

# PREA Facility Audit Report: Final

**Name of Facility:** Bethany Christian Services Residential Treatment Ridgeview

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/10/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Elaine Brideschge

**Date of Signature:** 12/10/2025

## AUDITOR INFORMATION

**Auditor name:** Brideschge, Elaine

**Email:** risingsunauditing@gmail.com

**Start Date of On-Site Audit:** 11/10/2025

**End Date of On-Site Audit:** 11/10/2025

## FACILITY INFORMATION

**Facility name:** Bethany Christian Services Residential Treatment Ridgeview

**Facility physical address:** 901 Eastern Avenue Northeast, Grand Rapids, Michigan - 49503

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Bryan Funk
<b>Email Address:</b>	bfunk@bethany.org
<b>Telephone Number:</b>	616-224-7578

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Cisco Gonzalez
<b>Email Address:</b>	fgonzalez@bethany.org
<b>Telephone Number:</b>	616-490-7817

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Kristen Bull
<b>Email Address:</b>	kbull@bethany.org
<b>Telephone Number:</b>	616-818-4862

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	26
<b>Current population of facility:</b>	14
<b>Average daily population for the past 12 months:</b>	13
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys

<b>Age range of population:</b>	12-17
<b>Facility security levels/resident custody levels:</b>	Non-secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	40
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

#### AGENCY INFORMATION

<b>Name of agency:</b>	Bethany Christian Services, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	901 Eastern Ave Northeast, Grand Rapids, Michigan - 49503
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

#### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Bryan Funk	<b>Email Address:</b>	bfunk@bethany.org
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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:

2

- 115.313 - Supervision and monitoring
- 115.333 - Resident education

#### Number of standards met:

41

#### Number of standards not met:

0

## 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:	2025-11-10
2. End date of the onsite portion of the audit:	2025-11-10

### 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:	Bethany Christian Services

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	26
15. Average daily population for the past 12 months:	13
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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	15
<b>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:</b>	0
<b>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:</b>	1
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<b>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:</b>	0
<b>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:</b>	1
<b>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:</b>	4
<b>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:</b>	0
<b>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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	12
<b>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:</b>	0

<b>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:</b>	2
<b>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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.         </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<b>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:</b>	<p>1</p>
<b>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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<b>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:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Through a review of data collection worksheets, a detailed roster and conversations with the Clinical Program Director.</p>
<p><b>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:</b></p>	<p>1</p>

<b>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:</b>	4
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Through a review of data collection worksheets, a detailed roster, facility observations made, and conversations with the Clinical Program Director.
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Gender
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	17
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No  <input checked="" 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
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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?**

☒ Yes

☐ 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)?**

☒ Yes

☐ 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)?**

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>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).</b>	No text provided.
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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.

<b>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?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
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## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

**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
<b>Inmate-on-inmate sexual abuse</b>	7	0	7	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	7	0	7	0

**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
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	1	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	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	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	6	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	6	1	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	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:**

7

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	7
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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)
<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



**Staff-on-inmate sexual harassment investigation files**

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

No text provided.

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

**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**

Corrections Consulting Services LLC

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>Pre-Audit Questionnaire</li> <li>Facility Organizational Chart</li> <li>Interview with PREA Coordinator</li> </ol> <p>Findings:</p> <p>(a) Bethany Christian Services Ridgeview Residential Treatment has zero tolerance for sexual abuse and sexual harassment of residents to prevent incidents of sexual abuse and sexual harassment and to take prompt, effective, and compassionate action if allegations of sexual abuse or harassment are made. This policy clearly</p>

	<p>outlines the facility's approach to preventing, detecting, and responding to such conduct.</p> <p>(b) The facility has designated an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with PREA standards.</p> <p>(c) The facility operates under a structure that does not have a designated PREA Compliance Manager.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidenced Analyzed:</p> <p>1. Pre-Audit Questionnaire</p> <p>Findings:</p> <p>(a) (b) The facility does not contract for the housing of residents.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.313 Supervision and Monitoring</p> <p>Evidenced Analyzed:</p> <p>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</p> <p>2. Pre-Audit Questionnaire</p> <p>3. Staffing Plan Review</p> <p>4. Staffing Plan</p> <p>5. Unannounced Rounds Logs</p> <p>6. Site Review: Supervision Practices</p>

