

PREA Facility Audit Report: Final

Name of Facility: Harmony Center III Group Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/01/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Erica Crosby	Date of Signature: 07/01/2021

AUDITOR INFORMATION	
Auditor name:	Crosby, Erica
Email:	crosbyerica@yahoo.com
Start Date of On-Site Audit:	06/17/2021
End Date of On-Site Audit:	06/18/2021

FACILITY INFORMATION	
Facility name:	Harmony Center III Group Home
Facility physical address:	427 N. 13th Street, Baton Rouge, Louisiana - 70802
Facility Phone	
Facility mailing address:	2736 Florida Blvd, Baton Rouge, Louisiana - 70802

Primary Contact	
Name:	sydney elbert
Email Address:	selbert@harmonycenter.org
Telephone Number:	12253839139

Superintendent/Director/Administrator	
Name:	Wanda Reed
Email Address:	wreed@harmonycenter.org
Telephone Number:	12253839139

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	4
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-17
Facility security levels/resident custody levels:	Non-secured
Number of staff currently employed at the facility who may have contact with residents:	6
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	The Harmony Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1244 Florida Boulevard, Baton Rouge, Louisiana - 70802
Mailing Address:	
Telephone number:	225-383-9139

Agency Chief Executive Officer Information:	
Name:	Wanda Reed
Email Address:	Wredd@harmonycenter.org
Telephone Number:	225-383-9139

Agency-Wide PREA Coordinator Information			
Name:	Sydney Elbert	Email Address:	selbert@harmonycenter.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the auditor. The facility completed the PRE Audit Questionnaire with uploaded supporting documentation on April 23, 2019. Correspondence with the PREA Coordinator and Compliance Manger took place ensuring an informed audit with supporting documentation. The audit was conducted by this auditor with no assisting PREA auditors. The audit of the Harmony Center took place on the dates of June 17 – June 18 2021. An entrance conference was held on June 18, 2021. A complete facility tour was conducted by the auditor. During the tour, staff members were observed to be interacting with residents and providing direct supervision during activities. On the days of the audit the total population for the Harmony Center was 5 residents. All 5 residents were interviewed. There were no qualifying targeted residents. There were 2 black males, two caucasion males and one hispanic male. In addition to residents; 10 staff interviews were conducted and of those staff it included specialized staff. The responses of staff and residents during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The facility operates on 12 hour shifts. The 5 base files of inmates currently assigned to the facility were reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: log books, shift reports, incident reports, procedures, (10) training records/logs and curriculum. All personnel were professional, engaged and helpful throughout the audit process. The audit team successfully completed a call to STAR and spoke with a representative who confirmed 24 hour hotline service, one-on-one counseling, hospital advocacy, educational training for residents and staff, and access to a forensic nurse. The call was made during the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on June 18, 2021.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Since the last reported Compliance Audit from the licensing agency dated April 1st, 2019, there have been no known structural changes and no deficiencies notated. Harmony III Group Home is a two-story building which has a capacity of 12 male residents. The age range of offenders is 13-17. During the time of audit, the facility had 5 residents and 10 staff (including a Home Manager and 6 Direct Care). The group home has a kitchen and a dining area, a living room (also shared as a dayroom), the residents recreation is held on the first floor and the resident living quarters are on the second floor.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Standards Exceeded: 0

Standards Not Met: 0

Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1485 432">The Harmony Center has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment outlined in Sexual Abuse Prevention. A review of the organization char (SART Team) identifies that a PREA Coordinator and Compliance Manager has been designated. The Sexual Abuse Prevention Policy details the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The agency has designated a statewide PREA Coordinator.</p> <p data-bbox="242 463 1469 591">The Agency Executive PREA Coordinator Director is positioned in the upper level of the agency hierarchy. During his interview, the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Moreover, the interview also confirmed that the PREA Coordinator was very organized and extremely knowledgeable of the requirements for PREA.</p> <p data-bbox="242 622 1485 781">The Harmony Center has designated a PREA Compliance Manager to ensure adherence to the PREA standards. The Institutional PREA Compliance Manager (PCM) reports to the Executive Director for all things related to custody management of residents. During her interview the PREA Compliance Manager demonstrated a working knowledge of PREA standards. Additionally, the PREA Compliance Manager also confirmed during his interview that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p data-bbox="242 813 766 842">Evidence relied upon to make auditor determination:</p> <p data-bbox="242 873 1469 931">Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • SART Team Organizational Chart • Interviews with the PREA Coordinator • Interview with the Executive Director • Interview with the PREA Compliance Manager</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency has not entered into a contract for confinement although the PRE Qutionaire indicates they have. There was an error made when completing the questionnaire based on the Executive Director.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with PREA Coordinator • Harmony sample uploads of contracts

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 622">Policy on Sexual Abuse Prevention confirmed that Harmony has 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. The unannounced rounds were documented and conducted by the Supervisor and other members of intermediate-level or higher-level supervisors in the unit logbooks. During interviews with staff that conduct unannounced rounds the details of logistics confirmed for the Auditor that this type of rounds in the facility is random, and the timing or route taken during unannounced rounds is not shared with staff. PREA Compliance Manager provided an updated staffing plan that documents at least once every year the agency or facility. The PREA Coordinator confirmed during his interview that she reviews and approves and make recommendations when necessary for Harmony at least on yearly basis. The Auditor was also provided a copy of the 2019, 2020 and 2021 staffing plan for Harmony. Moreover, Harmony has a documented staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse.</p> <p data-bbox="229 622 1509 967">The PREA Compliance Manager provided updated staffing plans that documents at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews of the staffing plan to see whether adjustments are needed. Random unannounced rounds from April and May of each year were selected and examined by the Auditor for compliance. The facility maintained a staff ratios of a minimum of 1:6 during resident waking hours, and a minimum of 1:12 during resident sleeping hours, except during limited and discrete exigent circumstances. The facility operates 24 hours and unannounced rounds were documented for all three shifts to include night shift. The staffing ratio were maintained as required and outlined in this standard. The unannounced rounds were documented and conducted by upper level management. The facility operates on 12-hour shifts and rounds were documented for night shifts as well as day shifts. The facility has a procedure in place that allows for rounds to be made without staff having an opportunity to alert other staff. Harmony met the requirements of Standard 115.313.</p> <p data-bbox="229 967 1509 1030">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 1030 1509 1155" style="list-style-type: none"> • Pre-Audit Questionnaire • 2021 Annual Staffing Plan/shift reports and rosters • Policy Sexual Abuse Prevention • Auditor review of files of unannounced rounds • Interviews with the PREA Coordinator • Interview with the Compliance Manager • Interviews with staff (random)

