. A review of the PREA education materials revealed the inclusion of resident's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. Residents receive information at the time of intake about PREA including the zero-tolerance policy of the facility and how to report allegations of sexual abuse and sexual harassment as confirmed by the interviews and review of education materials. The residents have a clear understanding of the aforementioned and the various ways of how to report allegations of sexual abuse and sexual harassment which was evident during the interviews.</p>

The intake staff, through their assigned caseload, remain continuously available to address questions regarding PREA. A review of the education materials demonstrate the information is age-appropriate. The residents initially sign acknowledgement statements which represent receipt of the PREA information provided which were reviewed by the auditor. The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake totaled 1,054. The initial PREA education session occurs on the same day of arrival or next business day within a 72-hour period. The Therapists follow-up with PREA education during the intake process which ensures the resident receives PREA education. The responses from the residents ranged from the receipt of PREA education on the same day of admission to one or two days after admission and methods included but was not limited to staff explained, watched a video, reviewed on computer, and/or pre and post tests.

Provision (c):

Based on the evidence and PREA Pre-Audit Questionnaire, all residents received PREA education. The facility reports 1,054 residents were admitted to the facility during the past 12 months and all participated in PREA education sessions. Formal interviews, informal conversations with youth, interview with intake staff, and review of documentation support that all youth admitted to the facility receive PREA education during the intake process and subsequently beyond the intake period. Acknowledgement statements, pre and post tests, and the interviews indicate that general PREA education has been provided. Policy states, "during the intake process, staff will provide all youth with information on the zero-tolerance policy regarding sexual misconduct, including how to report incidents and suspicion of sexual misconduct." The intake staff confirmed PREA education is provided to youth who transfer from other facilities.

Provision (d):

PREA education, in formats accessible to all residents the facility is licensed to admit, is provided. PREA education includes those who are limited English proficient or otherwise disabled, as well as to residents who have limited reading skills. The facility's State license is posted in the lobby and it provides that the facility is not licensed to house youth that are visually or hearing impaired. The education unit is a resource for accessibility, supportive services, and other accommodations. Policy provides information and accessibility for the accommodations for residents with special needs admitted to the facility. The education staff provides services through certified teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the mental health and case management staff to ensure all residents' understanding of the PREA information. The Youth and Parent Handbook contains contact information regarding disability rights, including a toll free number to report neglect.

Policy provides for interpreter and translation services; the facility also has bilingual

staff. Posted and other printed PREA information is in English and Spanish and there is access to the PREA video and PREA education acknowledgement statement in Spanish and the review and interviews supported their use. The Youth and Parent Handbook is also available in Spanish. The facility's parent agency has a contract with the Tennessee Language Center. The process in gaining assistance was described by staff. There was no resident present that required the use of an interpreter. The Tennessee Language Center will be used per the Client Services Agreement as needed. Personal identification of a resident is not required to access services and the privacy of an office will be provided to conduct the interview.

The random staff interviews revealed the practice of residents not used as translators or readers for other residents, aligned with policy. There was a collective awareness of the availability of bilingual staff and professional translating and interpreting services. The facility has knowledge of the resident's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents. The special arrangements are coordinated by treatment team staff in collaboration with the superintendent. Signed acknowledgement statements were reviewed which supported involvement in PREA education sessions. All of the youths' interviews revealed the exposure to PREA through the PREA education sessions. The interviews confirmed awareness of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such.

Provision (f):

In addition to providing PREA education, the facility ensures that key information is continuously and readily available or visible to residents through posted information, brochure, and Youth and Parent Handbook. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment and for requesting advocacy services. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a Youth and Parent Handbook and one is also provided to the family. PREA-related information was observed posted and displayed, accessible to residents, staff, and visitors. PREA signage is placed at varying eye levels and are colorful and/or graphic with consistent messages. The interviews with the residents revealed they know where to find information on the walls if they need it. The interviews also confirmed the PREA information is always on the walls. PREA information is located in the housing area; education area; common areas, accessible to residents, contractors, and visitors.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with the standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	Policy 5-06, PREA
	Tennessee Department of Children's Services (DCS), Policy 18.8
	Interviews:
	DCS Investigative Staff
	Provisions (a) and (b):
	<p>According to facility policy 5-06, "the Department of Children's Services ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, assault, misconduct, and harassment. Local law enforcement and the DCS Child Protective Services/Special Investigations Unit handle the investigation processes involving youth in Tennessee. DCS staff adhere to the Protocol for DCS PREA Investigators to Conduct Prison Rape Elimination Act (PREA) Investigations for details regarding the sexual abuse investigation process." Administrative investigations are conducted by the DCS, PREA Unit. Regular PREA training is required in addition to the specialized training regarding conducting administrative investigations, according to an interview investigative staff.</p>
	<p>Allegations that are criminal in nature are referred for investigation by local law enforcement as supported by the interviews with DCS investigative staff. The interview confirmed administrative investigations are conducted by a trained DCS PREA Investigator, statewide. According to an interview with investigative staff, the specialized training includes but is not limited to interviewing techniques; warnings; preserving evidence; and criteria for supporting a finding. Two investigative staff members collectively provided information regarding the completion of investigations regarding sexual abuse and sexual harassment.</p>
	Provision (c):
	<p>Training records of the DCS PREA Investigator are maintained by the contract agency, DCS. Allegations of sexual abuse are referred to law enforcement for criminal investigations. All allegations of sexual abuse and sexual harassment are reported to DCS. Regular PREA training and specialized training courses for the investigators are provided through DCS based on the interview with an investigative staff member.</p>
	Provision (d):
	<p>The DCS provides training to its investigators who will conduct administrative investigations at the contract facilities which was confirmed by an investigative staff</p>

	<p>interview. Local law enforcement has the responsibility to train their investigators who conduct sexual abuse investigations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Training Curricula</p> <p>Training Plan</p> <p>Training Certificates</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>Medical and mental health staff members are required by facility policy to receive the regular PREA training as well as the specialized training. The training is documented by certificates, training sheets and interviews. The training includes the required elements of the standard based on the documentation and interviews.</p> <p>Provision (b):</p> <p>Medical forensic examinations are not conducted by facility staff.</p> <p>Provision (c):</p> <p>The training records and interviews with medical and mental health staff confirmed receipt of the regular and specialized training. The specialized training is provided online through various modules that include the requirements of the standard. Regular and refresher PREA trainings may be provided online, in-person, and through sessions incorporated in staff meetings.</p> <p>Provision (d):</p>

	<p>Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided in accordance with policy and verified by documentation and the interviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>PREA Risk Assessment</p> <p>Safe Housing Assessment</p> <p>Instructions for PREA Risk Assessment</p> <p>Criteria Guide for Determining Violent Offense</p> <p>PREA Pre-Audit Questionnaire</p>
	<p>Interviews:</p> <p>Staff that Perform Screening for Risk of Victimization and Abusiveness</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p>
	<p>Provision (a):</p> <p>The policy provides that "all youth admitted to the facility shall be screened for vulnerability to victimization and sexually aggressive behavior, prior to a room assignment, using the DCS form CS-0946 Prison Rape Elimination Act (PREA) Risk Assessment and the CS-1236 Safe Housing Assessment." The review of the PREA Risk Assessment revealed each resident is screened for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident, within 24 hours. The interview with the staff that perform screening for risk of victimization and abusiveness (risk screener) and practice indicate the risk assessment may be completed on the day of admission and</p>

generally within 24 hours. The risk screener revealed the process of administering the PREA Risk Assessment is to first, make the resident feel comfortable and also inform them of confidentiality and informed consent when needed. It was further revealed that the resident is made comfortable to aid in the elicited responses and it is shared by the risk screener that staff may be helpful to the resident, based on some of the information obtained. In addition to responses gained from the resident, additional information is gleaned from court records, family, and other facilities. The risk screener and residents interviewed confirmed the the risk assessment is conducted in a private setting.

The policy also provides, "within twenty-four (24) hours of admission, DCS form CS-0946 Prison Rape Elimination Act (PREA) Risk Assessment is administered to all youth." The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents totaled 1,054 as shown on the PREA Pre-Audit Questionnaire. The policy requires a resident to be reassessed periodically throughout their confinement. According to the policy, "Form CS-1237, Safe Housing Re-Assessment is completed for youth at the following intervals:

- a. Every ninety (90) days while in the program;
- b. Within two (2) days of any occurrence that would require a room assignment change; and
- c. At least seven (7) days prior to a transfer to another program."