	<p>7. Interviews with Clinical Program Director/PREA Coordinator staff that conduct unannounced rounds</p> <p>Findings:</p> <p>(a) The facility has developed, implemented, and maintained a comprehensive staffing plan that ensures adequate levels of staffing and video monitoring to protect residents from sexual abuse. During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. No blind spots were observed. Room checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement. Annually, administration and the PORSA compliance manager reviews the plan to ensure:</p> <ul style="list-style-type: none"> <li>a. Generally accepted secure residential practices are met.</li> <li>b. Findings of inadequacy are addressed.</li> <li>c. Adequate numbers of Supervisory personnel.</li> <li>d. Physical inadequacies, such as “blind spots” on video monitoring systems are addressed to the maximum extent possible.</li> <li>e. Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors.</li> </ul> <p>(b) The facility maintains compliance with the staffing plan, with deviations occurring only in rare exigent circumstances. All deviations are thoroughly documented, including justification and any mitigation measures taken.</p> <p>(c) The facility has exceeded full compliance with the minimum staffing ratios of 1:4 during waking hours and 1:10 during sleeping hours, as required since before the October 1, 2017, deadline. Deviations due to exigent circumstances are rare and are fully documented.</p> <p>(d) As evidenced by the staffing plan review the facility in coordination with the PREA Coordinator, the facility conducts an annual review of the staffing plan and monitoring systems. This review evaluates current practices, video monitoring effectiveness, and resource adequacy. Any adjustments are documented as part of the annual assessment.</p> <p>(e) As evidenced by the unannounced rounds logs mid or upper-level Supervisors make documented unannounced rounds to identify and deter staff sexual misconduct and sexual abuse.</p>
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	<div data-bbox="279 114 983 152" data-label="Text"> <p><b>Auditor Overall Determination:</b> Meets Standard</p> </div> <div data-bbox="279 192 564 226" data-label="Section-Header"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="279 268 1050 302" data-label="Section-Header"> <p>115.315 Limits to Cross-Gender Viewing and Searches</p> </div> <div data-bbox="279 340 574 374" data-label="Text"> <p>Evidenced Analyzed:</p> </div> <div data-bbox="279 412 1323 730" data-label="List-Group"> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. PREA Training Curriculum</li> <li>4. Site Review: Cross-Gender Viewing &amp; Searches</li> <li>5. Interviews with random staff and residents.</li> </ol> </div> <div data-bbox="279 770 408 804" data-label="Text"> <p>Findings:</p> </div> <div data-bbox="279 842 1481 1294" data-label="Text"> <p>(a) The facility prohibits cross-gender strip searches and visual body cavity searches except in exigent circumstances or when performed by licensed medical practitioners. Any such instances are fully documented and justified. The Pre-Audit Questionnaire (PAQ) indicates that there was no cross-gender searches conducted during the last 12 months. West and East units are not specific housing units but are communal spaces with a living room, dining room, and kitchen. Dressing and changing only happens in the resident's bedrooms or assigned bathroom. All staff are required to knock and announce themselves when entering a bedroom or bathroom. Staff will only enter those areas under exigent circumstances. Female staff will announce that a female staff is in the area when entering the bedroom or bathroom. The auditor did not observe any cross-gender searches.</p> </div> <div data-bbox="279 1332 1300 1449" data-label="Text"> <p>(b) Cross-gender pat-down searches are conducted only under exigent circumstances, with all such occurrences fully justified and documented immediately.</p> </div> <div data-bbox="279 1487 1452 1563" data-label="Text"> <p>(c) All cross-gender searches require detailed documentation for transparency and policy compliance.</p> </div> <div data-bbox="279 1601 1468 1843" data-label="Text"> <p>(d) Non-medical staff of the opposite gender of youth may not observe youth changing clothing, showering, or performing other bodily functions where buttocks or genitalia of youth are exposed except in exigent circumstances or when such viewing is incidental to routine room checks. The auditor did not observe any cross-gender viewing during the audit. Residents are provided with private areas to undress.</p> </div> <div data-bbox="279 1881 1249 1917" data-label="Text"> <p>(e) This provision is no longer applicable to your compliance finding.</p> </div> <div data-bbox="279 1955 1241 1989" data-label="Text"> <p>(f) This provision is no longer applicable to your compliance finding.</p> </div>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>15.316 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Bromberg and Associates Translations Services</li> <li>4. Site Review: Interpretation Services</li> <li>5. Interviews with the VP of Operations, random staff and a resident with a learning disability</li> </ol> <p>Findings:</p> <p>(a) The information is provided verbally and in written form, and the information is in a language and format that the resident can understand. Accommodations are provided so that LEP, deaf, blind, or otherwise disabled residents have full access to this information and full access to all benefits and protections provided by PREA. The use of resident interpreters is prohibited except in limited circumstances when delay in translation could compromise resident safety or the performance of first responder duties. The auditor ensured that interpretation services are readily available to residents when the need arises. The agency utilizes staff interpreters and a contracted interpretation service.</p> <p>(b) Residents with limited English proficiency have meaningful access (Bromberg and Associates Translations Services) to PREA-related information and services through the use of qualified interpreters who can accurately and impartially convey necessary information. PREA posters in English and Spanish were observed throughout the facility.</p> <p>(c) The facility does not rely on resident interpreters, readers, or assistants unless there is an immediate and temporary need to address an urgent safety issue or preserve the integrity of an initial response. In such cases, the use is documented, and qualified interpretation services are secured without delay.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard

<b>Auditor Discussion</b>
<p>115.317 Hiring and Promotion Decisions</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"><li>1.Pre-Audit Questionnaire (PAQ)</li><li>2. Sex offender registry checks on new hires</li><li>3. Completed Questionnaires asking New Hires if they had committed prior acts of Sexual Misconduct</li><li>4. Criminal Background Checks for Staff</li><li>5. Interview with HR staff</li></ol> <p>Findings:</p> <p>(a) The facility has procedures prohibiting the hiring or promotion of any individual who have contact with residents and who has engaged in sexual abuse in any confinement setting, been convicted of coercive sexual activity, or been civilly or administratively adjudicated for such conduct. Background check files were reviewed.</p> <p>(b) All allegations and incidents of sexual harassment are reviewed and considered in every hiring and promotion decision.</p> <p>(c) Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations.</p> <p>(d) This same vetting process is applied to contractors with resident contact, including background checks and registry consultations. Background check files were reviewed.</p> <p>(e) The facility conducts criminal background checks at least every five years for current employees and contractors or uses a system for ongoing record monitoring.</p> <p>(f) Applicants and employees are required to disclose any prior misconduct related to sexual abuse. These disclosures are collected during hiring, promotion, and evaluations, and staff remain under a continuing obligation to report such conduct.</p> <p>(g) Any material omissions or false information related to sexual misconduct are grounds for immediate termination.</p> <p>(h) In accordance with applicable law, the facility provides substantiated information on sexual abuse or harassment to institutional employers upon request when a former employee applies for a position.</p>



<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.318 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Staffing Plan Review</li> <li>4. Interviews with the VP of Operations and the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) The facility has not had any upgrades to the building.</p> <p>(b) When installing or upgrading video monitoring systems, electronic surveillance, or related technologies, the facility carefully evaluates their potential to enhance the detection, prevention, and response to sexual abuse. These considerations inform equipment selection and placement to maximize coverage and effectiveness. The staffing plan noted: There were no noted physical inadequacies. The video monitoring system is accurate and effective. Additional cameras were recommended in December 2024; this is still being added along with updates to the system as a whole. Ridgeview leadership regularly reviews the need for additional video monitoring equipment in the program.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.321 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. MOU with Bethany Counseling Services</li> <li>4. Emails to Grand Rapids Sheriff's Office attempting to enter into an MOU</li> </ol>

5. Interviews with random staff, PREA Compliance Manager, and one resident who reported sexual abuse.

Findings:

(a) The agency follows a uniform evidence protocol designed to maximize the potential for obtaining usable physical evidence in both administrative proceedings and criminal prosecutions involving allegations of sexual abuse.

(b) The evidence protocol implemented by the agency is developmentally appropriate for youth and is adapted from 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 other similarly comprehensive and authoritative protocols developed after 2011.

(c) All residents who report sexual abuse are provided access to forensic medical examinations at no financial cost, when such examinations are evidentiary or medically appropriate. These examinations are conducted at an outside facility and are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. In circumstances where SAFEs or SANEs are unavailable, qualified medical practitioners conduct the examinations. If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours The Services Supervisor or designee will make immediate arrangements to transport the resident to YWCA West Central Michigan for an examination, documentation, and recommendations, as determined necessary and appropriate.