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1469 562">The agency has policy in place governing pat-down, visual, body cavity, and strip searches and cross gender viewing of its residents. At the time of audit, there had been no occurrences. This standard was verified through Policy 115.315, Staff Training Logs and Training Curriculum, resident and staff interviews, and non-occurrence documentation. Although the policy and procedure was reviewed Staff (random and specialized) were able to describe the facility requirements for searching based on random staff interviews. There were twelve (12) random staff interviews conducted. Twelve (12) random staff training files also were examined indicating that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches to be conducted. The Harmony Center met the requirements of Standard 115.315.</p> <p data-bbox="242 598 766 624">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 656 1481 813" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Abuse Prevention) • Review of Policy 1 (Limits to Cross-gender Viewing and Searches) • Training: Security skills refresher evaluation • Training: Strip and Cavity Searches • Training sign in sheets and curriculum • Review of the resident handbook • Training sign in sheets and curriculum • Statement of Fact • Interview with residents (random and targeted) • Interview with staff (random and specialized) • Interview with the PREA Coordinator • Interview with the Compliance Manager • Observations of Auditor during the on-site portion of the audit

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 591">The Harmony Center 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. The Harmony Center has an on-going contract to provide all residents in needed with interpretive assistance if required to communicate effectively. The Harmony Center has an interpreting services who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These services are available 24 hours a day. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations.</p> <p data-bbox="229 591 1509 658">The facility also has a contract to accomadate residents who also may be hearing impaired. There were zero disabled youth during the audit. The Harmony Center met the requirements of Standard 115.316.</p> <p data-bbox="229 658 1509 725">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 725 1509 920" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy on Communication (interpretus) Deaf or hard of hearing • Over-the-phone instruction • Policy 02-01-115 (Sexual Abuse Prevention) • Interview with staff (random and specialized) • Interview with residents (random and targeted) • Interview with the PREA Coordinator • Staement of Fact: regarding zero resident requiring the services of the over-the-phone interpretive services • The Harmony Center contract, • Review of various forms translated into Spanish to include PREA related information and Brochure • Auditor's observations during the facility tour

115.317	<p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Harmony Center Human Resources Policy, prohibits the hiring or promotion of anyone who may have contact with residents, and prohibits the 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) addresses the policy requirements of Standard 115.317. The Harmony Center has a policy that requires criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents. The Policy supports compliance of the standard. Additionally, The Harmony Center provided the Auditor with a blank copy of applicant employment questionnaire.</p> <p>The Human Resource Manager (HRM) representative was interviewed during the audit. The HRM representative confirmed that the agency prohibits the hiring or promotion of anyone who may have contact with inmates 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. The Harmony Center considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.</p> <p>The PREA Coordinator confirmed in an interview that the Harmony Center asks 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 and provided evidence. Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>The PCM confirmed during his interview that the Harmony Center prohibits 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.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy (Hiring and Promotion Decisions • Interviews with staff (random and specialized) • Interview with Human Resources Manager Representative • Sample of potential employee application form • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Review of the Harmony Center applicant Questionnaire
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has not made any upgrades to the facilities or technology. The agency currently does not utilize any video monitoring technology.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Observations of the Auditor during the on-site tour • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Statement of Fact • Interview with Executive Director

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 499">The Harmony Center has a Policy that outlines circumstances when an resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the facility; or (3) the service is provided at the request of the administrator of a facility. The agency offers all residents who experience sexual abuse access to forensic medical examinations on-site, without financial cost, where evidentiary or medically appropriate. The Auditor confirmed by documentation review that the Harmony Center has a MOU with Sexual Trauma Awareness & Response (STAR), (Rape Crisis Center) and (SANE/SAFE). A call was made to the service provider. The Regional Director of the MOU Kristen B. Raby verified that facility currently has a MOU with STAR.</p> <p data-bbox="242 533 1469 656">Each resident could tell the Auditor where additional victim information could be located on the living units. Specialized staff confirmed that if requested by the victim, the Harmony Center would provide a 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.</p> <p data-bbox="242 689 1469 947">The Harmony Center is responsible for investigating allegations of sexual abuse in the facility. Allegations of sexual abuse that rise to criminal behavior is referred to the Baton Rouge State Police for investigation and referral for prosecution when applicable. During an interview with the facility investigator he confirmed that the facility follows the requirements for investigating allegations of sexual abuse. The same investigator confirmed that the investigative protocol, as appropriate, was 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. The Harmony Center met the requirements of Standard 115.321.</p> <p data-bbox="242 981 1469 1104">Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Memorandum of Understanding with STAR • Evidence Collection Table / Sexual Assault Evidence Protocols • List of certified employees and copy of certificates of completion • Interviews with staff (random and specialized) • Telephone conversation with staff from the outside entity providing services • Interviews with the PREA Compliance Manager • Interview with the PREA Coordinator</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 398">The Harmony Center has 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. The Policy is available and accessible. The agency has a practice that documents all such referrals. The facility had one (1) investigation of alleged resident sexual abuse that did not require a referral. The Harmony Center met the requirements of Standard 115.322.</p> <p data-bbox="244 432 1477 557">Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • Interview with the PREA Compliance Manager • Review of the agency website • Interview with Executive Director regarding 1 investigation of alleged sexual abuse completed by the facility. The resident victim was notified of the outcome of the investigation, dated January 5, 2021 • Interviews with an agency investigator</p>