The primary PREA intake screening instrument, PREA Risk Assessment, is used to document the risk of victimization and abusiveness. The instrument is administered by the risk screener and in accordance with the Instructions for PREA Risk Assessment and the interview, staff must be trained in administering the assessment; an instruction manual and training is provided. The interviews revealed the practice of the risk screening being conducted in accordance with the policy. Review of the screening instrument and interviews with the risk screener and residents, collectively confirmed the information obtained includes but is not limited to:

- (1) Prior sexual victimization or abusiveness
- (2) Resident's own perception of vulnerability
- (3) Current charges and offense history
- (4) Self-identification of resident
- (5) Intellectual or developmental disabilities
- (6) Physical disabilities
- (7) Confirmation of size, stature, and age

Safe Housing Assessments are developed based on the PREA Risk Assessment and the additional information gleaned from court and other records and communication

with parents or guardians. The interview provided that reassessments are documented through the completion of Safe Housing Assessments completed every 90 days. Policy provides for a Safe Housing Assessment to be conducted every 90 days or within two days of an occurrence that required a housing change.

The risk assessments are accessible to the clinical team. The residents' files were observed to be maintained in a confidential manner in lockable offices within a key control system with limited access. Information is maintained in an electronic system and is password protected. There were no intakes occurring during the onsite phase of the audit; the risk screener effectively walked the auditor through the process. The review of a sample of files document the administration of the PREA Risk Assessment and generally on the same day of admission or within 24 hours of admission. The interviews with the residents revealed 16 residents remember being asked the pertinent questions from the PREA Risk Assessment; one resident did not remember; and the other did not know if he had been asked the pertinent questions or not.

Provision (b):

An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding their own safety. The instrument, PREA Risk Assessment, is tabulated based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness.

Provision (c):

The interview with the risk screener confirmed awareness of the elements of the risk screening instrument and the use of the instrument was explained to the Auditor. The resident interviews also confirmed the administration of the screening instrument and the general inquiries made, per their interview protocol. The interviews revealed the practice is that the instrument is generally administered the first day and/or within 24 hours of the youth's admission to the facility. The screening instrument considers the following:

- (1) Prior sexual victimization or abusiveness;
- (2) Current charges and offense history;
- (3) Age;
- (4) Level of emotional and cognitive development;
- (5) Physical size and stature;
- (6) Mental illness or mental disabilities;

- (7) Intellectual or developmental disabilities;
- (8) Physical disabilities;
- (9) The residents' own perception of vulnerability; and
- (10) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Provision (d):

The information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the resident, review of the commitment packet through the court, and other assessments conducted prior to and after arrival to the facility. Additional information may be obtained from interviews with parents/guardians. The facility is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the resident's record in an effort to prepare for the needs of the youth prior to arrival. Additional assessments and screenings are completed after the youth is admitted to the facility to obtain supportive information for treatment planning and keeping the resident safe. The interview with the risk screener revealed how she explains to the resident the importance of being truthful with the answers to the inquiries so that staff may be better able to help.

Provision (e):

Staff takes appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner, behind locked doors with limited access through a key control system and passwords for electronic records, only accessible to identified staff. The risk screener and PREA compliance manager addressed the management of sensitive information and the limited and guarded access by treatment staff. Policy and staff training include information regarding confidentiality of information concerning residents. Policy states, "all information regarding sensitive information shall be on a need-to-know basis and shall not be exploited to the youth's detriment by staff or other youth." The PREA staff training curriculum includes guidance regarding confidentiality of information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion
<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Policy 5-20, Controlled Observation</p> <p>PREA Risk Assessment</p> <p>Safe Housing Assessment</p> <p>Safe Housing Re-Assessment</p> <p>Interviews:</p> <p>Staff that Perform Screening for Risk of Victimization and Abusiveness</p> <p>PREA Compliance Manager</p> <p>Provision (a):</p> <p>Policy 5-06 provides guidance to staff regarding the use of the information obtained from the risk assessment screening instrument. The interviews indicate the screening and assessment information and observations are used to inform staff of information based on the need to know. The PREA Risk Assessment, Safe Housing Assessment, and Safe Housing Re-assessment document and assist in informing staff regarding housing and program assignments, and assist in identifying treatment and any special services for residents. The aforementioned instruments are completed for each resident. The interview with the risk screener stated that the information from the risk screening during intake is used in treatment planning, more informed therapy sessions, and housing decisions.</p> <p>Policy provides that "information gathered from screenings related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff, as required by DCS policy and Federal, state, or local law, to guide treatment plans and security and management decisions, including housing, bed, work, education, and program assignments." The information is used in treatment team meetings and address the individual needs of a resident such as but not limited to potential victim for sexual victimization or perpetrator. Accommodations for the identified risk are discussed during the meeting that address the needs of the resident regarding sexual safety. The treatment team will ensure room assignments by staff include consideration of a resident's potential for victimization or predatory risk, and that those risks have been reviewed through screening tools to ensure sexual safety.</p> <p>Provision (b):</p> <p>Isolation is not used in this facility as a practice and the interviews confirmed the practice. The facility has a room that may be used temporarily but practice is not to use it. According to the Vice President of Compliance and Implementation, there is</p>

	<p>monthly monitoring at the corporate level to maintain the area is not used for segregation/solation. The facility has policy 5-20, Controlled Observation governing the use of room since it exists. The staff interviews indicated that protective measures would be taken immediately when needed to protect a resident at risk for sexual abuse and include separating residents by rooms and units; notifying other staff, including treatment staff and administrators; and implementing closer supervision measures.</p> <p>Provision (c):</p> <p>Not Applicable</p> <p>Provision (d):</p> <p>Not Applicable</p> <p>Provision (e):</p> <p>Not Applicable</p> <p>Provision (f):</p> <p>Not Applicable</p> <p>Provision (g):</p> <p>Not Applicable</p> <p>Provision (h):</p> <p>The practice is that isolation is not used in this facility. The interviews, policy 5-20, informal conversations with residents and staff, confirmed the area is not used.</p> <p>Provision (i):</p> <p>Isolation is not used in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

	<p>Policy 5-06, PREA</p> <p>Policy 3-03, Abuse and Neglect Reporting</p> <p>Youth and Parent Program Handbook (English and Spanish)</p> <p>PREA Education Acknowledgement Statements</p> <p>Grievance Forms</p> <p>Sick Call Request Forms</p> <p>Can We Talk Forms</p> <p>Brochure</p> <p>Incident Report</p> <p>Posted Reporting Information (English and Spanish)</p> <p>Interviews:</p> <p>Residents</p> <p>Random Staff</p> <p>Superintendent Designee/PREA Compliance Manager Designee</p> <p>Provision (a):</p> <p>Policy 5-06 states, "youth will be provided multiple ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents. Youth may file a grievance or may disclose through conversation with a staff person, case manager, therapist, supervisor, or the PREA Facility Compliance Manager, and call the DCS Child Abuse Hotline." Observations revealed the facility provides multiple internal ways for residents to report, including how to privately report, sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The policy also provides that residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour State of Tennessee abuse reporting hotline telephone number which is toll free.</p> <p>The interviews with random staff revealed guidance provided to staff regarding internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. The 12 random staff collectively provided the following specific ways residents can report: tell the supervisor or any staff; use the abuse reporting hotline; talk to Therapist, Case Manager, Nurse or Unit Manager; complete</p>
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a Grievance Form; tell a trusted staff member. The 16 residents interviewed collectively provided the following ways to report allegations of sexual abuse or sexual harassment: tell staff on the side privately; talk to Therapist or other staff; complete a Can We Talk or Grievance Form or write a note; tell a trusted staff or other trusted person; use the hotline; tell the superintendent, supervisor, or Unit Manager; tell parent(s).

It was evident during the comprehensive site review and informal conversations with random staff that telephones are accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of the telephone accessible for residents to report allegations of sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The reporting information is posted on the living units, visitation area, education areas, and other areas of the facility. The Youth and Parent Handbook also provides information on the internal ways to report allegations of sexual abuse and sexual harassment.