(d) The agency makes a victim advocate from a rape crisis center available to support any resident victim of sexual abuse. The facility has a MOU with Bethany Counseling Servies to provide crisis counseling and accompaniment to the hospital and through the investigative process. In the absence of a local rape crisis center, the agency provides a qualified staff member from a community-based organization or a trained agency staff member to fulfill this role. The agency ensures that any rape crisis center used is independent from the criminal justice system and offers a comparable level of confidentiality to that of nongovernmental service providers.

(e) As requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member is made available to accompany and support the victim throughout the forensic medical examination and any investigatory interviews. This individual provides emotional support, crisis intervention, information, and referrals.

(f) In instances where the agency is not solely responsible for investigating an allegation of sexual abuse, it formally requests that the investigating agency adhere to the standards outlined in paragraphs (a) through (e) of this section.

(g) Auditor is not required to audit this provision.

(h) All individuals designated as qualified agency staff members or qualified

	community-based organization staff members have been screened for appropriateness to serve in this role and have received education and training specific to sexual assault and forensic examination procedures.
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115.322	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.322 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Eight Administrative Investigations</li> <li>4. Agency Website</li> <li>5. Interviews with the VP of Operations and investigation staff</li> </ol> <p>Findings:</p> <p>(a) The facility procedures ensure that every allegation of sexual abuse or sexual harassment is promptly and thoroughly investigated through either a criminal or administrative process. No allegation is dismissed without appropriate review, and each report is taken seriously, documented, and responded to in accordance with established procedures. The Pre-Audit Questionnaire (PAQ) indicates that there were 8 allegations of sexual abuse or harassment during the last 12 months that were investigated administratively. The auditor reviewed 8 administrative investigations. One was Sexual Harassment that was found unsubstantiated and 6 were Sexual Abuse that were found to be unfounded and 1 Sexual Abuse found to be unsubstantiated.</p> <p>(b) The agency has implemented a formal policy requiring the referral of all allegations that may involve criminal behavior to the appropriate law enforcement or legal authority. This auditor reviewed the agency website to ensure the policy was made publicly available. All referrals are thoroughly documented to ensure transparency and accountability.</p> <p>(c) In cases where an external agency is responsible for conducting criminal investigations, the agency's policy clearly defines the roles and responsibilities of both the agency and the external investigative authority. This ensures a coordinated and efficient response that protects the rights and safety of all parties involved.</p>

	(d) The Auditor is not required to audit this provision.
	(e) The Auditor is not required to audit this provision.

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.331 Employee Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"><li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li><li>2. Pre-Audit Questionnaire</li><li>3. Staff PREA Training Curriculum</li><li>4. Staff PREA Training Records for 2024 and 2025</li><li>5. List of Staff and Dates of Backgrounds</li><li>6. Interviews with random staff</li></ol> <p>Findings:</p> <p>(a) All Bethany Christian Services Residential Treatment staff, and contractors and volunteers that have regular contact with residents, must complete initial and annual training for sexual assault/rape prevention, incident response, and reporting. All Bethany Christian Services Residential Treatment staff have read this policy and any related written policy prior to assuming duties with resident, when the policy or procedure changes, and on at least an annual basis.</p> <ol style="list-style-type: none"><li>(1) Its zero-tolerance policy for sexual abuse and sexual harassment.</li><li>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</li><li>(3) Residents’ right to be free from sexual abuse and sexual harassment.</li><li>(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</li><li>(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities.</li><li>(6) The common reactions of juvenile victims of sexual abuse and sexual harassment.</li><li>(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</li><li>(8) How to avoid inappropriate relationships with residents.</li><li>(9) The subsection of this provision is no longer applicable to your compliance</li></ol>

	<p>finding.</p> <p>(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>(b) Training is customized for the specific needs and gender of juvenile facility residents. Employees must complete extra training if transferred between male-only and female-only facilities.</p> <p>(c) All current employees who had not completed this training were trained within one year of the PREA standards' effective date. The agency provides refresher training every two years to keep staff informed about current sexual abuse and sexual harassment policies and procedures. In years without refresher training, the agency will distribute updated information on these policies.</p> <p>(d) The facility provided the documentation about employees' acknowledgments of their understanding of the material ensuring accountability and confirming that training objectives have been met.</p>
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115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.332 Volunteer and Contractor Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Contractor/Volunteer Training Records</li> <li>4. Interviews with two contractors</li> </ol> <p>Findings:</p> <p>(a) All Bethany Christian Services Residential Treatment staff, and contractors/ volunteers that have regular contact with residents, complete initial and annual training for sexual assault/rape prevention, incident response, and reporting.</p> <p>(b) Training content is proportional to the extent of resident interaction but includes the zero-tolerance policy and reporting procedures.</p> <p>(c) Documentation confirms each volunteer/contractor understands their training responsibilities, verified by signature or electronic acknowledgement.</p>

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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.333 Resident Education</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Youth Orientation Packet</li> <li>4. Youth Orientation Packet Supplemental</li> <li>5. Youth PREA Education with Video and Written Material</li> <li>6. Youth PREA Education with Video and Written Material Resident acknowledgements of Attendance.</li> <li>7. Signed Understanding of the Written PREA Material which is in the Youth Orientation Packet</li> <li>8. Zero-Tolerance PREA Poster with Instructions for Reporting</li> <li>9. Site Review: Intake PREA Information; Interpretation Services</li> <li>10. Interviews with random residents and intake staff</li> </ol> <p>Findings:</p> <p>(a) Bethany Christian Services Residential Treatment resident orientation process includes policy and procedures relating to prevention of and response to reports of sexual assault/rape. This orientation occurs within the first 72 hours of youth intake, and exceeding the standard, residents receive an annual refresher. As part of the site review, the auditor observed how sexual safety information (PREA information/ zero-tolerance information) is provided at the point of intake or transfer. Interpretation service information is readily available to intake staff.</p> <p>(b) Within 10 days of arrival, each resident received comprehensive education either through in-person instruction or a video presentation covering their rights under PREA, protection from retaliation, and the agency's procedures for reporting incidents and responding to allegations. During the site review, the auditor observed how comprehensive education is provided and verified that each unit</p>

contained continuous PREA information through signage posted. The education provided:

1. The agency maintains a zero-tolerance policy.
2. Guidance on self-protection, including avoiding situations that may involve sexual assault prevention or intervention.
3. Reporting procedures for incidents such as rape, sexual activity, sexual abuse, or sexual harassment are provided. Multiple reporting methods include: 1) Verbally to staff, counselors, or administrators; 2) in writing to staff, counselors, or administrators; through the resident and family grievance process; and externally by contacting CPS. Anonymous and third-party reports are accepted.
4. Information is available regarding treatment and counseling, including how to access counseling services or medical assistance if needed.
6. Protection against retaliation is ensured.
7. Risks and potential consequences associated with any type of sexual behavior are outlined.
8. Disciplinary actions for false allegations are defined. No disciplinary action will be taken against clients if an allegation of sexual abuse or sexual harassment is determined not to have occurred, provided the allegation was made based on a reasonable belief and in good faith. Disciplinary sanctions may apply only upon positive findings of youth-on-youth sexual abuse, or for sexual contact with staff, if it is found that staff did not consent.