115.331	<p>Employee training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.311, Sexual Abuse Sexual Harassment addresses the policy requirements of Stanadrad 115.331. The training curriculums provided by the facility was tailor to the unique needs and attributes of juvenile residents. Furthermore, the training curriculum included topics such as: residents on residents ' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with residents , and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The Harmony Center has a written receipt that acknowledges that on a specific date the employee received training (and understand said training) from the Harmony Center regarding the Prison Rape Elimination Act (PREA) and the Sexual Abuse Prevention policy. Additionally, the employee is issued a copy of the policy, "Sexual Assault Prevention" and a copy of facility specific brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. The Harmony Center provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in staff training transcripts, training curriculum, and specialty specific training. More, the identified Harmony Center investigators completed a refresher training on how to conduct investigations in confinement settings, this keeps the agency abreast of current information in the area of investigations. A total of tene (10) training files were reviewed. All twelve (10) training files reflected that the staff received the appropriate training. Of the ten (10) files reviewed those requiring refresher training had received training yearly. The training curriculums provided by the facility tailor to the unique needs and attributes of residents of juvenile facilities. The Harmony Center meets the requirements of Standard 115.331.</p> <p>1. Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • Harmony Center Training Plan/On the Job Training Session/ Security Skills Evaluations/ Learning Plan Transcript/employee acknowledgment of training</p> <p>• New Employee Training 2018-2019, Juvenile Facility Staff • New Employee Training 2019-2020, Juvenile Facility Staff • New Employee Training 2020-2021, Juvenile Facility Staff • Harmony Center On-The-Job (OJT) Training, Frisk Searches and Strip Searches • Staff development and training,Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • Transcript/employee acknowledgment of training • Juvenile Facility Staff • Staff development and training, • Auditor review of training curriculum /informational brochures</p> <p>• Interviews with staff (random and specialized) • Traning Certifications</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 465">All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. The facility currently has eight (0) volunteers and eighteen (1) contractor. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and and level of contact they have with residents. The curriculum also covers the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Harmony Center met the requirements of Standard 115.332.</p> <p data-bbox="244 499 1469 555">Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Harmony Center Contractor and Volunteer Manual • Interview with the PREA Compliance Manager</p>

115.333	Resident education
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1490 633">The Harmony Center documents PREA related information in the residents institutional, clinical and medical files. A total of sixteen (6) resident institutional files were reviewed to verify that each resident received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. The resident handbook and PREA brochure covered how to report incidents or suspicions of sexual abuse or sexual harassment. PREA related education was also provided for those residents who are limited English proficient (LEP), deaf, visually impaired or otherwise disabled. Interviews with each resident confirmed that the information provided to residents was age appropriate. Residents included in the sample population were knowledgeable of their rights. Within 30 days of intake, the Harmony Center provided age-appropriate comprehensive education to residents in person regarding; their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents. This was verified through the review of sixteen (6) institutional and clinical files. On average residents received an inmate handbook, comprehensive PREA education the day of intake but always within 72 hours of arrival to the facility.</p> <p data-bbox="242 665 1490 824">The Harmony Center (Telephonic and in Person Interpretive Service) and Policy (Sexual Abuse Prevention) address the policy requirements of Standard 115.316 and 115.333. IDOC takes 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. The Harmony Center has established a statewide contract with an interpretive provider. PREA informational posters are displayed in alternate languages such as Spanish throughout the facility.</p> <p data-bbox="242 855 1490 1081">The Harmony Center utilizes an "Over-the-phone" interpretive service that can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. These "Over-the-phone" services are available 24 hours a day. The facility provided invoices of the use of interpretive services. During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. The facility also has a list of staff members' that are utilized as interpreters.</p> <p data-bbox="242 1113 1490 1272">In addition to providing such education the Harmony Center ensures that key information is continuously and readily available or visible to residents. and in the resident handbook. During the facility tour the Auditor noted PREA related information was displayed in Spanish and English and posted throughout the facility including every living unit. All residents were well versed on the grievance process and felt that if they filed a grievance; it would be addressed in a confidential and timely manner.</p> <p data-bbox="242 1303 1490 1400">One employee that made a PREA complaint via the telephone system prompted a PREA investigation and determined the system worked. The investigator indicated that the behavior was non-sexual and the action of juveniles horse playing. The residents were informed of the outcome. The Harmony Center met the requirements of Standard 115.316 and 115.333.</p> <p data-bbox="242 1431 766 1460">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 1491 1490 1615" style="list-style-type: none"> • The Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • Auditor review of resident education materials • Auditor review of resident's institutional files • Interviews with staff (random and specialized)/specialized staff • Interviews with residents (random and targeted) • Interview with the Health Administrator • Interview with the PREA Compliance Manager • Interview with the Investigator