Policies, posters, brochure, information sheet, and the Youth and Parent Handbook collectively provide the hotline number and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone for the hotline, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing a help request form (Grievance, Sick Call Request, Can We Talk) to write an allegation. It was revealed that a resident may simply write a note and all written allegations may be placed in the locked box located on the wall in each living unit, visitation area, and other areas of the facility. The posted information is clear, easy to read, consistent, and is posted at varying eye levels. The help request forms are posted on the living units, accessible to the residents. There were stamped, addressed envelopes to DCS posted on the halls for residents to make written allegations of sexual abuse or sexual harassment directly to DCS, which may also be made anonymously or by a third-party. The mail to DCS will not be read by staff.

The residents interviewed revealed there is access to writing utensils and they understand the process for using the Grievance, Sick Call Request, and Can We Talk forms to report allegations of sexual abuse or sexual harassment. The reporting process provides that a written PREA related allegation does not have to be given to staff and the resident does not have to discuss the situation with staff involved, as corroborated by policy, staff, and youth interviews. Grievances or other written allegations alleging sexual abuse will be handled directly by the superintendent or designee and reported to the Department of Children's Services/Central Intake and law enforcement if criminal in nature. Written notes or letters and other completed forms may also be given to staff if the youth chooses to.

Policy 3-04 informs staff to immediately activate the reporting requirements when an allegation of sexual abuse is retrieved from the locked box on a Grievance form. Staff is to immediately report the allegation to the supervisor and superintendent/designee. If a Grievance form is used to make a written allegation of sexual abuse or sexual harassment, the reporting procedures will be implemented in accordance

with policy. The Can We Talk form allows the resident to request the specific staff member he would like to speak with and includes the following staff: superintendent; assistant superintendent; therapist; teacher; grievance officer; direct care; or other staff. The residents may also make a verbal report to a staff member as determined from the interviews, Youth and Parent Handbook, and policy. The allegation of sexual abuse was verbally reported to staff by the resident. The staff member immediately separated the residents by placing each in another room and escorted the alleged victim to medical.

The random staff and resident interviews collectively confirmed residents may use a telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. Each resident is provided the hotline number in areas of the facility, handbook, and brochure. Reporting information is posted in the visitation area and parents and guardians also receive a copy of the Youth and Parent Handbook. According to interviews and informal conversations with other residents and staff, residents have access to use the telephone to report allegations and to communicate with approved contacts on the outside.

Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, shift briefings, and staff meetings. Staff members are required to make the use of a telephone accessible for residents to report allegations of sexual abuse or sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents; or to request advocacy services. Residents sign an acknowledgement statement confirming receipt of PREA information. Residents sign an acknowledgement statement regarding receipt of the Youth and Parent Handbook. The posted notices announcing the audit were observed and interviews and informal conversations with residents and staff confirmed the notices being previously posted.

Provision (b):

Policy 5-06 states, "youth are afforded an opportunity upon request to use the telephone for the purpose of reporting sexual abuse and sexual harassment to the DCS Child Abuse Hotline.

- a. Upon request, the youth will be given immediate access to use of the telephone unless the safety and security of the facility is compromised.
- b. Staff shall not question the youth about the reason for the call.
- c. Staff shall dial the phone number to the hotline and shall hand the phone to the youth.
- d. Staff shall remain at a distance that allows the youth to report privately."

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour State of Tennessee abuse reporting hotline which is a toll free number. Telephones are accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of the telephone accessible for residents to report allegations of sexual abuse or

sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The reporting information is posted on the living units and other areas of the facility. The abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The abuse reporting number is posted in each living unit, easy to read, and is contained in the Youth and Parent Handbook.

The PREA audit notices were posted and easily read and contained information where confidential information could be sent to the auditor from residents, staff, contractors, or volunteers. The facility has a process in place for the sending and receipt of mail by residents, including confidential correspondence. Additionally, there were stamped, addressed envelopes to DCS posted on the halls for residents to make written allegations of sexual abuse or sexual harassment directly to DCS. The residents interviewed identified someone who did not work at the facility they could report to about sexual abuse or sexual harassment. The residents were aware of their visitation and telephone call days. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment.

The interviews with random staff and the superintendent revealed familiarity with policies and posted and other printed information on how to report allegations of sexual abuse and sexual harassment. The interviews with residents indicated their knowledge of how to make a report anonymously such as fill out a help request form, write a note or letter. The superintendent/PREA compliance manager described the abuse reporting hotline as the way the facility provides at least one way a resident may report an allegation of abuse and remain anonymous; described the process; and relayed the responsiveness and immediacy of the hotline operator. Observations revealed telephones are accessible to all staff and are accessible to residents. The centralized abuse reporting hotline was tested by the Auditor and was in working condition. It was answered with a slight delay, and the operator apologized for the call having been placed on the brief hold. The prompt was also provided for making an allegation online. The operator was pleasant and explained how the call would be routed had the caller been a resident from a facility reporting an allegation of abuse. Residents are not detained in this facility solely for civil immigration purposes.

Provision (c):

Policy 5-06 states, "reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly." Random staff members revealed they are required to accept reports made verbally, anonymously, in writing, and by third-parties and to document verbal reports as soon as possible. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. The residents provided they may remain anonymous by not recording their names if an allegation is made in writing.

The allegation of sexual abuse was reported to staff by the resident. The staff

member immediately separated the residents to different rooms and escorted the alleged victim to medical. The allegation was documented by the staff receiving the information and the proper notifications were documented on the Incident Report which included the superintendent, parent, and DCS. The Incident Report documents that it was completed within 50 minutes of the time the verbal report was made to staff. PREA related information is stored in lockable cabinets behind locked doors within the key control system. Electronic records are password protected and staff access identified.

Provision (d):

The facility provided residents with access to the tools necessary to make a written report. Observations confirmed there is access to writing utensils and the help request forms are posted and accessible to all residents, per the interviews with residents. Writing materials are available for residents to complete a help request form or write a note. Residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing a help request form (Grievance, Sick Call Request, Can We Talk) to write an allegation of sexual abuse or sexual harassment. If a Grievance Form is used to make a written allegation of sexual abuse or sexual harassment, the reporting procedures will be implemented in accordance with policy. The Can We Talk form allows the resident to request the specific staff member he would like to speak with and includes the following staff: superintendent; assistant superintendent; therapist; teacher; grievance officer; direct care; or other staff. The Sick Call Request provides another method for residents to make a written report which is received by medical staff, through the locked sick call box, accessible only to medical staff

It was revealed that a resident may simply write a note and all written allegations may be placed in a locked box located on the wall in each living unit, visitation area, and other areas of the facility. Each resident was provided a Youth and Parent Handbook which contains information regarding reporting by a written method. The interviews with residents, observations and review of documents confirmed the accessibility of tools necessary to make a written report. There were stamped, addressed envelopes to DCS posted on the halls for residents to make written allegations of sexual abuse or sexual harassment directly to DCS, which may also be used to make allegations anonymously or as a third-party. The PREA Compliance Manager Designee's interview confirmed the identification of the tools provided to residents for making written reports of sexual abuse and sexual harassment.

Provision (e):

The facility provides a method for staff to privately report sexual abuse and sexual harassment of residents. The staff interviews collectively revealed staff can privately report allegations of sexual abuse and sexual harassment. Eight of the 12 random staff interviewed provided that reports can be made privately through the use of the hotline. Other responses, including from the aforementioned eight, included contact immediate supervisor or management/leadership staff directly.

	<p>Informal conversations with other random staff also revealed the methods for reporting allegations of sexual abuse and sexual harassment which included the aforementioned methods. The staff members are mandatory reporters and have access to the methods identified for privately reporting.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 3.04, Grievance Procedure</p> <p>Interviews:</p> <p>Superintendent</p> <p>Residents</p> <p>Provision (a):</p> <p>When an emergency grievance is received that contains an allegation of sexual abuse or sexual harassment, policy 3-04 provides that procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made to the Tennessee Department of Children's Services, Child Protective Services Central Intake. The grievance system does not include a process for the facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The contents of the grievance was reported and administrative and criminal investigations were initiated.</p> <p>Provision (b):</p> <p>There is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located in the common areas for youth to deposit Grievance Forms or notes if they choose. Policy does not restrict the facility's ability to defend against a lawsuit filed by a youth because the applicable statute of limitations has expired.</p> <p>Provision (c):</p> <p>The grievance system does not include staff investigating allegations of sexual</p>

abuse or sexual harassment. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. The staff member involved in the complaint will not be involved in reporting the allegation stated on the Grievance Form. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, residents may put the completed Grievance Form in the locked box, as confirmed through interviews and informal conversations with staff and residents. The locked boxes are located on the living units for depositing written complaints if the resident chooses to. The Tennessee abuse reporting hotline and the contact information is provided through postings and in the Youth and Parent Handbook and the residents are informed they will have unhindered access to a telephone. The policy and Youth and Parent Program Handbook explain the regular grievance system, as well as contain information on how to report allegations of sexual abuse and sexual harassment.