(c) The agency ensured that all residents who had not previously received this education were provided the required information within one year of the PREA standards' effective date. Residents who are transferred to or from other facilities receive updated education when applicable to ensure continued awareness of their rights and reporting options.

(d) The facility provided resident education verbally and in written form, and the information is in a language and format that the resident can understand. Accommodations are provided so that LEP, deaf, blind, or otherwise disabled residents have full access to this information and full access to all benefits and protections provided by PREA. The facility does not use resident interpreters is except in limited circumstances when delay in translation could compromise resident safety or the performance of first responder duties. PREA education is made accessible to all residents, including those with limited English proficiency, visual or hearing impairments, intellectual or developmental disabilities, or limited literacy skills. The agency uses appropriate communication methods to ensure full understanding. PREA posters were visible in all living areas.

(e) Resident participation in PREA education sessions is documented for each individual, verifying that the training has been received and understood.

(f) Key PREA-related information is permanently posted throughout the agency, including in all housing units, program areas, and other common spaces. This information is also included in the resident handbook to ensure constant access and reinforcement of reporting methods and rights. The facility submitted a PREA Poster

	<p>on the Zero-Tolerance Policy and how to report. The poster provided the following information:</p> <p>Reporting sexual abuse:</p> <p>Tell or Write Staff, Therapists, Supervisors or Administrators. File a Grievance. Contact a Family Member, Worker, Attorney, CPS or Probation Officer. Call Child Protective Services 1-855-444-3911</p> <p>You have the right to have an outside advocate through the forensic medical examination process and investigatory interviews who shall provide emotional support, crisis intervention, information, and referrals.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.334 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Investigator Training Documentation</li> <li>4. Interview with the investigator</li> </ol> <p>Findings:</p> <p>(a) Staff that conduct administrative investigations of sexual abuse allegations received specialized training on conducting such investigations. All facility investigators received specialized training in investigating sexual abuse in confinement settings, in addition to standard employee training. Training records were reviewed.</p> <p>(b) Training covers interviewing juvenile victims, using Miranda and Garrity warnings, evidence collection in secure environments, and the appropriate standards of proof.</p> <p>(c) The auditor reviewed documentation confirming that all investigators have completed this specialized training.</p> <p>(d) The auditor is not required to audit this provision.</p>



<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.335 Specialized Training: Medical and Mental Health Care</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Documentation of Medical PREA Training through the National Institute of Corrections</li> <li>4. Interviews with medical/mental health staff</li> </ol> <p>Findings:</p> <p>(a) All full and part time medical and mental health care practitioners who work regularly with residents receive specialized training on: Detecting signs of sexual abuse, preserving physical evidence, effective response, and reporting. Training is documented in personnel records.</p> <p>(b) Medical staff at the facility do not conduct forensic examinations.</p> <p>(c) The facility provided documentation that medical and mental health practitioners have received the required PREA training.</p> <p>(d) Medical and mental health care practitioners also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.341 Screening for Risk of Sexual Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. PREA Screening Form</li> </ol>

	<p>4. Samples of Screenings and Rescreens</p> <p>5. Site Review: PREA Risk Screening; Record Storage</p> <p>6. Interviews with the PREA Coordinator, staff responsible for completing the risk screenings and random residents</p> <p>Findings:</p> <p>(a) The resident's behavior history is reviewed within 72 hours of arrival at the facility, as part of orientation to determine the resident's potential risk of sexual vulnerability. During the site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes.</p> <p>(b) The assessments provided were conducted using an objective screening instrument.</p> <p>(c) The resident must be evaluated as part of orientation to determine if the resident is prone to victimize other resident, especially in regard to sexual behavior, based on the following risk factors:</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Physical stature</li> <li>3. Developmental disability</li> <li>4. Mental illness</li> <li>5. Sex offender status (per offense history)</li> <li>6. First-time offender status</li> <li>7. Past history of victimization</li> <li>8. Physical disabilities and the resident's own perception of vulnerabilities</li> </ol> <p>(d) This information is gathered through conversations with the resident during intake, medical and mental health screenings, classification assessments, as well as by reviewing court records, case files, facility behavioral records, and other relevant documents from the resident's file.</p> <p>(e) The agency has implemented procedures regarding the distribution of responses to questions asked under this standard within the facility, ensuring that staff or other residents do not access sensitive information inappropriately. Risk screenings are maintained in secure areas with limited access.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments

Evidenced Analyzed:

1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)
2. Pre-Audit Questionnaire
3. Interviews with the Clinical Program Director/PREA Coordinator and staff responsible for risk screening. There were no residents held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. There were no staff that supervise isolation.

Findings:

(a) Bethany Christian Services Residential Treatment uses all information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping residents safe and free from sexual abuse.

(b) A resident may be isolated from other resident as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of protective isolation, Bethany Christian Services Residential Treatment staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. Any resident in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible. According to the information in the PAQ no resident has been placed in isolation in the last 12 months.

(c) This provision is no longer applicable to your compliance finding.

(d) This provision is no longer applicable to your compliance finding.

(e) This provision is no longer applicable to your compliance finding.

(f) This provision is no longer applicable to your compliance finding.

(g) This provision is no longer applicable to your compliance finding.

(h) If a resident is placed in isolation but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. The facility documents both the specific safety concerns that led to the placement and the rationale for determining that no less restrictive alternatives were appropriate at the time.