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Harmony Center Inc. uses Baton Rouge Police Department for all criminal investigations, all administration investigations are handled in-house, documentation reviewed; In-House Investigators Credential and Training Record with accredited course hours from the National Institute of Corrections.</p> <p data-bbox="229 367 1509 430">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="229 430 1509 564" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.334 (Specialized Training: Investigations • interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Interview with the Executive Director • Interview with an investigator • Certificate of Completion (NIC), Specialized Investigative Training,for Patrick Wilson and Sandra Jacks.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1509 264">Auditor Discussion</p> <p data-bbox="229 264 1509 488">The Harmony Center , policy on Specialize Training for medical and mental health addresses the policy requirements of Standard 115.335, specialized training for medical and mental health (full-or-part-time) care providers who work regularly in the Harmony Center. Medical staffs at the Harmony Center do not conduct forensic medical exams. The agency maintains documentation that medical and mental health practitioners have received specialized training required in Standard 115.335. The Auditor verified through examination that (100%) of medical and mental health staff. Training certificates demonstrate the Harmony Center met the requirements of Standard 115.335.</p> <p data-bbox="229 488 1509 607">Evidence relied upon to make auditor determination: • Pre-Audit Questionnaire • Policy 115.335 (Specialize Training for medical and mental health) • Interviews with Medical and Mental Health Staff • Interview with the PREA Coordinator • Review of training certifications for all medical and mental health staff</p>

115.341	<p data-bbox="231 71 1508 1279">Obtaining information from residents</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 280 1508 705">The Harmony Center Policy (Sexual Abuse Prevention) requires all residents to be assessed for risk of victimization and abusiveness upon admission to the facility, or upon transfer from another facility. The Auditor examined the PREA assessment instrument. Furthermore, the PREA screening instrument was an objective instrument and minimally included the eleven criteria listed in 115.341 (c). The policy also requires that residents be screened for risk of sexual victimization or risk of sexually abusiveness within 72 hours of their admission to the facility. Moreover, the intake screening form considers the criteria outlined in 115.341 (c) to assess inmates for risk of victimization and abusiveness such as the age of the inmate; physical build; previous incarcerations; the resident's perception of vulnerability; and whether the resident is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming. Interviews with specialized medical, mental health and intake staff confirmed that the Harmony Center would not discipline a resident for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness. The specialized medical and mental health staff, the PREA Compliance Manager and the Health Administrator all confirmed during individual interviews that the Harmony Center has a system in place to guard against the dissemination of sensitive information by staff or other inmates.</p> <p data-bbox="231 728 1508 1030">The Auditor examined six (6) institutional and clinical files to confirmed that the facility is conducting an initial screening for risk of victimization and abusiveness upon intake. Moreover, interviews with random and targeted residents also confirmed each resident was screened on arrival at the Harmony Center by a social worker or intake staff. The Auditor verified the use of an objective screening instrument. Six (6) institutional and companion clinical files document that initial assessments were completed by the facility. Problematic was the fact that La Porte failed to fully demonstrate that all residents were rescreened again within thirty (30) days. The Auditor determined that of the 6 six institution and clinical files reviewed 100% of the assessments could be located. The five (5) current residents were not there long enough to require a reassessment. The Auditor examined the SVATS/reassessments in question and confirmed that there is a system in place. One (1) targeted resident file indicated that to be true. . Harmony Center meets the requirements of Standard 115.341.</p> <p data-bbox="231 1052 1508 1086">Evidence relied upon to make auditor determination:</p> <ul data-bbox="231 1108 1508 1220" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy (Sexual Abuse Prevention) • Review of sample screenings • Review of sample screening tool • Observations made during the on-site portion of the audit • Auditor interviews with staff • Auditor interviews with residents (random and targeted) • Interview with the Social Worker • Auditor interview with the PREA Compliance Manager
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 698">Random residents (100%) indicated that they are given the opportunity to shower, use the toilet and change clothes in private except in exigent circumstances. The harmony center has two single rooms that can be use to segregate for protection but does use isolation. The policy specifies placement in segregation would be a last resort. The PCM indicated that the facility preference is to use the least restrictive measures to keep residents safe, always considering the residents own views of his safety and facility security considerations, until an alternative means of safety can be arranged. The PREA Compliance Manager indicated that the PREA Committee meets regularly to discuss PREA related facility issues. The PREA Committee is a multidisciplinary team that would ensure that a transgender and intersex resident is given the opportunity to shower separately from other residents. Placement consideration for transgender or intersex resident to a facility is a classification decision made before the resident is assigned to the Harmony Center. According to the PREA Coordinator, the Harmony Center makes placement decisions on a case-by-case basis. During the on-site portion of the audit there was zero transgender or intersex residents assigned to the Harmony Center. During his interview the PREA Coordinator confirmed that the Harmony Center always refrains from placing transgender inmates in dedicated facilities, units, or wings solely based on such identification or status. The harmony Center met the requirements for Standard 115.342.</p> <p data-bbox="242 730 766 757">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 788 1484 913" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-11-115 (Sexual Abuse Prevention) • Policy 02-1-118 (Transgender and Intersex Offenders) • Review of SVAT/reassessment screenings • Review of SVAT screening tool • Observations made during the on-site portion of the audit • Auditor Interviews with staff • Auditor Interviews with residents • Auditor Interview with the PREA Compliance Manager