Provision (d):

The practice confirmed is that all Grievance Forms that contain an allegation of sexual abuse or sexual harassment are given to the superintendent, assistant superintendent, or the on-call administrator and referred for an investigation in accordance with policy. The purpose of the submission of a PREA related complaint on a Grievance Form provides residents and staff another avenue for ensuring the reporting of allegations and provides facility staff the opportunity to protect the resident.

Provision (e):

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The allegation received on a Grievance Form was reported and investigations are ongoing.

Provision (f):

If a Grievance Form alleging sexual abuse is received, it is reported by staff to the appropriate investigative entities. There is policy guidance for the development of a Safety Plan to address any safety issues of residents.

Provision (g):

Residents will not be punished for filing a complaint made in good faith, even if the allegation is unsubstantiated, in accordance with policy. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse. Once a Grievance Form alleging sexual abuse is received, the allegation is reported to the appropriate investigative entities for investigation.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the

	Auditor determined the facility is exempt from this standard.
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115.353	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p>
	<p>Policy 5-06, PREA</p>
	<p>Memorandum of Understanding (MOU)</p>
	<p>Youth and Parent Program Handbook</p>
	<p>PREA Education Materials</p>
	<p>PREA Education Acknowledgement Statements</p>
	<p>Posted Information</p>
	<p>Interviews:</p>
	<p>Residents</p>
	<p>Random Staff</p>
	<p>Superintendent/PREA Compliance Manager</p>
	<p>Advocacy Agency Representative</p>
	<p>Provisions (a):</p>
	<p>Policy 5-06 states, "the program will post, provide, or otherwise make accessible mailing addresses and telephone numbers, including hotline numbers of local, state, or national victim advocacy or rape crisis organizations. Such communications shall be available in as confidential a manner as possible." The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, and making accessible mailing addresses and telephone numbers, including toll free hotline numbers. The services in the MOU with the Shelby County Crime Victims and Rape Crisis Center (SCCVRCC) were verified by the agency representative.</p>
	<p>The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information, including advocacy agency information, is posted and provided to residents to assist in</p>

eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a Youth and Parent Handbook which also contains PREA information. PREA-related information was observed posted in various areas of the facility.

Forensic medical examinations are also conducted by a qualified medical practitioner, at the SCCVRCC. Continuity of care is the responsibility of the facility's medical and mental health staff. A forensic medical examination was conducted at the SCCVRCC after the allegation of abuse at the facility. The forensic medical examination and ancillary advocacy services, were provided at no cost to the victim as stated in policy and the interview with the advocacy agency representative, and supported by the MOU. A Rape Crisis Services Safety Plan was reviewed which included things the victim said he could do to take his mind off his problems without contacting another person. The identified things could be done within the facility and upon release. The Rape Crisis Services Safety Plan included telephone numbers of the SCCVRCC and the Suicide Prevention Lifeline and names and numbers of two people the victim identified for social support that he could ask for help.

The interview with the advocacy agency representative described the advocacy services contained in the MOU and that the agency provides, including accompaniment and emotional support. The residents are informed of services at the SCCVRCC during PREA education sessions and the information is posted. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents confirming the provision of general and emergency services, which also included services provided related to the allegation of sexual abuse. The MOU is explicit regarding confidentiality of services.

PREA signage is placed at varying eye levels and are colorful with consistent messages. Ten residents interviewed knowledge of the advocacy agency and services; one stated he knew there is a hotline and the information is posted; and five residents stated they were not familiar with advocacy services and the information was reviewed and the posting was noted. The resident that reported the allegation of sexual abuse had been released from the facility. PREA information is located in the housing areas; common areas, visitation area, and are accessible to residents, staff, and visitors. Residents are not held at this facility solely for civil immigration purposes.

Provision (b):

The facility informs youth, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Policy, facility staff interviews, and the PREA education session provide there will be adherence to confidentiality measures. "HIPPA and Victim Confidentiality" is a section within the MOU, indicating the agreement of all parties to comply with federal privacy, security, and electronic transactions regulations. The MOU states, the "Center agrees to maintain confidentiality as required by Center policy/protocol,

HIPPA, and Board of Nursing directives." HIPPA is the acronym for the Health Insurance Portability and Accountability Act of 1996. Nine of 10 residents revealed the information shared would remain private and one did not know.

PREA signage was placed at varying eye levels and are colorful and/or graphic with consistent messaging. The interviews confirmed the PREA audit notices had been up for awhile and that the PREA information is always on the walls. Observations revealed that PREA information was located in the housing areas; common areas; lobby; and offices. The crisis line/hotline number for the SCCVRCC was tested by the Auditor; the call was answered promptly by the operator. It was explained that an advocate would be available to the caller. The SCCVRCC website states, "all services are free and confidential.

Provision (c):

The facility maintains a MOU with SCCVRCC in Memphis, Tennessee. The advocacy agency has the capability to provide residents with confidential emotional support services related to sexual abuse. The facility maintains copies of the MOU. According to the SCCVRCC representative and MOU, the provision of advocacy services includes but is not limited to emotional support; coordination of forensic medical examination; accompaniment; 24/7 hotline services; and confidentiality. The MOU is specific regarding the confidentiality of services and adhering to federal privacy regulations.

Provision (d):

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews, Youth and Parent Handbook, and documented practice. All residents interviewed confirmed communication opportunities occur such as visitation, telephone calls, and letter writing. All residents interviewed were aware of their visitation and telephone call days.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.

115.354	Third-party reporting
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy 5-06, PREA

Youth and Parent Program Handbook

Website

Posted Information

Interviews:

Random Staff

Residents

Superintendent

Provision:

Policy supports that staff receive, document, and report allegations of sexual abuse and sexual harassment made by a third-party. The interviews with random staff revealed they are aware that third-party reporting of sexual abuse and sexual harassment may be done and indicated the information will be accepted and reported as required. Staff members are directed by the policy to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline, complete one of the help request forms, or tell a supervisor and/or administrator.

The Tennessee Department of Children's Services website provides a hotline number for a direct report. The hotline number was tested by the Auditor, and a prompt to make a report online for a non-emergency was provided as well as the prompt to make a direct report during the call. The hotline was answered in a professional and knowledgeable manner. The website contains the PREA policy which contains the information regarding third-party reporting. The Youth and Parent Program Handbook is disseminated and contains information for third-party reporting. Third-party reports may also be made directly to staff at the facility or by telephone. In addition to the State hotline number, the Youth and Parent Program Handbook contains the licensure complaint number for reporting complaints and the contact information regarding disability rights.

Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. The posted information is consistent in the messages. All residents interviewed indicated knowing someone who did not work at the facility they have contact with and could report allegations of sexual abuse and sexual harassment to, if needed. The interviews also revealed that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. Additionally, residents revealed access to letter writing, visitation, and telephone calls.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the

	Auditor determined the facility is compliant with this standard.
115.361	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Training Records</p> <p>Incident Report</p> <p>Interviews:</p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff Random Staff</p> <p>Provisions (a) and (b):</p> <p>Policy supports that all staff shall report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Staff members are deemed as mandated reporters by the State and must comply with child abuse reporting laws. A trained Department of Children Services PREA Investigator conducts administrative investigations and allegations that are criminal in nature are investigated by trained law enforcement investigators. Policy and training provide guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder.</p> <p>Provision (c):</p> <p>Policy and training collectively address confidentiality of information and the conditions for providing information. Once allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary for the investigation and treatment and management decisions, as confirmed by the interviews and informal conversations with staff.</p> <p>Provision (d):</p> <p>The clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff members are also mandated reporters and required by the</p>