(I) For any resident placed in isolation under these circumstances, the agency conducts a formal review every 30 days to determine whether continued placement is necessary and to explore any possible alternatives that may allow the resident to

	safely transition out of isolation.
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.351 Resident Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Staff PREA Training Curriculum</li> <li>4. MOU with Bethany Counseling Services</li> <li>5. Site Review: Signage; Internal and External Reporting Method; Sending and Receiving Mail; Record Storage; Staff Reporting</li> <li>6. Interviews with PREA Compliance Manager, random staff and residents, and a resident who reported sexual abuse</li> </ol> <p>Findings:</p> <p>(a) Residents are supported and encouraged to report sexual assault/rape, attempted sexual assault/rape, and/or sexual harassment and be protected from retaliation. A resident that believes that they were the victim of a sexual assault/rape, attempted sexual assault/rape or sexual harassment, or believes another resident was the victim or sexual assault/rape, attempted sexual assault/rape, or sexual harassment will be encouraged and supported: The facility has established several internal mechanisms that allow residents to confidentially report incidents of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff negligence or breaches of duty that may have facilitated such occurrences. Reporting procedures for incidents such as rape, sexual activity, sexual abuse, or sexual harassment are provided. Residents may report: 1) Verbally to staff, counselors, or administrators; 2) in writing to staff, counselors, or administrators; through the resident and family grievance process; and externally by contacting CPS. A test call was made to CPS. Anonymous and third-party reports are accepted. How to report signage is posted in each unit and other places within the facility. Postal mail is free and goes out five days a week.</p> <p>(b) Residents can report abuse or harassment anonymously to an independent entity that can quickly forward reports to agency officials. The outside reporting option is to place a call to Children’s Protective Services or with Bethany Counseling</p>

	<p>Services. The hotline number was tested. If a resident requests to report outside of the program, the following must occur: Contact the resident's therapist to facilitate the call. The call is confidential. Residents held for civil immigration reasons should receive information on contacting consular and Department of Homeland Security officials.</p> <p>(c) Staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.</p> <p>(d) The facility provides residents with access to tools necessary to make a written report.</p> <p>(e) The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff were able to explain this process to the auditor.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.352 Exhaustion of Administrative Remedies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Grievance form</li> <li>4. Grievance Policy</li> <li>5. One Grievance for Sexual Harassment</li> <li>6. Site Review: Signage; Third Party Reporting</li> <li>7. Interview with one resident who reported sexual abuse</li> </ol> <p>Findings:</p> <p>(a) The agency maintains formal administrative procedures for addressing resident grievances related to allegations of sexual abuse. These procedures are fully implemented and available to all residents within the facility.</p> <p>(b) The policy does not impose any time limit on when a resident may submit a grievance concerning sexual abuse. Residents are not required to use an informal</p>

	<p>grievance process or attempt resolution with staff before filing a formal grievance regarding sexual abuse.</p> <p>(c) Residents may file grievances related to sexual abuse without being required to submit them to the staff member who is the subject of the complaint. The agency ensures that such grievances are not referred to any staff member named in the allegation, thereby maintaining the integrity of the review process.</p> <p>(d) The agency issues a final decision on the merits of any grievance related to sexual abuse within 90 days of its initial submission. This 90-day timeframe excludes any period during which the resident is preparing or pursuing an administrative appeal. If necessary, the agency may extend the response time by up to 70 additional days. In such cases, the resident is provided written notice of the extension and the expected date of response. If a resident does not receive a response within the required timeframe, including any extension, the grievance may be treated as denied at that level.</p> <p>(e) Third parties including residents, staff, family members, attorneys, and outside advocates are permitted to assist with or file grievances on behalf of residents alleging sexual abuse. If the third party is not a parent or legal guardian, the agency may require the resident's written consent to proceed and may request the resident to complete subsequent steps in the grievance process. If the resident declines to proceed, the agency documents that decision. Parents or legal guardians of juvenile residents may file grievances and appeals without needing the juvenile's agreement. Signage is posted in areas where third party reporters may have access too, such as visitation areas and public entrances. Third party reporting method was tested.</p> <p>(f) The agency has procedures in place for responding to emergency grievances that allege a substantial risk of imminent sexual abuse. These grievances are immediately routed to a supervisory level where prompt corrective action can be taken. Residents receive an initial response within 48 hours, and a final decision is issued within five calendar days. Both responses document whether the resident was determined to be at substantial risk and describe the actions taken to address the concern.</p> <p>(G) The agency strictly prohibits disciplinary action against any resident for filing a grievance related to sexual abuse unless it is determined, through clear evidence, that the grievance was submitted in bad faith.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

### 115.353 Resident Access to Outside Support Services and Legal Representation

#### Evidenced Analyzed:

1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)
2. Pre-Audit Questionnaire
3. PREA Poster with Reporting Instructions
4. MOU with Bethany Counseling Services
5. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail
6. Interviews with the Clinical Program Director, random resident and a resident who reported sexual abuse.

#### Findings:

(a) The facility provides all residents with access to outside victim advocates for emotional support related to sexual abuse. Information about national, state, and local advocacy organizations including toll-free rape crisis hotlines is posted prominently throughout the facility and included in the resident handbook. Residents are not held solely for civil immigration purposes. The facility has entered into an MOU with BCS Residential Treatment Program and Bethany Counseling Services to facilitate an agreement between the parties for services related to implementation of the Prison Rape Elimination Act (PREA), which requires that juvenile justice residential facility residents be provided access to outside victim advocates for emotional support services related to sexual abuse. How to report signage is displayed on postings throughout the facility and a test call made. Postal mail goes out five days a week and postage are free.

(b) Clients must be informed, prior to giving them access to outside victim advocates for emotional support services related to sexual abuse, 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. Clients over the age of 18 must give written informed consent before medical/ mental health personnel engage in mandatory reporting regarding victimization occurring outside of an agency or institutional setting. Residents are allowed to communicate confidentially with these advocacy organizations.

(c) The facility maintains memoranda of understanding (MOUs) with Bethany Counseling Services a provider that offer confidential emotional support services to victims of sexual abuse.

(d) The facility ensures that all residents are able to communicate confidentially with their attorneys or legal representatives. For juvenile residents, the agency also facilitates confidential communication with parents or legal guardians, reinforcing the resident's right to support and legal counsel. Calls to the hotline are

	confidential.
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.354 Third-Party Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Agency Website</li> <li>4. Site Review: Signage; Third Party Reporting</li> </ol> <p>Findings:</p> <p>(a) The facility has established procedures that allow third parties including family members, legal representatives, and advocacy organizations to report sexual abuse or harassment on behalf of residents. Information about how to file such reports is made publicly available through the agencies website and is accessible to both residents and third parties. Third parties, including fellow residents, staff, family, attorneys, and outside advocates may assist a resident filing grievances relating to allegations of sexual abuse and harassment. If a third party, other than the parent or guardian, files a grievance on the resident's behalf, the facility must request as a condition of processing that the alleged victim agree to the grievance filed on his behalf and may also require that the alleged victim pursue any subsequent steps in the remedy process. If the alleged victim declines to have the grievance processed on his behalf, the facility must document the resident's decision. The grievance Policy Procedures for third party reporting and the PREA annual reports are posted on the website. The facility has posters and third-party reporting procedures available throughout the facility.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



#### 15.361 Staff and Agency Reporting Duties

##### Evidenced Analyzed:

1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)
2. Pre-Audit Questionnaire
3. Interviews with the Clinical Program Director and random staff

##### Findings:

(a) Staff are required to report immediately any knowledge, suspicion, or information that they receive regarding an incident of sexual abuse or sexual harassment; any retaliation against residents or staff that reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This reporting requirement applies to incidents occurring both within the agency and at other facilities.

(b) If an allegation of sexual abuse or harassment the PREA Coordinator or designee: will notify the Program Director and is responsible for notifying the proper authorities which include the police, CPS, and the Division of Child Welfare Licensing (DCWL, formerly BCAL) and must complete a DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident.

(c) The agency enforces strict confidentiality protocols. Staff are prohibited from disclosing any information related to a report of sexual abuse or harassment, except to individuals who are directly involved in providing treatment to the resident, conducting investigations, or ensuring facility security.

(d) Medical and mental health practitioners employed by or working in the facility are required to report all suspected incidents of sexual abuse to designated supervisory personnel and the appropriate outside agencies. Prior to delivering services, these practitioners inform residents of their obligation to report and clearly explain any limitations on confidentiality.

(e) When an allegation involves a juvenile resident, the facility heads, or designated official promptly notifies the appropriate agency officials and the resident's parent or legal guardian. If the juvenile is in the custody of a child welfare agency, their caseworker is contacted. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days of the allegation.

(f) The agency ensures that all allegations of sexual abuse or harassment including those made anonymously or by third parties are immediately referred to the appropriate investigative authorities for review and action, in accordance with PREA standards.

115.362	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.362 Agency Protection Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with the VP of Operations, Clinical Program Director and random staff</li> </ol> <p>Findings:</p> <p>(a) The PREA Coordinator or designee will take immediate steps to protect the alleged victim from further potential sexual assault or rape by separating the alleged victim from the alleged perpetrator(s) including arranging for separate housing, dining, and/or other elements of daily routine to the extent necessary to ensure protection. These same protections must be provided to any youth believed to be in imminent danger of being sexually abused. According to the information in the PAQ no resident has reported being in imminent danger of sexual abuse.</p>

115.363	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.363 Reporting to Other Confinement Facilities</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with the VP of Operations and the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the</p>

	<p>head of the facility or appropriate office of the agency where the alleged abuse occurred and notify the appropriate investigative agency. The PREA Coordinator or designee reports to the Director of the other facility within 72 hours. There was one resident who stated they were sexually harassed at another facility it was investigated and proved unfounded.</p> <p>(b) Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) The agency documented that it has provided such notification.</p> <p>(d) The facility head or agency office that receives such notification ensured that the allegation is investigated in accordance with these standards.</p>
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115.364	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.364 Staff First Responder Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. PREA Coordinated Response Plan that Include first Responder Duties</li> <li>4. Interviews with security and non-security staff first responders, random staff, and a resident who reported sexual abuse</li> </ol> <p>Findings:</p> <p>(a) Upon receiving a report that a resident was sexually abused, the facility ensures that the first responding staff member takes the following actions:</p> <ol style="list-style-type: none"> <li>1. Separate the alleged victim and abuser.</li> <li>2. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.</li> <li>3. If the abuse occurred recently enough for evidence collection, the alleged victim is asked to avoid actions that could destroy evidence, such as washing, brushing teeth, changing clothes, using the bathroom, smoking, drinking, or eating.</li> <li>4. If the incident took place within a timeframe that permits the collection of physical evidence, take steps to prevent the individual in question from engaging in</li> </ol>

	<p>activities that may compromise evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, as appropriate.</p> <p>(b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response. Information in the PAQ states that they have not had an incident that required first responder response.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.365 Coordinated Response</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. PREA Coordinated Response Plan</li> <li>4. Interview with the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. In the event of an incident of sexual abuse at the facility, the following must occur. Activities relevant to youth safety must occur immediately. When activating this plan in response to a sexual abuse incident the Branch Director, Assistant Director, or designee in the Director's absence is responsible for overseeing implementation of these coordinating actions.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.366 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Interview with the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) The facility has no collective bargaining or other agreements.</p> <p>(b) The Auditor is not required to audit this provision.</p>
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115.367	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.367 Agency Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with the VP of Operations, Clinical Program Director, designated staff charged with monitoring retaliation, and a resident who reported sexual abuse. There were no residents held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse.</li> </ol> <p>Findings:</p> <p>(a) The policy is 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.</p> <p>(b) Protective measures include changes in housing, separation from abusers, and access to support services. The facility acts promptly if retaliation is suspected.</p> <p>(c) For at least 90 days following a report, the facility monitors treatment and status of involved individuals. Monitoring includes review of disciplinary actions, housing reassignments, and staff evaluations, with extensions as needed.</p> <p>(d) Residents receive periodic status checks to detect and address any signs of retaliation.</p> <p>(e) If an individual raises concerns about retaliation, the facility takes immediate</p>

	<p>action to address them.</p> <p>(f) The Auditor is not required to audit this provision.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.368 Post-Allegation Protective Custody</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Site Review: Isolation</li> <li>4. Interviews with Clinical Program Director and medical and mental health staff. There are no residents in isolation or staff that supervise isolation.</li> </ol> <p>Findings:</p> <p>(a) A resident may be isolated from other resident as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of protective isolation, Bethany Christian Services Residential Treatment staff do not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. Any resident in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible. According to the information in the PAQ no residents have been placed in isolation. Isolation was not observed during the site review process.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## 115.371 Criminal and Administrative Agency Investigations

### Evidenced Analyzed:

1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSAs)
2. Pre-Audit Questionnaire
3. Site Review: Record Storage
4. Interviews with Clinical Program Director/PREA Coordinator, investigator and resident who reported sexual abuse.

### Findings:

(a) The facility conducts a thorough, timely, and objective investigations into all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence. The area where the suspected assault took place is sealed off until investigators can gather evidence. Note: Staff or medical personnel can enter the area if it is necessary to ensure resident safety, for example if a victim needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.

(b) Where sexual abuse is alleged, all investigations are assigned to trained investigators with specialized knowledge in handling cases involving juvenile populations. The auditor reviewed the investigator training records. The auditor reviewed 8 administrative investigations. 1 was found unsubstantiated and 7 were unfounded.