115.351	Resident reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 533">Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Offender Access to Court address the requirements of Standard 115.351. The Harmony Center has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment. The Harmony Center 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. The private entity or office allows the resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office. The Harmony Center never houses residents detained solely for civil immigration purposes according to the PCM.</p> <p data-bbox="240 564 1469 656">In addition to the resident handbook the resident PREA brochure is designed to aid in recognition of sexual abuse and how to report incidents of abuse, threats of abuse or assaults. The brochure also tells resident what they can do to prevent abuse/assaults and what to do if they are the victim of a sexual assault such as:</p> <ul data-bbox="240 687 1396 1037" style="list-style-type: none"> • Telling ANY staff person • Dialing 1800-626-1430 (Investigative Services) 1888-995-7273 (The Louisiana Foundation against Sexual Assault (LaFASA)) • Writing or calling the Indiana Ombudsman Bureau • Filing a grievance • Third party reporting having a family/friend to report on their behalf • Emailing wwwdcfs.la.gov/abuse <p data-bbox="240 1068 1485 1261">There was five (5) Residents during the onsite audit assigned the Harmony Center. This auditor interviewed all residents and (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during each resident interviewed was able to communicate multiple ways of reporting to include telling staff. These same residents were also knowledgeable of the facility grievance process. Grievance forms were observed available in the grievance boxes throughout the facility during the tour. During the resident interviews they express they are provided with access to tools necessary to make a written report.</p> <p data-bbox="240 1292 1477 1485">Staff (random and specialized) interviews confirmed that 100% of staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All staff (random and specialized) (100%) members confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and immediately notify their supervisor while ensuring the safety of the victim. The PCM during his interview confirmed that one incident of unfounded sexual abuse at the Harmony Center in the past 12 months. The incident was thoroughly investigated to include interviewing all involved parties. The Harmony Center met the reporting requirements of Standard 115.351.</p> <p data-bbox="240 1574 767 1601">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1632 1477 1758" style="list-style-type: none"> • Pre-Audit Questionnaire • Resident handbook • PREA reporting posters • Facility tour • Policy 115.351 (Resident Reporting) • Statements of Facts signed by the Executive Director • Review of the investigative report of the incident • Interview with the Program Manager • Auditor review of forms and reporting documentation • Interviews with residents • Interviews with staff (random and specialized) • Interview with the PREA Compliance Manager

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1469 465">The Harmony Center Grievance policies allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Within the policy it outlines that the agency always refrains from requiring resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. This procedure is also outline in the Harmony Center Student Handbook. The agency disciplines a resident for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the resident filed the grievance in bad faith. The Harmony Center met the requirements of Standard 115.352.</p> <p data-bbox="242 499 767 526">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 555 1477 647" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.352 (Policy on the Administration of Resident Grievance Procedure) • Policy 115.352 (Exhaustion of Administrative Remedies) • Interviews with staff • Interviews with residents • Statement of Fact • Interview with the PREA Compliance Manager • The Harmony Center Student Handbook

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1468 566">The Harmony Center provides residents with access to outside victim advocates for emotional support services related to sexual abuse and the contact information is posted throughout the facility. These posters were observed posted during the tour of the facility and provided as an upload in section 115.353 (a)-2. The facility maintains copies of the agreement with Sexual Trauma Awareness and Response (STAR). A call was made verifying that the Memorandum of Understanding was still in effect. During the interviews of residents they stated they are allowed to call their attorney anytime, and it does not count as their telephone call for the week based on the youth handbook. No files reviewed reflected attorney calls but identified that youth had reasonable access to parents or legal guardians. During the interviews the residents (100%) were consistent with the day of their assigned telephone call days and visitation. The Harmony Center met the requirements of Standard 115.353.</p> <p data-bbox="242 600 766 627">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 656 1468 779" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy (Resident Access to outside Support Services and Legal Representation) • Observations of the Auditor made during the facility tour • Memorandum of Understanding with Sexual Trauma Awareness and response (STAR) • Tested residents' access to outside support services • Interviews with residents • Interviews with staff • Interviews with the PREA Coordinator • Interviews with the PREA Compliance Manager

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 465">Policy on Third –Party Reporting, addresses Standard 115.354. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency website. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident on their website. The website provides contact information as well as whom the third-party reporter will speak to. Random and specialized staff interviewed confirmed that the Harmony Center accepts third party reports. Further, random and specialized staff also confirmed that they would notify a supervisor and document the report. The Harmony Center met the requirements of Standard 115.354.</p> <p data-bbox="242 555 767 582">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 611 1481 674" style="list-style-type: none"> • Pre-Audit Questionnaire • Interviews with staff • Interviews with residents • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1497 936">Policy 115.361, Staff and agency reporting duties, mandates that all Indiana Department of Corrections employees are required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff (random and specialized) (100%) confirmed that they understand their responsibilities regarding Standard 115.361. The PREA Coordinator confirmed in an interview that the state of Louisiana Office of Juvenile Justice also requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse retaliation. Staff (random and specialized) interviews confirmed that 100% of staff understood that the Harmony Center requires all staff to comply with any applicable mandatory child abuse reporting laws to include medical and mental health providers. All medical and mental health providers were aware of the mandate to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. The Executive Director confirmed during her interview that she understood his responsibility upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate office. The PREA Social Worker interviewed indicated a duty upon receiving any allegation of sexual abuse, to 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 or to the alleged victim's caseworker instead of the parents or legal guardians, if a juvenile court retains jurisdiction over the alleged victim, the PREA report of the allegation is conveyed to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Interviews with staff (random and specialized) supported compliance with Standard 115.361. The Harmony Center met the requirements of Standard 115.361.</p> <p data-bbox="240 965 766 994">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1023 1473 1151" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.361 (Staff and agency reporting duties) • Interviews with staff (random and specialized) • Interviews with residents • Interview with the PREA Coordinator • Interview with the Executive Director • Interview with the PREA Compliance Manager • Accident/ Incident Report • Policy on the Internal Investigation of Incidents and Allegations Abuse/Neglect

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 465">Policy 115.362 Agency protection duties requires staff to take immediate action to protect a resident when he/she is identified as being subject to substantial risk of imminent sexual abuse. Staff detailed their understanding or their responsibility when they learn that a resident is subject to a substantial risk of imminent sexual abuse. All staff (random and specialized) indicated that they would take immediate action to safeguard the victim from harm. The same staff (random and specialized) affirmed they would follow the Harmony Center guidelines set forth in Policy 115.362. The Harmony Center met the requirements of Standard 115.362.</p> <p data-bbox="240 499 767 526">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 555 1422 616" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.362 (Agency protection duties) • Interviews with staff (random and specialized) • Interview with PREA Compliance Managers • Interview with the Executive Director