	<p>State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State requirements, to facility management as well as the State agency. The notifications are documented in secondary materials.</p> <p>Provision (e):</p> <p>Reports of allegations are made as soon as possible to the investigative entities as required, and parents/legal guardians, evidenced by the Incident Report. Policy and interview with the superintendent confirmed a resident's Case Manager rather than a parent would be notified where indicated by the resident being under the guardianship of the Department of Children Services (DCS). The attorney of record would be notified of an allegation of sexual abuse within 14 days, where applicable and in accordance with policy. Timelines and directions to staff for reporting allegations are provided in policy. The incident report revealed that allegations are reported in accordance with policy and the standards.</p> <p>Provision (f):</p> <p>Policy and interviews provide for all allegations to be reported to the DCS Child Protective Services, Special Investigations Unit. Administrative investigations are conducted by the DCS PREA Investigator. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews. There have not been any reports made anonymously or by a third-party during this audit period. The interviews confirmed all allegations are reported to DCS Child Protective Services, and to law enforcement when the allegation is criminal in nature.</p> <p>Conclusion:</p> <p>The review of evidence and interviews indicate the facility is in compliance with this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	Policy 5-06, PREA
	PREA Risk Assessment
	Help Request Forms (Grievance, Sick Call Request, and Can We Talk)
	PREA Pre-Audit Questionnaire

Interviews:

Random Staff

Superintendent

Youth Opportunity Investments, LLC Agency Head Designee

Provision:

The staff is required to protect the residents through implementing protective measures. Administration of the PREA Risk Assessment and the subsequent Safe Housing Assessment provide information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments provide information which offer supporting information in determining the risk level of each resident. The interviews revealed protective measures include but are not limited to separating youth; one-on-one supervision; transferring youth to another facility; and development of safety plans. The expectation is that any action to protect a resident must be taken immediately as deemed from interviews and policy. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the PREA Risk Assessment.

According to the interviews and the PREA Pre-Audit Questionnaire, a resident was not determined to be at imminent risk of sexual abuse during the past year. The help request forms are displayed and accessible for residents to complete to gain assistance. The auditor's observations revealed the facility's environment encourages residents to complete a help request form; talk to a trusted staff member; talk to a parent/guardian or other approved outside contact that can report an allegation for them; or make a report using the abuse reporting hotline regarding allegations of sexual abuse or sexual harassment.

The Sick Call Request form may be completed and deposited in the corresponding locked box to see medical personnel or a resident may make a verbal request to staff. The Can We Talk form provides for a resident to request to speak to any of the following: therapist, teacher, superintendent, assistant superintendent, grievance officer, or other staff member. A Grievance Form may be used to make a formal complaint regarding an allegation of a violation of a right; the resident has the right to not be sexually abused or sexually harassed in the facility. The Grievance Form may be placed in the locked grievance box. Stamped envelopes with the DCS address are posted on each housing unit for residents to use to send allegations of sexual abuse, sexual harassment, or other complaints directly to DCS.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 5-06, PREA</p> <p>PREA Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>Superintendent</p> <p>Youth Opportunity Investments, LLC Agency Head Designee</p> <p>Provisions (a)-(d):</p> <p>The policy and interviews provide that when an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the superintendent notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. There was no occurrence of such during this audit period. Policy and practice provide that the facility will be notified as soon as possible and within 72 hours and documented.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Incident Report</p> <p>Medical Records</p> <p>Training Curriculum</p> <p>Coordinated Response Plan</p> <p>Interviews:</p>

	<p>Random Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The interviews and review of the policy support the familiarity with appropriate interventions. Policy and training provide that upon learning of an allegation that a resident was sexually abused, the staff response would basically include but not be limited to the following:</p> <ul style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>The documentation of the Incident report and other related documentation show that the victim and abuser were separated; the victim was taken immediately to medical; appropriate notifications were made; efforts were made to preserve evidence; and the victim received a forensic medical examination and other advocacy services as documented.</p> <p>Provision (b):</p> <p>The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no allegations where a staff member had to immediately act or intervene as a first responder in the last 12 months. There was one allegation that received an administrative investigation and the criminal investigation for the same allegation is ongoing.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA Training Curriculum</p> <p>Coordinated Response Plan</p> <p>PREA Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Provision:</p> <p>The Coordinated Response plan, to be implemented in the event of an allegation or incident of sexual abuse, outlines the actions of the identified staff members. The plan's format identifies each step and roles such as the first responder; supervisors; medical; mental health; management; and leadership staff; and when to contact such. Policy and staff training provide guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse. The interviews with the superintendent and random staff revealed their familiarity with their role regarding the response to an allegation of sexual abuse. The Coordinated Response Plan was activated by staff following an allegation of resident-on-resident sexual abuse. Notifications and other steps were documented, including advocacy services provided.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews:</p> <p>Youth Opportunity Investments, LLC Agency Head Designee</p> <p>Provisions (a) and (b):</p> <p>The facility is not involved in any collective bargaining agreements.</p>

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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	Policy 5-06, PREA
	Retaliation Monitoring Form
	Interviews:
	Retaliation Monitor
	Superintendent Designee
	Agency Head Designee
	Provision (a):
	Policy designates the superintendent for ensuring retaliation monitoring occurs. The retaliation monitor assists in monitoring for retaliation. The facility reports no incidents of retaliation occurring in the past 12 months. Policy supports protecting residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The interviews revealed familiarity with the role of retaliation monitor and its purpose. A dedicated form, PREA Retaliation Monitoring, was developed to document the retaliation monitoring activities. Retaliation monitoring is initiated by the superintendent; there is collaboration regarding strategy with the leadership team consisting of the retaliation monitor, assistant superintendent, Program Manager, and Assistant Clinical Director. The retaliation monitor subsequently follows-up with the ongoing retaliation monitoring.
	Provision (b):
	Protective measures were generally identified during the interviews and aligned with policy. Implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; change in shift and work assignments for staff; closer monitoring for residents and stronger

presence of management staff for direct care staff; change in shift assignments; maintain an open door policy; Employee Assistance Program Services for staff; and emotional support for residents and staff. The retaliation monitoring and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring. The interviews and review of policy collectively confirmed measures taken to detect and protect staff and residents from retaliation.

Provision (c):

Policy and interview with the retaliation monitor provide that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period will last as long as needed, according to the retaliation monitor. The interviews collectively identified things that would be monitored to assess retaliation and include observations of interactions and behavior; housing and program changes; sleep disturbance by residents; unexplained or excessive loss of privileges and restrictions applied to residents; job assignments; and shift reassessments. Listening for comments among staff and residents and observations are important to gaining information as intimated by the retaliation monitor, superintendent, and agency head designee. The Retaliation Monitoring form requires the monitor's assessment to include checking for verbal and non-verbal threats and other considerations for unfair treatment.

Provision (d):

Policy and the interview with the retaliation monitor indicate status checks are required and occurred as a part of retaliation monitoring process. The interview with the retaliation monitor revealed that initial and follow-up contact is made by the superintendent. The initial check may be documented on the Retaliation Monitoring Form or within a log. Retaliation monitoring is initiated by the superintendent through a status check; there is collaboration regarding strategy with the leadership team consisting of the superintendent, retaliation monitor, assistant superintendent, Program Manager, and Assistant Clinical Director. The retaliation monitor subsequently follows-up with ongoing retaliation monitoring. The resident that reported an allegation of sexual abuse during this audit period was no longer in the facility.

Provision (e):

Application of the policy requirements regarding retaliation monitoring is extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interviews and policy indicate the appropriate measures would be taken to protect any related individuals against retaliation.

Provision (f):

The obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded. The interviews determined the staff's familiarity with the requirements regarding retaliation monitoring.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the standard.</p>
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115.368	<p>Post-allegation protective custody</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document:</p> <p>PREA Pre-Audit Questionnaire</p>
	<p>Interviews:</p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff</p>
	<p>Provision (a):</p> <p>Segregated housing is not used in the facility as a practice. There is a room that may be used for isolation; however, reportedly it is not used as relayed by the interviewees and informal conversations with random staff.</p>
	<p>Conclusion:</p> <p>Based upon the upon the review of policy, interviews and observations, the Auditor determined the facility does not utilize segregated housing.</p>

115.371	<p>Criminal and administrative agency investigations</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Tennessee Department of Children's Services (DCS) PREA Policy, 18.8</p> <p>Investigation Outcome of Allegations of Sexual Abuse/Harassment</p>

Interviews:

Superintendent/PREA Compliance Manager

PREA Coordinator

DCS Investigative Staff

Provision (a):

The administrative investigations are conducted by a PREA investigator with the DCS; investigations are not conducted by facility staff as confirmed by the interviews, Investigation Outcome of Allegations of Sexual Abuse/Harassment form, and review of policies. The facility is under contract with DCS to provide services to juvenile offenders assigned to the facility by DCS. Based on policies and interviews, trained investigators conduct administrative investigations as prescribed by policy. Allegations that are criminal in nature are referred to local law enforcement. The interviews with two Investigative staff and review of documentation indicated investigations are conducted thoroughly and objectively. Investigator training is provided through DCS. Based on the review of documentation and information received, all allegations of a sexual nature are reported to DCS and are investigated as sexual abuse or sexual harassment. There was one allegation of sexual abuse during this audit period; an administrative investigation was conducted by DCS and a criminal investigation is ongoing.