(c) Investigators collect and review all available evidence relevant to each allegation, including physical evidence, electronic data, and witness statements. They also examine any prior complaints or allegations involving the same alleged perpetrator to identify patterns or corroborating information.

(d) Investigations continue regardless of whether the alleged victim recants their original statement. The agency remains committed to ensuring that all allegations are fully explored and resolved based on the evidence.

(e) When the available evidence suggests possible grounds for criminal prosecution, the agency must consult with prosecutors before conducting compelled interviews to determine whether such interviews could hinder future criminal proceedings.

(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. The facility does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

(g) Administrative investigations include a full analysis of whether staff actions or

	<p>failures to act contributed to the incident. All findings are documented in detailed written reports that describe the evidence considered and the basis for the conclusions reached). Information collected during an investigation, including all reports, are maintained in a secure area under lock and key with limited access.</p> <p>(h) In criminal investigations, findings are thoroughly documented and include supporting materials such as witness statements, forensic reports, and relevant records.</p> <p>(I) Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p>(j) The agency retains all investigation records for the duration of the subject's incarceration or employment, plus an additional five years, unless state law allows for a shorter retention period for juvenile cases.</p> <p>(k) The departure of the victim or the alleged perpetrator from the agency does not terminate the investigation. All allegations are pursued to completion, regardless of the individual's custody or employment status.</p> <p>(l) Auditor is not required to audit this provision.</p> <p>(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.372 Evidentiary Standard for Administrative Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interview with investigator</li> </ol> <p>Findings:</p> <p>(a) The facility uses the preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. Findings are based on whether it is more likely than not that the incident occurred, not on the higher criminal standard of proof beyond a</p>



	reasonable doubt.
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.373 Reporting to Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Eight Administrative Investigations with the date of the Notification to the resident</li> <li>4. Interviews with the Clinical Program Director, investigator and a resident who reported sexual abuse.</li> </ol> <p>Findings:</p> <p>(a) Upon the conclusion of any investigation into a resident's allegation of sexual abuse, the facility promptly informed the resident of the outcome. The residents were verbally notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>(b) When an investigation is conducted by an external agency, the agency actively requests the results of the investigation to ensure that the resident receives timely and accurate notification of the outcome.</p> <p>(c) If the allegation involves staff misconduct and is not determined to be unfounded, the agency notifies the resident of the following, as applicable:</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer assigned to the resident's unit.</li> <li>2. The staff member is no longer employed at the agency.</li> <li>3. The staff member has been indicted on a charge related to the sexual abuse; or</li> <li>4. The staff member has been convicted of a charge related to the sexual abuse.</li> </ol> <p>(d) When the allegation involves another resident, the agency notifies the alleged victim if:</p> <ol style="list-style-type: none"> <li>1. The alleged abuser has been indicted on a charge related to the abuse; or</li> </ol>

	<p>2. The alleged abuser has been convicted of a related offense.</p> <p>(e) All notifications to residents, as well as any attempts to notify them, are thoroughly documented to ensure accountability and compliance with PREA standards.</p> <p>(f) The Auditor is not required to audit this provision.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.376 Disciplinary Sanctions for Staff</p> <p>Evidenced Analyzed:</p> <p>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</p> <p>2. Pre-Audit Questionnaire</p> <p>Findings:</p> <p>(a) The facility policy states that when a staff member is under investigation for behavior involving possible sexual rape/assault to a resident, that staff member will be placed on leave of absence until the circumstances have been thoroughly investigated by the proper authorities. A formal contact is made with the employee on a weekly basis with information of the current investigation progress. According to the information in the PAQ no staff have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse.</p> <p>(c) In other policy violations, sanctions are based on the nature of the violation, the staff member's history, and consistency with disciplinary actions imposed in similar cases.</p> <p>(d) Any terminations or resignations in lieu of termination related to sexual misconduct are reported to law enforcement, unless the behavior was clearly not criminal, and to any applicable licensing boards.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.377 - Corrective action for contractors and volunteers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interview with the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and referred to law enforcement and relevant licensing agencies unless the behavior is clearly not criminal. According to the information in the PAQ no volunteer/contractor have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) For other violations of facility policy, appropriate corrective action is taken, which may include removal of resident contact privileges.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.378 Interventions and Disciplinary Sanctions for Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with medical and mental health staff and the Clinical Program Director</li> </ol> <p>Findings:</p> <p>(a) Residents are subjected to disciplinary sanctions only after a formal disciplinary process confirms, either administratively or criminally, that the resident committed resident-on-resident sexual abuse. According to the information in the PAQ no residents have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) Sanctions are proportionate to the abuse, the resident's disciplinary history, and</p>

	<p>comparable sanctions for similar behavior. If isolation is imposed, the resident continues to receive large-muscle exercise, educational programming (including special education if applicable, daily clinical visits, and access to other programs and services as feasible.</p> <p>(c) Disciplinary decisions consider whether a mental illness or disability contributed to the resident's behavior.</p> <p>(d) The facility may require participation in counseling or interventions to address underlying behaviors. However, participation is not required for general access to programs or education.</p> <p>(e) Residents may only be disciplined for sexual contact with staff if it is determined the staff member did not consent.</p> <p>(f) Residents who report sexual abuse in good faith, based on a reasonable belief that the conduct occurred, are not disciplined for false reporting if the allegation is unsubstantiated.</p> <p>(g) The facility prohibits all sexual activity between residents and may discipline residents for engaging in such behavior. Non-coerced sexual activity is not treated as sexual abuse.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.381 Medical and Mental Health Screenings; History of Sexual Abuse</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. List of Residents and Dates of Mental Health Follow Ups</li> <li>4. Site Review: Record Storage</li> <li>5. Interviews with medical and mental health staff, staff responsible for risk screening and four residents who disclosed sexual victimization at risk screening.</li> </ol> <p>Findings:</p> <p>(a) The facility requires that all residents that disclose any prior sexual victimization during a screening must be offered a follow-up meeting with a medical or mental health practitioner within 14 days. All residents that disclose during screening that</p>

	<p>they previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. The facility provided a list of residents who disclosed being a prior victim of sexual abuse with dates of Mental Health Follow Ups. These referrals are documented.</p> <p>(b) Residents identified as having previously perpetrated sexual abuse are also referred for a mental health follow-up within 14 days.</p> <p>(c) Information on prior victimization or abusiveness is restricted to staff necessary for medical, mental health, or classification decisions, in compliance with all applicable privacy laws. The facility ensures a follow-up meeting with a qualified medical or mental health practitioner within 14 days. During the site review, medical records were securely maintained with restricted access. Information about past abuse is shared only on a need-to-know basis for safety, treatment, or management decisions.</p> <p>(d) Informed consent is obtained before disclosing information about non-institutional sexual victimization unless the resident is under 18.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.382 Access to Emergency Medical and Mental Health Services</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with security and non-security staff first responders, medical and mental health staff, and resident who reported sexual abuse</li> </ol> <p>Findings:</p> <p>(a) Resident victims of sexual abuse will be 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.</p> <p>(b) If no qualified practitioners are available at the time of the report, first responders take immediate protective steps and promptly notify medical and mental health staff.</p> <p>(c) Victims are offered timely access to emergency contraception and STI prophylaxis, as medically appropriate and consistent with accepted standards of</p>

	<p>care.</p> <p>(d) All emergency services are provided at no cost to the resident, regardless of whether they identify the abuser or cooperate with the investigation.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. List of Resident's Mental Health Follow-up's</li> <li>4. Interviews with medical and mental health staff and a resident that reported sexual abuse</li> </ol> <p>Findings:</p> <p>(a) The victim of sexual assault or attempted sexual assault is provided mental health assistance and counseling as determined necessary and appropriate. Resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services.</p> <p>(c) All care is provided at a community-level standard to ensure adequate quality.</p> <p>(d) This is a male Facility</p> <p>(e) This is a male facility</p> <p>(f) STI testing is offered as medically indicated to support the victim's health.</p> <p>(g) All services are provided at no cost to the resident, regardless of participation in the investigation.</p> <p>(h) The facility attempts to conduct a mental health evaluation of any known</p>

	resident-on-resident abuser within 60 days of discovery and offers treatment where appropriate.
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.386 Sexual Abuse Incident Reviews</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3. One Incident Review</li> <li>4. Interviews with Clinical Program Director and members of the incident review team</li> </ol> <p>Findings:</p> <p>(a) A sexual abuse incident review is conducted following every completed investigation, except in cases determined to be unfounded. The auditor reviewed 8 investigations with 7 found to be unfounded and 1 unsubstantiated, so therefore is only one incident review.</p> <p>(b) The review occurs within 30 days of the investigation’s conclusion.</p> <p>(c) The review team includes upper-level managers and input from supervisors, investigators, and clinical staff.</p> <p>(d) The team examines:</p> <ol style="list-style-type: none"> <li>1. Whether policy or procedural changes are needed.</li> <li>2. The subsection of this provision is no longer applicable to your compliance finding.</li> <li>3. Whether the physical layout contributed to the incident.</li> <li>4. Staffing adequacy at the time of the incident.</li> <li>5. The use or need for video monitoring or technological improvements.</li> <li>6. Findings and recommendations are documented and submitted to the facility head and PREA compliance manager.</li> </ol>

	(e) Recommended changes are implemented, or the facility documents reasons for not doing so, ensuring continuous improvement.
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.387 Data Collection</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSa)</li> <li>2. Pre-Audit Questionnaire</li> <li>3 Agency Website</li> <li>4. Annual PREA Reports from 2018-2024</li> <li>5. 2022 PREA Report</li> </ol> <p>Findings:</p> <p>(a) The agency collects standardized, uniform data on all allegations of sexual abuse.</p> <p>(b) Data is aggregated at least annually to identify patterns and trends.</p> <p>(c) The agency ensures that its data addresses all questions from the most recent DOJ Survey of Sexual Violence.</p> <p>(d) Data collection includes incident reports, investigation outcomes, and review findings.</p> <p>(e) The Agency does not contract for the confinement of its residents.</p> <p>(f) Upon request, the agency submits the previous calendar year's data to DOJ by June 30.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.388 Data Review for Corrective Action</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSAs)</li> <li>2. Pre-Audit Questionnaire</li> <li>3 Agency Website</li> <li>4. Annual PREA Reports from 2018-2024</li> <li>5. 2022 PREA Report</li> <li>6. Interviews with the VP of Operations and the PREA Coordinator</li> </ol> <p>Findings:</p> <p>(a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This includes:</p> <ol style="list-style-type: none"> <li>1. Identifying areas needing improvement.</li> <li>2. Taking corrective actions as needed.</li> <li>3. Preparing an annual report outlining findings and responses.</li> </ol> <p>(b) The annual report compares current and past data and actions to assess progress.</p> <p>(c) The agency head approves the report and ensures public availability via the agency's website. The auditor reviewed the data reports and PREA audit reports on the agency website.</p> <p>(d) Any redactions for safety or security are noted by category.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.389 Data Storage, Publication, and Destruction</p> <p>Evidenced Analyzed:</p>

	<ol style="list-style-type: none"> <li>1. PREA Policy Prevention of Resident Sexual Assault/Rape Policy (PORSAs)</li> <li>2. Pre-Audit Questionnaire</li> <li>3 The Agency Website</li> <li>4. Annual PREA Reports from 2018-2024</li> <li>5. 2022 PREA Report</li> <li>6. Site Review: Record Storage</li> <li>7. Interview with PREA Coordinator</li> </ol> <p>Findings:</p> <p>(a) The agency securely stores all collected sexual abuse data to prevent unauthorized access.</p> <p>(b) The facility does not contract private facilities for the confinement of its residents.</p> <p>(c) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) All data is retained for at least 10 years unless a longer period is required by law. Historical data was reviewed on the agency website.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Agency Website</li> <li>2. Site Review: Notice of Audit; Access to Facility</li> <li>3. Issue Log</li> <li>4. Notice of Audit</li> </ol>

	<p>Findings:</p> <p>(a) The agency a single residential program. Audit reports from the facility are available on the agency website. This is the first year of the current (5th) audit cycle.</p> <p>(b) The agency has ensured that the single facility is audited during the first year of each cycle.</p> <p>(h) The auditor had access to and was able to observe during the site review all areas of the facility.</p> <p>(i) The auditor received copies of any relevant documents requested.</p> <p>(m) Resident interviews were conducted in a private room without staff present.</p> <p>(n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>(a) All PREA audit reports from the facility are published on the agency website.</p>

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

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

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

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

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes



<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: 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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	

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

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

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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes



	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who	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?	
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate 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?	
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	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).)	
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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



<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no
<b>115.351</b>	<b>Resident reporting</b>	

<b>(a)</b>		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

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

<b>(f)</b>		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes



<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	

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

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes



	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>	

<b>(c)</b>		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

	medical and mental health practitioners?	
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph §	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.)	
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes



	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or	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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