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1477 600">Policy 115.363 Reporting to other confinement facilities supports compliance with this standard. The policy requires: when a Program Manager or designee receives an allegation that an offender was sexually abused at another facility, the Program Manager or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information. The Executive Director that receives such notification shall ensure that the allegation is investigated in accordance with this established policy and administrative procedure. During his interview the Executive Director explained in detail her responsibility upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, also to notify the appropriate investigative agency, document the incident and as the head of the facility to ensure that the allegation is investigated in accordance with all applicable PREA standards.</p> <p data-bbox="240 629 1449 689">During the past 12 months, there were zero (0) allegations received that a resident was abused while confined to another facility. The Harmony Center met the requirements of Standard 115.363.</p> <p data-bbox="240 779 767 804">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 835 1477 929" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.363 (Reporting to other confinement facilities) • Interview with the PREA Compliance Manager • Interview with Executive Director • Statement of Fact: Executive Director regarding zero allegations in the past 12 months that a resident was sexually abuse while confined at another facility • Interview with the PREA Coordinator

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 698">The Harmony Center Policy on staff first responder's duties and the OJJ PREA Coordinated Response to Sexual Abuse Incidents collectively address Standard 115.364. The practice and protocol requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Staff (random and specialized) (100%) interviewed confirmed a clear understanding of the actions to be taken upon learning that a resident was sexually abused such as a 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. Likewise, a non-security first responder interviewed during the onsite portion of the audit also confirmed awareness a requirement to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The harmony Center met the requirements of Standard 115.364.</p> <p data-bbox="242 730 766 757">Evidence relied upon to make auditor determination:</p> <ul data-bbox="242 788 1485 913" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.364 Policy on staff First Responder Duties • OJJ PREA Coordinated Response to Sexual Abuse Incidents • Sexual Abuse Incident Checklist • Policy LPJCF-05-04-01 (Operation Directive-Sexual Assault Prevention) • Statement of Fact: Executive Director regarding 1 allegation of sexual abuse in the past 12 months • Interviews with staff (random and specialized)

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 672">The procedures in the Harmony Center Policy 115.365 (Coordinated Response) outline the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The Executive Director indicated during her interview that at each facility are directed by policy to establish a Sexual Assault Response Team (SART) and develop a written facility plan in a Facility Directive to coordinate actions taken in response to an incident of sexual assault, among staff first responders, medical and mental health practitioners, investigators, and facility executive staff. A SART Team provides a coordinated, efficient, and supportive response to victims of sexual assault. The members of SART provide a full range of comprehensive services to sexual assault victims who have made the decision to report a sexual assault. Persons assigned to the facility's SART have received specialized training in providing comprehensive services to victims of sexual assault. The Coordinated Response Plan for the Harmony Center was reviewed and follows this standard. Interviews with the Executive Director and other PREA Committee Members revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse and in keeping with the facility's coordinated response plan. The Harmony Center met the requirements of Standard 115.365.</p> <p data-bbox="229 672 1509 716">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 716 1509 864" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.365 (Coordinated Response) • SART Responsibilities • Interviews with staff (random and specialized) • Interview with the Victim Advocate, (STAR) • Interview with the PREA Compliance Manager • Interview with Executive Director

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Harmony Center is not a collective bargaining agency; therefore, this standard is not applicable. The Harmony Center met the requirements of Standard 115.366.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Interview with the Executive Director

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 459">The Harmony Center has a policy that addresses the requirements of Standard 115.367. The agency has multiple protection measures to employ in its efforts to protect staff and residents. During his interview the Investigator indicated that the Harmony Center employs multiple protection measures, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="231 459 1508 840">The harmony Center has designated the PREA Investigators as the designated monitor for retaliation. The Auditor interviewed the Investigator/designated retaliation monitor and he indicated that monitoring would take place for a period of at least 90 days and longer, as needed and include periodic status checks. Furthermore, individual who cooperates with an investigation and express a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. Likewise, 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 the facility would 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, monitor disciplinary reports, act promptly to remedy any such retaliation occurring. Because retaliation comes in many forms the Investigator/Retaliation Monitor would also include, housing changes, program changes, negative performance rating and reassignments of staff. The Executive Director and the Investigator/Retaliation Monitor affirmed zero incidents of retaliation in the past 12 months. The harmony Center met the requirements of Standard 115.367.</p> <p data-bbox="231 840 1508 907">Evidence relied upon to make auditor determination:</p> <ul data-bbox="231 907 1508 987" style="list-style-type: none"> • Pre-Audit Questionnaire • Sample: PREA Retaliation Monitoring Form • Interview with the PREA Investigator/Retaliation Monitor • Interview with the Executive Director

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">Policy 115.342 The policy on Placement of Residents in Housing, Bed, Program, education and work Assignments, address the requirements of Standard 115.368 and 115.342. These policies support the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.342 and only as a last measure to keep an inmate who alleges sexual abuse safe and then only until an alternative means for keeping the inmate safe can be arranged.</p> <p data-bbox="229 456 1509 568">The Auditor confirmed through interview with the Program Manager and the PCM individually that the number of resident that alleged sexual abuse in the past 12 months, post allegation protective custody remained zero since the submission of the PAQ. The Harmony Center met Standard 115.368</p> <p data-bbox="229 568 1509 631">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 631 1509 752" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy115.342 (Policy on Placement of Residents in Housing, Bed, Program, education and work Assignments) • Interview with the Program Manager • Interview with the PREA Compliance Manager • Interview with the PREA Coordinator