Provisions (b) and (c):

According to the interview, the DCS PREA Investigator gathers review information such as electronic monitoring data; witness statements; interviews; PREA assessment; and incident reports for the administrative investigation. Law enforcement personnel are responsible for collecting physical and DNA evidence.

The facility staff is trained on how to assist in preserving general evidence. The DCS Investigators were knowledgeable of general evidence collection in a confinement setting. There was acknowledgement that investigator training is provided to the DCS agency investigators. The PREA Investigators were familiar with the guidelines governing PREA related investigations.

Provision (d):

The interviews with the investigative staff confirmed the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment.

Provision (e):

The DCS PREA Investigators do not conduct compelled interviews.

Provision (f):

The credibility of an alleged victim, suspect, or witness is assessed on an individual

basis and is not determined by the person's status as a resident or staff.

Provisions (g) and (h):

The interviews support that PREA investigations include an effort to determine whether staff actions or failures to act contributed to any abuse. Investigations are completed with written reports and the facility receives written outcome summaries. DCS did not provide any recommendations regarding the results of the investigation.

Provision (i):

The DCS PREA Investigator does not conduct criminal investigations. It is the responsibility of law enforcement personnel to refer cases for prosecution.

Provision (j):

The written investigative reports are maintained in accordance with DCS agency policy.

Provision (k):

The interview revealed that upon the start of an investigation, it will continue to be carried out. The investigator will get in touch with human resources and other relevant parties, if needed, to determine location of the person involved. Good faith efforts will be made by the investigator to make contact with the person involved in the case, in accordance with DCS policy.

Provision (l):

The investigative agencies are aware of the PREA standards requirements through information sharing, training and subsequent interactions.

Provision (m):

The facility policy, documentation, and interviews indicate staff cooperate with investigations. The interviews confirmed the efforts to remain and/or ensure facility staff members are kept informed of the progress, conclusion, and findings resulting from an investigation. Communication is maintained by the superintendent and/or PREA Coordinator with local law enforcement regarding criminal investigations.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined compliance with the standard.

115.372	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion	
	Documents: Policy 5-06, PREA Tennessee Department of Children's Services (DCS), 18.8
	Interview: DCS Investigative Staff
	Provision: <p>The facility and parent agency do not have any investigators. Administrative investigations are conducted by the DCS. Allegations that are criminal in nature are conducted by law enforcement. The DCS investigator provided that the agency imposes a standard of a preponderance of the evidence for determining whether allegations of sexual abuse and sexual harassment are substantiated.</p> <p>According to DCS Policy 18.8, "DCS ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment or lack of supervision related to sexual abuse/harassment. DCS imposes a standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated."</p>
	Conclusion: The Auditor determined there is compliance with the standard.

115.373 Reporting to residents	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Tennessee Department of Children's Services (DCS) Policy 18.8 Outcome of Allegations of Sexual Abuse/Harassment Form Sexual Abuse/Harassment Juvenile Notification of Investigation Outcome
	Interviews: Superintendent

DCS Investigative Staff

Provision (a):

Policy 5-06 requires the resident be informed when a sexual abuse investigation is completed and the outcome of the investigation provided and documented. The policy specifically state, all notification to the youth described under this section are documented." The results of such investigations are documented on a dedicated form and provided to the resident, in accordance with facility and contract agency policy. According to DCS Policy 18.8, the YDC/Agency completes form CS-4233, Sexual Abuse/Harassment Juvenile Notification Investigation Outcome confirming the youth has been notified of the investigation results." DCS is the agency that conducts administrative investigations; there are no facility-based investigators. The interviews revealed awareness of the requirement and that this function is done by facility staff. The Sexual Abuse/Harassment Juvenile Notification Investigation Outcome form has been developed and used to document the notification. The documentation of the notification was reviewed for the completed administrative investigation for the allegation of sexual abuse reported during this audit period.

Provision (b):

The superintendent receives an Investigation Outcome of Allegations of Sexual Abuse/Harassment of each administrative investigation completed by a DCS investigator. The document provides for the investigation findings, date of the incident, date(s) of the investigation, and the date the document was sent to the facility. Notification was provided to the resident who alleged sexual abuse. The superintendent and/or designee remains abreast of investigations conducted by law enforcement through verbal and/or written communication. The allegation of sexual abuse was also referred for to law enforcement and the case was ongoing. The case number and telephone number for the Memphis Police Department was recorded on a document from the victim advocacy center and was provided to the facility; it is maintained in the investigation file. The results of investigations is provided to the resident by facility staff, confirmed by the dedicated form and interviews with a DCS investigator and the facility superintendent.

Provision (c):

The interview with the superintendent was aligned with the policy which provides that following a resident's allegation of sexual abuse by a staff member, the resident will be informed of the following:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The dedicated form, Sexual Abuse/Harassment Juvenile Notification of Investigation Outcome, was used to relay and document the aforementioned information to a resident.

Provision (d):

Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The superintendent is familiar with the requirements of the policy and the provisions of the standard. The form, Sexual Abuse/Harassment Juvenile Notification of Investigation Outcome, was used to relay and document the aforementioned information to a resident. The resident that reported the allegation of sexual abuse was released from the facility prior to the onsite audit phase.

Provision (e):

Policy provides for the notification to the resident be documented. The superintendent was familiar with the policy and PREA requirements and the use of the dedicated form. In addition to providing the aforementioned information in Provisions (c) and (d), the form provides the findings with the corresponding definitions of substantiated, unsubstantiated, and unfounded. Facility and contract agency policies require residents to be notified of the outcome of an investigation and confirmed through documentation on the dedicated form and the interviews.

Provision (f):

The policy supports that the agency's obligation to report under this standard terminates if the resident is released from the agency's custody. According to the policy and superintendent, all notifications or attempted notifications will be documented.

Conclusion:

The interviews and review of policy and documentation provide for compliance with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Employee Handbook</p> <p>Interview:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The policy and interview support that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse and sexual harassment policies. According to the PREA Pre-Audit Questionnaire, in the past 12 months there was no staff from the facility that violated agency sexual abuse or sexual harassment policies.</p> <p>Provision (b):</p> <p>The interview and Employee Handbook collectively provided that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. There was no staff member that violated policy regarding sexual abuse or sexual harassment during this audit period.</p> <p>Provision (c):</p> <p>Any staff with findings other than actually engaging in sexual abuse will be subject to termination, and other measures appropriate to the circumstance of the incident and the other components of the provision and remedial in-service if permitted to return to work. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.</p> <p>Provision (d):</p> <p>Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies, where applicable. Notification to a licensing body will occur where indicated.</p> <p>Conclusion:</p> <p>Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document:</p> <p>Policy 5-06, PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Contractors</p> <p>Provision (a):</p> <p>Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. The interviews with the two contractors confirmed a clear understanding of their responsibilities regarding the prohibition of sexual misconduct. Any contractor or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegation of sexual abuse and no allegation of sexual harassment regarding a contractor or volunteer. There were no volunteers providing services at the facility during the onsite and post onsite audit phases.</p> <p>Provision (b):</p> <p>The policy and interviews confirmed the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. In the past 12 months, no contractor or volunteer was reported for allegations of sexual abuse or sexual harassment. There were no volunteers providing services at the facility during the onsite and post onsite audit phases.</p> <p>Conclusion:</p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p>

Youth and Parent Program Handbook

Interviews:

Superintendent

Medical Staff

Mental Health Staff

Provision (a):

An administrative process exists for dealing with violations and holding residents accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to the formal administrative process. The consequences will be administered through the administrative system, encompassing the behavior management system, including the resident not being allowed to advance to the next level of the program. The perpetrator related to the allegation of sexual abuse was removed from the facility by the Tennessee Department of Children's Services after the victim and perpetrator were separated.