115.371	<p>Criminal and administrative agency investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Harmony Center Policy (Criminal and Administrative Agency Investigations) collectively address the requirements of Standard 115.371. The Harmony center investigators conduct criminal, third party, administrative and anonymous investigations. The Auditor determined by examination that the Harmony Center administrative investigations were documented. All criminal investigations are forwarded to law enforcement when applicable. The Harmony Center uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. The investigator interviewed confirmed that in his role as an investigator he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. Furthermore, the same investigator confirmed that as an investigator for the Harmony Center he refrains from terminating an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the Harmony Center would conduct compelled interviews only in conjunction with local prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p>The Policy further requires staff members to cooperate with all investigations. There was one (1) unfounded resident-on-resident allegation of sexual abuse during this reporting period. The sexual abuse report contained a thorough description of the physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. The investigation was examined by the Auditor. Based on a review of the investigation the Auditor determined that the investigator assessed the credibility of the alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff and without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. The Auditor also determined that included in the administrative investigative report was an effort on behalf of the investigator to determine whether staff actions or failures to act contributed to the abuse. The Incident Review Committee reviewed the allegation for correction actions needed. The Harmony Center met the requirements of Standard 115.371.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.371 (Criminal and Administrative Agency Investigations) • Statement of Fact • Interview with investigators • Interview with the PREA Compliance Manager • Review of the investigation
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">Policy (Evidentiary Standard for Administrative Investigations) demonstrates compliance with Standard 115.372. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative and criminal investigations. During an interview with an investigator he confirmed the standard threshold for evidence when determining whether allegations are substantiated. The Harmony Center met the requirements of Standard 115.372.</p> <p data-bbox="229 456 1509 519">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 519 1509 598" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.372 (Evidentiary Standard for Administrative Investigations) • Interview with the PREA Compliance Manager • Interview with the investigators

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard requires that after an allegation of sexual abuse the resident shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. There was one (1) investigation into allegation of sexual abuse and harassment. The residents received the required notification as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The allegation involved resident-on-resident sexual abuse behavior. The alleged abusers were not prosecuted. The investigation determined that the allegations were unfounded. The Harmony Center met the requirements of Standard 115.373. Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Review of investigation files • Interview with the PREA Compliance Manager • PREA Offender Notification • Interview with the PREA Investigator

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 622">The Harmony Center policy on Disciplinary Sanctions for Staff outline the agency's disciplinary response related to violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include sanctions up to termination. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. The failure to participate in an investigation shall also be grounds for terminating employment. Individual interviews conducted with the Executive Director , PREA Compliance Managers and HR representative all confirmed that the Harmony Center staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination would be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The HR representative affirmed that 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, is reported to: Law enforcement agencies (unless the activity was clearly not criminal).</p> <p data-bbox="229 622 1509 810">Furthermore, the Executive Director indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would be proportionate 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. In the past 12 months, zero (0) staff was terminated for violating the facility's PREA policies. The Harmony Center met the requirements for Standard 115.376.</p> <p data-bbox="229 810 1509 869">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 869 1509 1043" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.376 (Disciplinary Sanctions for Staff) • Policy 115.22 (Sexual Abuse Prevention) • Review of investigation files • Interview with PREA Compliance Managers • Interview with the Executive Director • Interview with the Human Resource (HR) representative

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 365">Policy 115.377 Corrective actions for contractors and volunteers states that any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer is prohibited from having contact with residents. The Harmony Center met the requirements of Standard 115.377.</p> <p data-bbox="244 398 767 425">Evidence relied upon to make auditor determination:</p> <ul data-bbox="244 454 1461 517" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 117.377 (Corrective action for contractors and volunteers) • Interview with the Executive Director • Interview with the PREA Compliance Manager

115.378	<p>Interventions and disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 115.378 Intervention and disciplinary sanctions for residents states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that a resident engaged in resident-on-resident sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The Harmony Center would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>During the onsite portion of the audit the Auditor interviewed staff and residents and no resident was assigned to restricted rooms. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past twelve (12) months. The Harmony Center prohibits all sexual activity between residents and may discipline residents for such activity. The Harmony Center will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There was one (1) allegation of resident-on-resident sexual activity; it was determined to be unfounded. Residents were not disciplined.</p> <p>During his interview the Executive Director affirmed that disciplinary sanctions are 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, the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to her behavior.</p> <p>Specialized staff interviewed (social worker) affirmed during individual interviews that the Harmony Center offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexually abusive behavior and the facility offers the offending resident or residents with sexually abusive histories. The Harmony Center met the requirements of Standard 115.378.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.378 (Intervention and disciplinary sanctions for residents) • Student handbook • Interview with the PREA Compliance Managers • Interview with the Executive Director • Interview with an investigator • Facility Tour • Interview with staff (specialized) • Interview with residents
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 479">The Harmony Center, Medical and mental health screenings; history of sexual abuse policy , give direction to medical and mental health personnel on the mandatory requirements when treating offenders who are victims of sexual assault. In addition, the policy indicated that both inmates' types (abuser/victim) are offered medical and mental health evaluations. The Harmony Center also provides follow-up services, develop treatment plans, and make any necessary referral for continued level of care for residents of sexual assault consistent with the community level of care. This information was also confirmed by the medical staff and is found in the resident handbook.</p> <p data-bbox="229 479 1509 703">Residents that disclosed prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical staff interviewed during the audit confirmed that informed consent was required from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting. The staff(random and specialized) confirmed compliance with this policy. Mental health staff maintains secondary materials documenting compliance with Standard 115.381. The Harmony Center met the requirements of Standard 115.381.</p> <p data-bbox="229 703 1509 766">Evidence Reviewed:</p> <ul data-bbox="229 766 1509 943" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.381 Medical and mental health screenings; history of sexual abuse • Resident handbook • Auditor review of Behavioral Health and Intake documentation • Risk Assessment • Sample: Consent for Treatment Form • Interviews with medical and mental health staff • Interview with the PREA Compliance Manager