Allegations of sexual abuse are referred for an investigation to the Tennessee Department of Children's Services (DCS), PREA Unit. Investigations that are criminal in nature are conducted by local law enforcement and may result in charges being filed and the resident being removed from the facility. Sexual activity between residents is prohibited and such activity is reported to DCS. Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents. The interview with the superintendent and review of policy support consideration of mental disabilities or mental illness contributing to the behavior. Isolation is not used as a disciplinary sanction.

Provision (b):

PREA violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Administrative investigations are investigated by a DCS PREA Investigator and referred to law enforcement if the allegation is criminal in nature.

Provision (c):

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. The interviews with the superintendent and clinical staff were aligned with this provision.

Provision (d):

According to the interview with mental health staff, consideration would be given regarding offering a perpetrator intervention services that are designed to address and correct underlying reasons or motivations for abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education. Staff members within the mental health unit are equipped to develop treatment planning and interventions to address underlying reasons or motivations for abuse with alleged victims and offending residents.

Provision (e):

Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This situation has not occurred in the past 12 months.

Provision (f):

Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting or an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This premise is based on the facility's policy.

Provision (g):

Policy prohibits any sexual conduct between residents. All such conduct is reported to DCS and subject to disciplinary action as a rule violation.

Conclusion:

Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.

115.381 Medical and mental health screenings; history of sexual abuse	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA Nursing Assessment Safe Housing Assessment Safety Plan

	<p>Case Notes</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Superintendent</p>
	<p>Provisions (a) and (b):</p> <p>Policy and practice, as evidenced through case notes, provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff and review of documents revealed when the issues are identified upon admission, the documented referral is routinely made the same day or a follow-up meeting is scheduled, always well within 14 days, and the resident seen by mental health staff within 24 hours. In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner was a total of 17 during this audit period, according to the PAQ.</p> <p>Provision (c):</p> <p>Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. As a result of such information and review of housing assessments, safety plans are developed based on treatment plans and ensure guidance is provided to staff regarding housing and program assignments.</p> <p>Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the onsite review, the files were observed to be maintained in a secure manner in locked file cabinets, behind locked doors. Electronic records are password protected and the facility's parent agency has an electronic database which is also password protected with limited and identified access. The keys to the clinic are within the key control system with limited access.</p> <p>Provision (d):</p> <p>Medical and mental health practitioners shall obtain informed consent from</p>

	<p>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. Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. The mental health and medical staff interviewed expressed an understanding of the use of informed consent. The mental health staff stated the use of informed consent will be documented in the case notes and the medical staff stated it will be documented in the nurse's notes. There was not a case of informed consent during this audit period, according to the interviews with clinical staff and a review of resident files.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Initial Mental Health Crisis Assessment Tool</p> <p>Safety Plan</p> <p>Coordinated Response</p> <p>Safe Housing Assessment</p> <p>Memorandum of Understanding (MOU)</p> <p>Investigation File</p> <p>Interviews:</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The interviews, and other documentation provide that an alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis</p>

intervention services. The interviews were aligned with policy including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services and meet with those practitioners and are provided services during the intake process and throughout their stay in the facility, according to intake staff and the result of the interviews with residents.

An alleged victim will get services within the facility as well as timely services in the community, evidenced by the completed documents from the advocacy center and the facility, contained in the investigation file. There is access to a forensic medical examination at the Shelby County Crime Victims Rape Crisis Center (SCCVRCC) by a Sexual Assault Nurse Examiner, Sexual Assault Forensic Examiner or other qualified medical practitioner. In addition to the medical forensic examination, a victim will receive the advocacy services outlined in the MOU. The forensic medical examination which was conducted at the SCCVRCC was at no cost to the victim, in accordance with the MOU and the interviews. The review of documentation revealed that medical and mental health staff members maintain secondary materials and documentation of encounters with residents.

Provision (b):

Interviews and the Coordinated Response Plan revealed residents have access to unimpeded access to emergency services. Policy provides guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A list of support agencies is posted with accompanying telephone numbers on the halls in each housing unit.

A review of the documentation; observations of the interactions among residents and staff during the onsite audit phase; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Staff training also prepared staff members to properly report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities.

Provision (c):

Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim. The victim will receive timely access to sexually transmitted infection prophylaxis and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Follow-up services may be provided by the facility's medical and mental health staff members to provide support services coordinated by staff as needed after an incident of sexual abuse. The services may include but not limited to community referrals, follow-up medical services and tests, and trauma-focused therapy. The standard of care deemed from the interviews with clinical staff ensures the appropriate medical and mental health follow-up services as needed. The incident report in the investigation file shows the victim was taken to medical immediately upon the allegation being made to staff. The resident was transported to the local hospital emergency room and then transferred to the advocacy center for a forensic medical

	<p>examination.</p> <p>Provision (d):</p> <p>The interviews and policy provide that treatment services be provided to the victim without financial cost to the victim regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident. The MOU and informal conversations with facility staff was explicit about services being provided to the victim at no cost.</p> <p>Conclusion:</p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Interviews:</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The policy, documentation, and interviews supported that medical and mental health evaluation and treatment was offered to a victim of sexual abuse that occurred in the facility. Follow-up services were provided that included but are not limited to a crisis assessment; trauma-focused therapy; follow-up with physician; any follow-up regarding any testing; and any community referrals. Health education sessions are conducted with the residents by nursing staff and includes issues around sexual abuse.</p> <p>Provision (b):</p> <p>Interviews and documentation of encounters confirmed on-going medical and mental health care provided as appropriate and included but not limited to assessments; medical evaluations; follow-up with any community appointments;</p>

and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract and referral services where recommended. The medical staff ensure the medical discharge orders were followed.

Provision (c):

Review of policies and clinical documentation, interviews, and observations during the comprehensive site review indicated medical and mental health services are consistent with the community level of care. Treatment services were provided by facility staff and contract services. The interviews and observations during the site review emphasized the treatment services at the facility are consistent with the community level of care.

Provision (d):

This facility only houses males.

Provision (e):

This facility only houses males.

Provision (f):

The interviews and policies ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate as confirmed by the interview with medical staff.

Provision (g):

The policy, interviews, and MOU collectively provide that all treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation.

Provision (h):

A resident will get a crisis assessment immediately upon staff learning of resident-on-resident abuse history and offer appropriate treatment or the resident will be transferred. Policy does provide for the mental health evaluation to be conducted within 60 days. Additionally, medical and mental health evaluations and treatment were offered to a resident, victim of sexual abuse. The interview with mental health staff revealed that the mental health evaluation would be conducted immediately.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>PREA Sexual Abuse Incident Review Form</p>
	<p>Interviews:</p> <p>Incident Review Team Member/PREA Coordinator</p> <p>Superintendent/PREA Compliance Manager</p>
	<p>Provision (a):</p> <p>The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, within 30 days, unless the allegation was unfounded, in accordance with policy. The interviews reflected an understanding of the role of the incident review team. A review of policy and the dedicated form used to document incident review team meetings and the interviews confirmed the capability of conducting incident reviews at the conclusion of investigations. There was one allegation of sexual abuse during this audit period and the investigation was ongoing..</p> <p>The incident review team meetings may be combined with the regular management team meetings or held independent of those meetings. The meetings consist of management, treatment and supervisory staff members. A significant incident including a PREA related investigation, may be reviewed during the management team meetings. The facility has a dedicated form for formally documenting the occurrence of the incident review. Currently the form provides only for the signature of the PREA Coordinator who facilitates the incident review. It was recommended that the form be revised to add spaces for all staff attending the incident review team meeting to sign and date, acknowledging their participation in the review of the incident.</p> <p>The facility's PREA policy states, "the facility shall create a review team that consists of management level staff designees with input from line supervisors, investigators, and medical and mental health practitioners.</p> <ul style="list-style-type: none"> • PREA Facility Compliance Manager • YOI PREA Coordinator/State Director • Assistant Facility Administrator • Medical Health Services Administrator or physician • Mental Health Director of Clinical Services • DCS SIU, if the incident was investigated by DCS." <p>Provision (b):</p> <p>Policy requires the incident review to occur within 30 days of the conclusion of the investigation. The interviews revealed staff's knowledge of the purpose of the</p>

incident review process and the timeline.

Provision (c):

Policy and interviews collectively identify members of the incident review team to include upper-level management, with input from line supervisors, investigator, and mental health and medical practitioners. Additionally, the YOI State Director of Juvenile Justice Services/PREA Coordinator participates in the incident review team meetings and serves as the facilitator of the meetings. The the incident review team meetings may be incorporated in a morning management team meeting or conducted independently. A dedicated form, PREA-Sexual Abuse Critical Incident Review, provides for the documentation of formal incident review team meetings.

The facility's PREA policy states, "the facility shall create a review team that consists of management level staff designees with input from line supervisors, investigators, and medical and mental health practitioners.

- PREA Facility Compliance Manager
- YOI PREA Coordinator/State Director
- Assistant Facility Administrator
- Medical Health Services Administrator or physician
- Mental Health Director of Clinical Services
- DCS SIU, if the incident was investigated by DCS."

Provision (d):

The incident review team, through the guidance of policy 5-06, training, and the dedicated form, considers the following:

- (1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (3) Adequacy of staffing levels in the area during different shifts;
- (4) Whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (5) Prepare a report of findings, "submit the report to the PREA Coordinator and PREA Facility Compliance Manager, VP of Program Development, Executive Director of Juvenile Justice (DCS), Executive Director of Network Development and the DCS Statewide PREA Coordinator," per policy 5-06.

Completion of the form serves as the prepared report of the committee's findings, including but not limited to the aforementioned items. The form also provides for recommendations for improvement. The interviews and the form that will be used to document the meetings confirmed they will be conducted with the intended contents required by this provision.

Provision (e):

Policy indicates the reasons for not following recommendations are to be documented. The interviews revealed familiarity with the policy requirements. The

	<p>incident review process allows for the assessment of the circumstances surrounding the incident. A dedicated form for documenting the incident review process has been developed and provides for recommendations where indicated.</p> <p>Conclusion:</p> <p>Based on the review of policy and form and interviews, the Auditor determined compliance with the standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Department of Children's Services (DCS) PREA Policy, 18.8</p> <p>Annual Report</p> <p>Interviews:</p> <p>Superintendent</p> <p>Youth Opportunity Investments (YOI) Agency Head Designee</p> <p>Provisions (a) and (c):</p> <p>The policies collectively provide for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. Both agencies collect the data and completes an annual report with the compilation of data gleaned from the facilities in each agency. Both DCS and YOI have a central reporting system. Agency and facility policies contain a standardized set of definitions and provides support for the collection of accurate and uniform data. The facility does not contract with other agencies to house the residents assigned; the YOI contracts with DCS to provide services to juvenile offenders. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request; however, no request was made.</p> <p>Provision (b):</p> <p>The incident-based uniform data is aggregated regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual reports for YOI which is supported by data and policy.</p>

	<p>Provision (d):</p> <p>The facility's data is collected and various types of data are identified and related documents regarding PREA information as applicable. The facility practices, based on supporting policies, includes an annual PREA report and that statistical information is maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The DCS collects and maintains data for state-run and contract facilities and aggregates the data.</p> <p>Provision (e):</p> <p>The facility does not contract with other agencies to house the residents assigned; the YOI contracts with DCS to provide services to juvenile offenders. The YOI collects and maintains data for all of its facilities and aggregates the data which culminates into the annual report and DCS collects data for its state-run and contract facilities.</p> <p>Provision (f):</p> <p>Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request; however, no request was made.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 5-06, PREA</p> <p>Annual Report</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p>

	<p>Agency Head Designee</p> <p>Provision (a):</p> <p>The interviews revealed, the collected and aggregated data is reviewed in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices, and training in the Youth Opportunity Investments, LLC facilities. The annual report contains specific information for the facilities and may include identifying problem areas and any corrective actions taken. The data is used to identify needs and improve the implementation of the PREA standards.</p> <p>The interviews and review of documentation confirmed the collection of PREA data and other related information; there was one allegation of sexual abuse during this audit period. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as the individual facilities. The data of the facilities is primary to preparing the agency's annual report. The interview with the agency head designee revealed the occurrence of quarterly meetings with management and leadership staff where significant incidents in all Tennessee YOI facilities, which include PREA incidents and related issues, are discussed. It was further provided that there is also conversation in real time, as needed, regarding any PREA related issues in any facility between facility staff and management/leadership staff at the corporate level.</p> <p>Provisions (b)-(d):</p> <p>The annual report has been prepared for calendar year 2024 and includes data from the other Tennessee facilities. The annual report is approved by the YOI agency head or designee. There are no personal identifiers in the report. The annual report contains PREA related data that represents two calendar years allowing for the comparison of data. The annual report for YOI is posted on the agency's website, accessible to the public.</p> <p>Conclusion:</p> <p>Based on the review and analysis of the documentation, the Auditor determined the facility is compliant with the standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 5-06,</p> <p>PREA Annual Report</p>

	<p>Website</p> <p>Interviews:</p> <p>Superintendent</p> <p>YOI PREA Coordinator</p> <p>YOI Agency Head Designee</p> <p>Provision (a):</p> <p>The interviews support the review of data and its use to improve the facility's PREA efforts. The interviews and review of documentation revealed the collection of various types of data, including PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within this and other YOI facilities. The data is also primary to preparing annual reports.</p> <p>Provisions (b)-(d):</p> <p>The annual report for the contract agency has been prepared and includes data from YOI facilities. The annual report has been approved and there are no personal identifiers in the report. The annual report contains PREA related data that also represents the previous calendar year allowing for the comparison of data. The overarching annual report for YOI-Tennessee is posted on the agency's website, accessible to the public.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Pre-Audit Questionnaire and supporting documentation were initially provided to the Auditor through the online audit system. The Auditor was provided additional information onsite and through the receipt of documents during the post audit phase, as requested. The Youth Opportunity Investments YOI, LLC and Tennessee Department of Children Services ensured the completion of PREA audits for each state-run and contract facility as required, including this facility and others managed by YOI. The PREA audits have been completed as required.</p> <p>The comprehensive site review which included all areas of the facility was provided to the Auditor by the superintendent, accompanied by the YOI compliance manager. The posted information was observed and provided consistent messaging. The</p>

notices announcing the audit were also observed posted within the facility during the site review. The notices of the audit provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process for sending confidential correspondence; however, no correspondence was received by the Auditor. The residents and staff were aware of posted information and staff informing them of the PREA audit. All residents and staff were aware of PREA and its purpose, based on interviews and informal conversations.

The superintendent and other facility and YOI corporate office staff were cooperative in providing information and participating in or assisting in coordinating the interviews. The superintendent ensured the interviews were conducted in private with staff and residents. Staff interviews, where appropriate, were conducted by the Auditor virtually during the pre-onsite audit phase, in-person during the onsite audit phase, and during the post audit phase. Communication was maintained by the Auditor, superintendent/PREA Compliance Manager and other YOI corporate office staff during all phases of the audit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Policy 5-06, PREA
	Interviews: Superintendent Vice President, Compliance and Implementation
	Provision (f): The facility and agency policies and additional documentation, observations and interviews with the superintendent and other facility and YOI corporate staff were reviewed regarding compliance with the standards and have been identified in this report. The interviews with the superintendent and Vice President of Compliance and Implementation, provide assurance that this final report will be posted on the facility's agency website as has the previous reports of the other facilities in Tennessee operated by Youth Opportunity Investments, LLC. The audit findings were based on a review of policies, procedures, supporting documentation; observations; interviews; and informal conversations with residents and staff. There were no conflicts of interest or barriers regarding the completion of this audit.

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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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: Residents who have speech 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: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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 (c)	Hiring and promotion decisions	
	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	yes

	maintained by the State or locality in which the employee would work?	
	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 employees?	yes
	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.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321	Evidence protocol and forensic medical examinations	

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
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	Evidence protocol and forensic medical examinations	

(e)		
	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

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	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?	
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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
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?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	no
	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	na

	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).)	
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	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.)	
	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	yes

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	Resident reporting	

(a)		
	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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	na

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352	Exhaustion of administrative remedies	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	na
	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 accordance with these standards?	yes
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?	no
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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	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	yes

	criminal referred for prosecution?	
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 does not provide a basis for terminating an investigation?	yes
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	yes

	responsible for conducting administrative and criminal investigations.)	
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 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?	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 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	yes

	within the facility?	
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	Interventions and disciplinary sanctions for residents	

(c)		
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
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	yes

	medical and mental health practitioners?	
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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 §	na

	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.)	
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 cooperates with any investigation arising out of the incident?	yes
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	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 the confinement of its residents.)	na
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	yes

	addressing sexual abuse?	
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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	yes

	<p>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.)</p>	
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