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1508 264">Auditor Discussion</p> <p data-bbox="229 264 1508 488">Policy 115.382 (Access to emergency medical and mental health services) requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment. The resident victim will be afforded a forensic examination at no cost to the victim. In the past 12 months, Harmony Center did not access emergency medical and mental health services due to a PREA related incident according to the PCM and Executive Director. The Harmony Center met the requirements of Standard 115.382.</p> <p data-bbox="229 488 1508 555">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 555 1508 663" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 02-01-115 (Sexual Assault Prevention) • Residential handbook • Interviews with Medical Staff • Interview with the PREA Compliance Manager • Interview with the Acting Warden • Review of scope of services with SANE service providers

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 725">Policy 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers addresses ongoing medical and mental health care for sexual abuse victims and abusers, and it directs facilities to provide victims with medical and mental health services consistent with the community level of care. It also provides for the appropriate tests to be provided to the resident victim. When interviewed the medical provider confirmed that resident victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate. The policy also requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of resident -on- resident abusers and offer treatment deemed appropriate by a mental health provider. Based on interviews with medical and social workers , Harmony Center offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse.. In addition, 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. The PCM confirmed that treatment services provided to the victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Harmony Center met the requirements of Standard 115.383.</p> <p data-bbox="229 725 1509 788">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 788 1509 954" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers • Residential handbook • Interview with medical staff • Interview with Social Worker • Interview with PREA Compliance Manager • Interview with Executive Director • Review of scope of services with SANE service providers

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 902">The Harmony Center conducts 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. The Sexual Assault Review Team (SART) includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. The facility follows Standard 115.386 and provided the Auditor with information regarding the incident review team and its role. The Incident Review Team form details the make-up of the sexual abuse review team and the elements to be considered in their assessments of incidents. An investigation (1) conducted in the last twelve (12) months documented an incident review upon completion of the investigation. The review team: Considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. By examination the Auditor determined that the review team: Considered whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. More, the review team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and made recommendations to the Executive Director. The recommendations were implemented by the facility. Inclusive in the investigative report was the review team's: assessment of the adequacy of staffing levels during the incident and the assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff. The SART team: prepared 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 submitted the report to the Executive Director , PREA Compliance Manager and the PREA Coordinator. Interviews with staff revealed that they understand the purpose of the incident review team and the process. The Harmony Center met the requirements of Standard 115.386.</p> <p data-bbox="240 931 767 958">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 987 1469 1081" style="list-style-type: none"> • Pre-Audit Questionnaire • 115.386 Sexual abuse incident reviews • Interviews with members of the Sexual Abuse Review Team • Interview with the PREA Compliance Manager • PREA Meetings Minutes • SART Team Protocols • SART Team responsibilities

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Harmony Center uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. The Harmony Center met the requirements of Standard 115.387.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the PREA Coordinator • Interview with Executive Director • 2019 Sexual Assault Prevention Program Annual Report • 2020 Sexual Assault Prevention Program Annual Report • 2021 Sexual Assault Prevention Program Annual Report

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 416">The PREA Coordinator is responsible for the review of the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives at the state level. The review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. The Harmony Center met the requirements of Standard 115.388.</p> <p data-bbox="229 416 1509 479">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 479 1509 598" style="list-style-type: none"> • Pre-Audit Questionnaire • SIR Data Report • 2019 Sexual Assault Prevention Program Annual Report • 2020 Sexual Assault Prevention Program Annual Report • 2021 Sexual Assault Prevention Program Annual Report • Interview with the Executive Director • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">The standard requires that data is collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed according to the PREA Coordinator. A review of documentation confirmed the practice. The Harmony Center met the requirements of Standard 115.389.</p> <p data-bbox="229 367 1509 430">Evidence relied upon to make auditor determination:</p> <ul data-bbox="229 430 1509 564" style="list-style-type: none"> • Pre-Audit Questionnaire • 2019 Sexual Assault Prevention Program Annual Report • 2020 Sexual Assault Prevention Program Annual Report • 2021 Sexual Assault Prevention Program Annual Report • Interview with the Acting Warden • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 591">During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. When residents were asking how long the poster has been posted during the resident interviews; they consistently reply, "it's been up". No resident gave any indication of the facility not meeting the required time frame. The Harmony Center were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to residents regarding the confidential nature of any correspondence and communication with the Auditor. The facility has provided residents with information about the PREA audit at least six weeks prior to the site visit and demonstrated based on their institutional and clinical files that PREA has been a continued practice. Furthermore, The Auditor examined the Harmony Center 2021 Sexual Assault Prevention Program Annual Report. The Harmony Center met the requirements of Standard 115.401.</p> <p data-bbox="229 591 1509 654">Evidence relied upon to make auditor determination: •</p> <p data-bbox="229 654 1509 728">The Harmony Center (LOJJ) website • Interview with staff and residents • Interview with the PREA Coordinator • Interview with the Executive Director • Interview with the PREA Compliance Manager</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Harmony Center was audited prior to the end of the first audit cycle, all final audit reports are properly, publicly posted on the agency website. The Harmony Center met the requirements of Standard 115.403.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • The harmony Center website • Louisiana (OJJ) PREA audits posted on the website • Interview with the Executive Director • Interview with the PREA Coordinator

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	no
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: 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 communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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 video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes