

PREA Facility Audit Report: Final

Name of Facility: John H. Sununu Youth Services Center

Facility Type: Juvenile

Date Interim Report Submitted: 10/25/2017

Date Final Report Submitted: 04/25/2018

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: William Benjamin	Date of Signature: 04/25/2018

AUDITOR INFORMATION	
Auditor name:	Benjamin, William
Address:	
Email:	wbenjami@aol.com
Telephone number:	
Start Date of On-Site Audit:	08/28/2017
End Date of On-Site Audit:	8/30/2017

FACILITY INFORMATION	
Facility name:	John H. Sununu Youth Services Center
Facility physical address:	1056 River Road, Manchester, New Hampshire - 03104
Facility Phone	(603) 625-5471
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	James Panzer	Title:	Program Specialist IV
Email Address:	James.Panzer@dhhs.nh.gov	Telephone Number:	(603) 444-3672

Warden/Superintendent			
Name:	Brady Serafin	Title:	Director of Operations
Email Address:	Brady.Serafin@dhhs.nh.gov	Telephone Number:	(603) 625-5471

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:	Donna Bourbeau	Title:	Manager of Nursing
Email Address:	Donna.Bourbeau@dhhs.nh.gov	Telephone Number:	(603) 625-5471

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	48
Age range of population:	11-17 Note: This is the age range at the time of a youth's admission to the facility.
Facility security level:	Secure
Resident custody level:	Detained and Committed
Number of staff currently employed at the facility who may have contact with residents:	157

AGENCY INFORMATION	
Name of agency:	New Hampshire Department of Health and Human Services
Governing authority or parent agency (if applicable):	
Physical Address:	129 Pleasant Street, Concord, New Hampshire - 03301
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	James Panzer	Email Address:	james.panzer@dhhs.nh.gov
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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 state of New Hampshire Department of Health and Human Services (DHHS) contracted on February 7, 2017 with William Benjamin, DOJ certified PREA Auditor from Benjamin Correctional Consulting, LLC to conduct a PREA compliance audit of the Division for Children, Youth, and Families' (DCYF) John H. Sununu Youth Service Center (SYSC) located in Manchester, NH. The SYSC audit notification was posted in all common and living areas on July 5, 2017.

After receiving and reviewing the pre-audit questionnaire and other facility documents on August 14, 2017, Mr. Benjamin, along with Richard Kinney, DOJ certified PREA auditor, conducted the onsite PREA compliance audit from August 28 - 30, 2017. An entrance interview was conducted on August 28, 2017 at SYSC with Facility Director Brady Serefin, Acting PREA Coordinator Jim Panzer, Charles Welch, and Eric Skillings.

The onsite PREA compliance audit included a complete and comprehensive facility tour lasting two and half (2 ½) hours. Formal interviews with the Facility Director, the PREA Coordinator, the Internal Investigators, Human Resource staff, Shift Supervisors, Medical and Mental Health staff, and twelve (12) other randomly selected SYSC facility staff following the facility tour.

Throughout the audit, informal interviews of both residents and staff were conducted to verify facility compliance with the PREA standards. A complete and thorough review of all supporting documents, DCYF agency and facility policies and procedures, residents' case files, and other related supporting documentation was conducted with the PREA Coordinator. Daily out briefs were conducted with the Facility Director and the PREA Coordinator.

A total of fourteen (14) residents were interviewed, with ages ranging from 13 to 17 years old. The Auditor randomly selected twelve (12) residents from various living units and status levels from a facility student list. At the time of the audit, there was two (2) residents that had made an allegation of sexual harassment within the past year and both of those residents were also interviewed.

All residents interviewed had extensive knowledge of their right to be free from sexual abuse and sexual harassment. All residents were aware of the state's abuse hotline and the facility's procedures for reporting abuse. All residents acknowledged they were screened upon admission and received basic PREA information training which includes the facility's "Zero Tolerance" policy on engaging in sexual abuse or sexual harassment. Within seven (7) days of admission, residents are provided more comprehensive PREA education which includes a video explaining their right to be free from sexual abuse and sexual harassment. All residents knew the multiple ways to report abuse and felt very confident that any report they made would be properly addressed by the facility's administration.

A formal exit interview was conducted August 30, 2017 with Facility Director Brady Serefin, Acting PREA Coordinator Jim Panzer, Charles Welch, Todd Crumb and Eric Skillings, providing a status update of the audit process and immediate areas of concerned.

Prior to the finalization of the interim report, the auditors initiated the evidence review phase of the PREA audit, this triangulation review entails a review and assessment of all the evidence collected during the pre-audit and onsite audit phases in order to determine compliance with each of the PREA standards. The evidence reviewed includes: the facility's policies and procedures; the auditor's observations of the

facility's routine practices; the auditors' notes from each interview with the facility staff and residents; and the information contained in the various facility based documentation (e.g., medical/mental health files, investigation files, training records, resident files). The assessment of this evidence was transcribed and compiled into the audit compliance checklist where the compliance and deficiencies were noted for each standard and the corrective action and recommendations were described. A corrective action planning was developed and executed by the facility. The facility corresponded with the auditor numerous times throughout the 180 day corrective action phase.

On April 18, 2018, the facility was reinspected by the Auditor and an entrance interview and exit interview were with conducted with Facility Director Brady Serefin, PREA Coordinator Jim Panzer, Charles Welch and Eric Skillings. All open corrective actions items and recommendations were reviewed, verified and deemed closed. The Auditor assessed all supporting documentation, interviewed the PREA Coordinator and PREA Compliance Manager, random staff and residents, and after assessing personal notes and observations, assessed final compliance and issued the final PREA audit report on April 25, 2018.

During the audit, facility staff displayed a high level of professionalism and working knowledge of the PREA requirements and their roles in the PREA process. All residents interviewed, both formal and informal, were found to be well aware of their rights granted by the PREA standards. Residents stated that they felt very safe at SYSC and they believed that staff cared about their well-being and safety and would thoroughly investigate any and all alleged sexual abuses.

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.

The John H. Sununu Youth Service Center opened in 2006 as a secure juvenile facility holding both male and female juveniles ranging in age from 11 to 17 years old. The facility has a total capacity of 144 beds (120 single rooms and 12 double rooms) arranged in four (4) segregated residential wings with three (3) living units per wing. The main core building contains administrative offices, educational staff offices, classrooms, vocational shops, main control room, food service/dining room, admission area, medical services, clinical area, chapel, gym, weight room, and an indoor pool. The outdoor exercise areas are located between each of the living wings that surround a large secure outdoor courtyard.

When a resident is committed to SYSC, a systematic process is used to classify and assign youths to a secure residential unit where they participate in a prescribed behavioral program. The program encompasses academia, cottage life, and group sessions. Progress in all three spheres is measured using a rating system with progress regularly communicated to the resident. Program completion and ultimate eligibility for release and parole from SYSC is determined by the resident's progress in addressing identified problem areas and program goals based on the Youth Program Team's assessment. The Youth Program Team is comprised of a unit clinical coordinator, resident house leader, youth counselor, education representative, juvenile Probation and Parole Officer, parent or guardian, and the resident. The average length of stay, prior to initial release from SYSC, is 7 months (committed) and 16 days (detained). The average daily population, based upon calendar year 2017, is about 65 residents. Current total staff employed at the time of the audit was 157.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

On August 28-30, 2017, a three-day PREA Compliance Audit was completed at the Division for Children, Youth, and Families' John H. Sununu Youth Service Center (SYSC) located in Manchester, NH. The deficiencies were identified and observed by the Auditors and an intern report was issued on October 25, 2017. The facility entered into the 180 day corrective action phase and a corrective action plan was developed by the facility in conjunction with the Auditor. The facility was re-inspected on April 18, 2018 and the corrective actions were verified by the Auditor prior to the issuance of this final report.

The following is a summary of the correction actions taken by the facility with regards to the required actions and recommendations:

Corrective Action #1: The Auditors noted that the Agency did not employ an actual PREA Compliance Coordinator. The PREA Coordinator's responsibilities were being covered by various staff, some who do not have sufficient time nor authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Required Action: The Auditors required the Division for Children, Youth, and Families to establish and fill the position of PREA Compliance Coordinator. Status: On October 30, 2017, the Agency established and filled the position of DCYF PREA Coordinator. In addition, the agency established and filled the position of SYSC PREA Compliance Manager within the facility. Both the PREA Coordinator and PREA Compliance Manager were interviewed by the Auditor and found to be acceptable and established within their roles. This item is deemed closed. [115.311]

Corrective Action #2: The Auditors noted that the school classroom windows were covered with various papers which were obstructing the security staff's supervision into classrooms. Required Action: The Auditors required the facility to remove the obstructions on the classroom windows. It is noted that the facility did take immediate action and removed the papers and instructed the teachers not to cover the windows in the future. Status: This item was reviewed and verified by the Auditors while onsite, prior to the end of the site visit and verified by the Auditor again during the April 18, 2018 follow-up site visit. This item is deemed closed. [115.313]

Corrective Action #3: The Auditors noted a blind spot in the rear corner of the residents' weight room. The area has no artificial or natural light and is on a sub-level leading to the exit door. Required Action: The Auditors required the facility to add light to this corner and investigate adding a secondary door to block off that area. Status: A secondary door could not be added because the doorway is an emergency exit but the facility did add a new light to the corner of the weight room, providing adequate illumination. This action was reviewed and verified by the Auditor and found to be acceptable. During the April 18, 2018 follow-up site visit, the Auditor suggested that the facility could further enhance the supervision of

the corner by adding a security mirror to the back wall. The facility indicated that it would add such a mirror. This item is deemed closed. [115.313]

Corrective Action #4: The Auditors noted the Shift Supervisors' unannounced rounds documentation was not being consistently recorded in the Shift Supervisor's logs. Required Action: The Auditors required the facility to develop a better system of recording the required rounds. Status: On March 9, 2018, the facility modified its computer log system (Courtsteam) to include the recording of the unannounced rounds, as well as other PREA related information. The Auditor reviewed the corrective action and noted that the unannounced rounds are being consistently documented in the Courtsteam computerized log system. This item is deemed closed. [115.313]

Corrective Action #5: The Auditors noted current policy and practice for access to and use of the housing unit's bathroom allows accidental privacy exposure issues. Currently, residents access the single bathrooms by permission. They are required to "knock" on the unlocked door and if no reply is heard, they can open the door. During the interviews, residents reported that other residents have opened the bathroom doors on them while they were using it because they did not hear the "knock" and reply. Procedurally, staff do a quick head count of the unit, allow the resident to "cross to the bathroom", staff or residents knock on the bathroom door, and then open it. Practically, with two staff on the unit and residents moving around the unit, intentionally or by accident, bathroom doors appear to have been opened on other residents while they were using the bathroom. Required Action: The Auditors required the facility to develop a better system for positive control of the residents' living unit bathroom doors by staff. The facility developed and implemented a new procedure for staff to have positive control over the residents' bathroom room doors. Status: The Auditor reviewed the corrective action and noted that the staff are appropriately controlling access to the bathroom doors on the housing units. This new procedure was supported by random interviews of staff and residents. This item is deemed closed. [115.315]

Corrective Action #6: The Auditors noted, based upon observation and staff and resident interviews, that the facility staff were not consistently announcing "Male/Female staff on housing unit" when first entering such units. Required Action: The Auditors required the facility to consistently provide residents with such verbal notice when the gender dynamic changes on the housing unit. Status: The facility reinforced this requirement and standardized this practice in all living units. The Auditor reviewed the corrective action and noted that the staff consistently announce gender when entering housing units. This new procedure was supported by random interviews of staff and residents. This item is deemed closed. [115.315]

Corrective Action #7: The Auditors noted that the Resident (Ombudsman) Grievance Collection Boxes are not being checked daily by the Ombudsman. This would negatively affect a resident's ability to receive a response to their emergency grievance about an allegation of sexual abuse. Required Action: The Auditors required the facility to develop a system that would allow the Resident Grievance Collection Box to be checked daily or alternatively, a notice must be provided to the residents indicating the Resident Grievance Collection Box pickup schedule and warning that emergency grievances about allegations of sexual abuse must not be reported via this system. Status: The facility, in conjunction with its ombudsman, posted notification on its grievance boxes that the boxes are not checked daily, the days and time ranges of the pickup schedule, and a reminder that residents should hand emergency grievances to staff. The Auditor reviewed the corrective action and noted the notification and pickup schedule on the grievance boxes. This new practice was supported by random interviews of staff and residents. This item is deemed closed. [115.352]

Corrective Action #8: The Auditors noted that the facility was not using the required language "substantiated, unsubstantiated or unfounded" when documenting the final determination of an allegation of sexual abuse or misconduct. The facility was using "founded" in place of "substantiated" which is a term not defined by the PREA standards. Required Action: The Auditors required the facility to modify its policy and practice to discontinue use of the term "founded" when they meant "substantiated". Status:

The facility modified its policies and procedures and all other PREA related forms to eliminate the term “founded” from its final determination. The Auditor reviewed the corrective action and noted that the facility has removed the term “founded” from its final determination and resident notification forms. These new forms were observed by the Auditor in the investigative and resident files. This item is deemed closed. [115.373]

The following is a summary of the correction actions taken by the facility with regards to other recommendations made by the Auditors:

Recommendation #1: The facility should further develop its staff training with regards to pat searches of transgender residents. Status: The facility adopted standardized transgender search procedures training from National Institute of Corrections (NIC) and trained all staff in the new procedures. The Auditor verified the new training lesson plans and the staff training records. This item is deemed closed. [115.315]

Recommendation #2: The facility should post its resident bathroom/shower policy for the Gym Lockup Room. The policy states no use of the shower and bathroom use is limited to only one resident at a time. However, this policy is not clear to all staff. Status: The facility installed new signage on the gym locker room door, stating the showers are not to be used by anyone and that only one resident at a time can use the bathroom. The Auditor verified the new signage on the locker rooms’ doors. This item is deemed closed. [115.315]

Recommendation #3: The facility should label all of the “resident-only” bathrooms in the common areas as “resident-only”. Status: The facility installed revised signage on all resident-only bathroom doors. The Auditor verified the revised signage on the common area resident bathroom doors. This item is deemed closed. [115.315]

Recommendation #4: The facility should improve the staff training. Security staff struggled to define the difference between “Sexual Harassment” and “Sexual Abuse” during the random interviews. The current training program is a self-pace/self-taught computer based program with a knowledge test at the end. The Auditors recommend that the current training program be reviewed and updated using the newer NIC PREA training programs. Status: The facility developed a supplemental PREA training program for all staff which included PREA related definitions based upon the NIC PREA training programs. All staff reportedly completed this training program. The Auditor verified the new supplement training via training records and random PREA questions to staff. This item is deemed closed. [115.331]

Recommendation #5: The facility should modify its written staff refresher training policy and procedure to align with the practice of annual intervals and not the stated policy of every two years. Status: The facility revised its training policy and procedure (SOP) splitting it into more manageable size policies and to align with its current practices. New draft SOP’s were reviewed by the Auditor and were found to be acceptable. This item is deemed closed. [115.331]

Recommendation #6: The facility should improve and reduce the number of PREA posters. There are too many types of posters which could be confusing to residents and therefore not be as effective. The Auditors recommend that a standard comprehensive poster be developed and deployed throughout the facility. Status: The facility developed a revised standardized PREA education poster that the Auditor reviewed, providing comments on initial draft versions. During the April 18, 2018 follow-up site visit, the Auditor reviewed the final revised PREA education poster and found it acceptable. The Auditor also verified that the poster was displayed throughout the facility and the majority of the other posters had been removed. This item is deemed closed. [115.333]

Recommendation #7: The facility should standardize the location and labeling of the Resident (Ombudsman) Grievance Collection Boxes. The Auditors noted that the collection boxes were not labeled and in various different locations in the housing units. Status: The Auditor noted the grievance boxes were clearly labeled and their location was standardized in all housing units. This item is deemed closed.

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
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Sununu Youth Services Center (SYSC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The facility does not employ a PREA Compliance Coordinator. The agency had a PREA Compliance Coordinator who left the agency. The PREA Coordinator's responsibilities are being covered by various staff, some who do not have sufficient time nor authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>Corrective Action #1: The Auditors noted that the Agency did not employ an actual PREA Compliance Coordinator. The PREA Coordinator's responsibilities were being covered by various staff, some who do not have sufficient time nor authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Required Action: The Auditors required the Division for Children, Youth, and Families to establish and fill the position of PREA Compliance Coordinator. Status: On October 30, 2017, the Agency established and filled the position of DCYF PREA Coordinator. In addition, the agency established and filled the position of SYSC PREA Compliance Manager within the facility. Both the PREA Coordinator and PREA Compliance Manager were interviewed by the Auditor and found to be acceptable and established within their roles. The agency is exceeding the standard by have a PREA Coordinator and a PREA Compliance Manager for a single facility juvenile agency.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A, SYSC does not contract with private agencies or other entities for the confinement of residents

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC staffing plan was reviewed and the facility has not deviated from its staffing plan during this audit period. The facility has a staffing plan, which appears to be adequate during waking hours and sleeping hours. SYSC conducts an Annual Staffing Plan Review as supported by meeting minutes. Supervisory staff conduct unannounced rounds on all shifts. Interviews of shift supervisors and management confirmed this practice, however, the auditors noted the supervisor unannounced rounds documentation was not being consistently recorded in the shift supervisors logs.</p> <p>Corrective Action #2: The Auditors noted that the school classroom windows were covered with various papers which were obstructing the security staff's supervision into classrooms. Required Action: The Auditors required the facility to remove the obstructions on the classroom windows. It is noted that the facility did take immediate action and removed the papers and instructed the teachers not to cover the windows in the future. Status: This item was reviewed and verified by the Auditors while onsite, prior to the end of the site visit and verified by the Auditor again during the April 18, 2018 follow-up site visit. This item is deemed closed.</p> <p>Corrective Action #3: The Auditors noted a blind spot in the rear corner of the residents' weight room. The area has no artificial or natural light and is on a sub-level leading to the exit door. Required Action: The Auditors required the facility to add light to this corner and investigate adding a secondary door to block off that area. Status: A secondary door could not be added because the doorway is an emergency exit but the facility did add a new light to the corner of the weight room, providing adequate illumination. This action was reviewed and verified by the Auditor and found to be acceptable. During the April 18, 2018 follow-up site visit, the Auditor suggested that the facility could further enhance the supervision of the corner by adding a security mirror to the back wall. The facility indicated that it would add such a mirror. This item is deemed closed.</p> <p>Corrective Action #4: The Auditors noted the Shift Supervisors' unannounced rounds documentation was not being consistently recorded in the Shift Supervisor's logs. Required Action: The Auditors required the facility to develop a better system of recording the required rounds. Status: On March 9, 2018, the facility modified its computer log system (Courtsteam) to include the recording of the unannounced rounds, as well as other PREA related information. The Auditor reviewed the corrective action and noted that the unannounced rounds are being consistently documented in the Courtsteam computerized log system. This item is deemed closed.</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As verified by interviews with staff and residents and the Auditor's observations, SYSC's policy and practice is to always refrain from conducting cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Residents shower, perform bodily functions, and change clothing without being viewed by staff. Policies also prohibit staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Facility training records verified that all staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>Corrective Action #5: The Auditors noted current policy and practice for access to and use of the housing unit's bathroom allows accidental privacy exposure issues. Currently, residents access the single bathrooms by permission. They are required to "knock" on the unlocked dock and if no reply is heard, they can open the door. During the interviews, residents reported that other residents have opened the bathroom doors on them while they were using it because they did not hear the "knock" and reply. Procedurally, staff do a quick head count of the unit, allow the resident to "cross to the bathroom", staff or residents knock on the bathroom door, and then open it. Practically, with two staff on the unit and residents moving around the unit, intentionally or by accident, bathroom doors appear to have been opened on other residents while they were using the bathroom. Required Action: The Auditors required the facility to develop a better system for positive control of the residents' living unit bathroom doors by staff. The facility developed and implemented a new procedure for staff to have positive control over the residents' bathroom room doors. Status: The Auditor reviewed the corrective action and noted that the staff are appropriately controlling access to the bathroom doors on the housing units. This new procedure was supported by random interviews of staff and residents. This item is deemed closed.</p> <p>Corrective Action #6: The Auditors noted, based upon observation and staff and resident interviews, that the facility staff were not consistently announcing "Male/Female staff on housing unit" when first entering such units. Required Action: The Auditors required the facility to consistently provide residents with such verbal notice when the gender dynamic changes on the housing unit. Status: The facility reinforced this requirement and standardized this practice in all living units. The Auditor reviewed the corrective action and noted that the staff consistently announce gender when entering housing units. This new procedure was supported by random interviews of staff and residents. This item is deemed closed.</p> <p>The following is a summary of the correction actions taken by the facility with regards to other recommendations made by the Auditors:</p> <p>Recommendation #1: The facility should further develop its staff training with regards to pat searches of transgender residents. Status: The facility adopted standardized transgender search procedures training from National Institute of Corrections (NIC) and trained all staff in the new procedures. The Auditor verified the new training lesson plans and the staff training</p>

records. This item is deemed closed.

Recommendation #2: The facility should post its resident bathroom/shower policy for the Gym Lockup Room. The policy states no use of the shower and bathroom use is limited to only one resident at a time. However, this policy is not clear to all staff. Status: The facility installed new signage on the gym locker room door, stating the showers are not to be used by anyone and that only one resident at a time can use the bathroom. The Auditor verified the new signage on the locker rooms' doors. This item is deemed closed.

Recommendation #3: The facility should label all of the "resident-only" bathrooms in the common areas as "resident-only". Status: The facility installed revised signage on all resident-only bathroom doors. The Auditor verified the revised signage on the common area resident bathroom doors. This item is deemed closed.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SYSC meets all requirements of this standard. The Facility has established policies and procedures to provide disabled residents 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. SYSC 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 of residents who are limited English proficient. Non-English PREA posters and other signage were noted throughout the facility during the tour. SYSC provides non-English and limited proficient/disabled residents access to interpreters through Language Bank.

115.317	Hiring and promotion decisions
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1468 828">SYSC meets all of the requirement of this standard. The facility considers any incident of sexual harassment or sexual abuse prior to hiring or promoting any staff or enlisting the services of any contractor. SYSC performs criminal background record checks and consults applicable child abuse registries before enlisting the services of all staff and any contractor who may have contact with residents. SYSC imposes upon all employees a continuing affirmative duty to disclose any allegations of sexual misconduct or abuse. Any material omissions regarding misconduct or the provision of materially false information by an employee or contractor, is grounds for termination. SYSC provides 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. Compliance with this standard was verified though interviews with the HR staff and the Acting Director.</p>

115.318	Upgrades to facilities and technologies
	<p data-bbox="252 1032 901 1066">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1111 526 1144">Auditor Discussion</p> <p data-bbox="252 1189 1452 1391">New Hampshire Division for Children, Youth and Families has operated SYSC since it was built (prior to 2012) and has not made any substantial expansion to the existing facility. It did recently update its video monitoring system by adding additional cameras in the Crisis Stabilization Unit. This was done to enhance the facility's ability to protect residents from sexual abuse.</p> <p data-bbox="252 1402 1452 1559">New Hampshire Division for Children, Youth and Families policy is that when designing or acquiring any new program or planning any substantial expansion or modification of existing facilities, it will consider and document the effect of the design, acquisition, expansion, or modification upon the organization's ability to protect residents from sexual abuse.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC conducts administrative investigations for alleged sexual abuse and misconduct. The New Hampshire State Police, the Manchester Police Department, and/or the New Hampshire Attorney General's Office conducts the criminal investigations for both. All resident victims of sexual abuse have access to forensic medical examinations offsite at no cost. Sexual Assault Nurse Examiners (SANE) personnel services are available from Elliot Hospital which follows evidence protocols for forensic medical examinations. By policy, the SYSC Internal Investigator also notifies the victim advocate when an external investigator schedules an interview with the alleged victim. If requested by the victim, the victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and provides emotional support, crisis intervention, information, and referrals. Compliance with the Standard was supported by interviews with the Acting Director and medical staff.</p> <p>The SYSC has entered into a Memorandum of Understanding (MOU) with the Manchester YWCA Crisis Services to provide victim advocacy services and entered into a MOU with the NH State Police to conduct criminal investigations.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Completed investigative reports of allegations of sexual abuse and misconduct were verified by the Auditor. Such files are maintained by the PREA Compliance Coordinator's Office. SYSC has a policy in place that describes the responsibilities of internal SYSC administrative investigations to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal investigations are conducted by the New Hampshire State Police, Manchester Police Department, and/or the New Hampshire Attorney General's Office. SYSC has a policy in place that governs the conduct of administrative investigations of sexual abuse or sexual harassment in the SYSC by the SYSC Internal Investigator. This policy also provides guidance for the conduct of criminal investigations of sexual abuse or sexual harassment. Investigative policies and the referral form for 3rd party reporting were verified as existing on the facility's website.</p>

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>SYSC trains all employees on all PREA required training elements and maintains those training documents. The facility documents the training through employee-signed forms and digital versions indicating the employee understands the training received. SYSC provides all employees with refresher training at one year intervals to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures and noted trends and lessons learned from alleged incident reviews. Training effectiveness was minimally supported by staff interviews. The facility exceeds the minimum training requirements of this standard.</p> <p>Recommendation #4: The facility should improve the staff training. Security staff struggled to define the difference between "Sexual Harassment" and "Sexual Abuse" during the random interviews. The current training program is a self-pace/self-taught computer based program with a knowledge test at the end. The Auditors recommend that the current training program be reviewed and updated using the newer NIC PREA training programs. Status: The facility developed a supplemental PREA training program for all staff which included PREA related definitions based upon the NIC PREA training programs. All staff reportedly completed this training program. The Auditor verified the new supplement training via training records and random PREA questions to staff. This item is deemed closed.</p> <p>Recommendation #5: The facility should modify its written staff refresher training policy and procedure to align with the practice of annual intervals and not the stated policy of every two years. Status: The facility revised its training policy and procedure (SOP) splitting it into more manageable size policies and to align with its current practices. New draft SOP's were reviewed by the Auditor and were found to be acceptable. This item is deemed closed.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All volunteers and contractors who work at SYSC have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response and have been notified of the agency's zero-tolerance policy. SYSC maintains documentation confirming that the volunteers and contractors understand the training they have received. The Auditor reviewed and verified all facility training records for their volunteers and contractors.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All PREA required information is provided to residents upon intake and all residents sign a PREA training record. Within 10 calendar days of admission, the SYSC Treatment Coordinator provides a comprehensive age-appropriate training to all residents, either in person or through a video presentation, regarding their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. SYSC provides this training in formats accessible to all youth, including those who are limited English proficient, deaf, visually-impaired, limited reading skills, or otherwise disabled. The facility has access to a Language Bank. PREA education and reporting posters are placed throughout the facility. The Student (Resident) handbook is very comprehensive and is issued to all residents upon intake. Compliance with this standard was verified by the Auditor and confirmed by resident interviews.</p> <p>Recommendation #6: The facility should improve and reduce the number of PREA posters. There are too many types of posters which could be confusing to residents and therefore not be as effective. The Auditors recommend that a standard comprehensive poster be developed and deployed throughout the facility. Status: The facility developed a revised standardized PREA education poster that the Auditor reviewed, providing comments on initial draft versions. During the April 18, 2018 follow-up site visit, the Auditor reviewed the final revised PREA education poster and found it acceptable. The Auditor also verified that the poster was displayed throughout the facility and the majority of the other posters had been removed. This item is deemed closed.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC conducts sexual abuse and misconduct administrative investigations only. Specialized administrative investigation training is provided to investigators. The Auditor reviewed all training records and verified the investigators completed the required specialized training for conducting sexual abuse administrative investigations. The training records were confirmed to be properly maintained. The PREA Investigation Training Program is used which includes all required PREA elements. The Auditor recommended that the facility consider using the NIC PREA Investigator's Training.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All full-time and part-time medical and mental health care practitioners who work regularly at the SYSC are trained in: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to youth victims of sexual abuse and sexual harassment and; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Auditor reviewed SYSC's training records for their medical and mental health practitioners and verified that they all had completed the required PREA training referenced in this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All PREA screening assessments are conducted using an objective screening instrument, the PREA Vulnerability Assessment Instrument. Within 72 hours of a resident's arrival at the SYSC, and every six months throughout a resident's commitment, the SYSC obtains and uses information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon the residents. The form includes the resident's sexual ID and preference. For the initial screening, staff gathers the information through: conversations with the resident during the intake process, the Nursing Health Assessment, and Clinical Assessments; during classification assessments; and by reviewing court records, case files, SYSC behavioral records, and other relevant documentation from the resident's files. SYSC also updates the resident's information periodically throughout resident's stay. SYSC has implemented appropriate controls on the dissemination of all sensitive information ascertained at intake. Resident files are secured and controlled at all times. Compliance with this standard was verified by Auditor's observations and interviews of residents and staff.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC uses information from the Vulnerability Assessment Instrument to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Lesbian, gay, bisexual, transgender, or intersex youth are not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the SYSC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. SYSC makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. SYSC's policy states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignment. All residents shower separately from other residents. SYSC does not isolate residents. Only as a last resort, when less restrictive measures are inadequate to keep them and other residents safe, would SYSC use isolation. By policy, the need for isolation would be reviewed every 30 days. The Auditor verified compliance with this standard by interviews with the facility staff and observations of the housing and shower areas.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation, and staff neglect including verbally, in writing, anonymously, ombudsman, and from third parties. Procedures supported by random staff and resident interviews and observation of reporting information posted throughout the facility. The Division of Children, Youth, and Families central intake hotline number (1-800-894-5533) was checked and verified by the Auditors.</p> <p>SYSC employees are required to accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously, and from third parties. SYSC employees are also required to promptly document any verbal reports. SYSC provides residents with access to tools (pens and paper) necessary to make written reports. SYSC provides a method for staff to privately report sexual abuse and sexual harassment of residents. Compliance with the elements of this standard was supported by random staff interviews, Auditor's observation, and resident interviews.</p>

115.352	Exhaustion of administrative remedies
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 1171">SYSC permits residents to submit a grievance regarding an allegation of sexual abuse via its Ombudsman Program. Information about how to utilize the grievance process is provided in the Student Handbook. Residents are permitted to submit a grievance regarding an allegation of sexual abuse without any type of time limit and without first requiring an informal process. SYSC policies and procedures allow a resident who alleges sexual abuse to submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Residents have unrestricted access to grievance forms and each living unit has direct access to a locked grievance mailbox. The Ombudsman has sole access to the grievance mailbox which is not checked daily. SYSC permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing grievances or may file grievances on behalf of residents. The facility has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. If determined necessary, the SYSC Director or designee shall take immediate corrective action to ensure the safety of the alleged youth in jeopardy. This determination and any corrective actions shall be documented and a final agency decision shall be made within 5 days. There were no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months. SYSC, by policy, may discipline a resident for filing a grievance related to alleged sexual abuse only where the grievance program demonstrates that the resident filed the grievance in bad faith.</p> <p data-bbox="252 1227 1485 1771">Corrective Action #7: The Auditors noted that the Resident (Ombudsman) Grievance Collection Boxes are not being checked daily by the Ombudsman. This would negatively affect a resident's ability to receive a response to their emergency grievance about an allegation of sexual abuse. Required Action: The Auditors required the facility to develop a system that would allow the Resident Grievance Collection Box to be checked daily or alternatively, a notice must be provided to the residents indicating the Resident Grievance Collection Box pickup schedule and warning that emergency grievances about allegations of sexual abuse must not be reported via this system. Status: The facility, in conjunction with its ombudsman, posted notification on its grievance boxes that the boxes are not checked daily, the days and time ranges of the pickup schedule, and a reminder that residents should hand emergency grievances to staff. The Auditor reviewed the corrective action and noted the notification and pickup schedule on the grievance boxes. This new practice was supported by random interviews of staff and residents. This item is deemed closed.</p> <p data-bbox="252 1827 1485 2029">Recommendation #7: The facility should standardize the location and labeling of the Resident (Ombudsman) Grievance Collection Boxes. The Auditors noted that the collection boxes were not labeled and in various different locations in the housing units. Status: The Auditor noted the grievance boxes were clearly labeled and their location was standardized in all housing units. This item is deemed closed.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC's policy states that residents have access to the YWCA for victim advocacy services and emotional support related to sexual abuse. SYSC provides residents with reasonable and confidential access to their attorneys or other legal representation and provides residents with reasonable access to parents or legal guardians. Compliance with this standard was supported by interviews with residents.</p> <p>The written materials and posters that are made available to residents provide contact information for these services. SYSC has a documented MOU with the YWCA to provide victim advocacy and emotional support related to sexual abuse. The YWCA was contacted by the Auditor and found to be acceptable.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes information publicly on the SYSC's website on how to report sexual abuse and sexual harassment on behalf of a resident. Forms (Form 2055 "Reporting Form for Sexual Abuse, Sexual Assault, and Sexual Harassment") are available at the front desk and are part of the parent orientation notice of understanding.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation and requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>SYSC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. SYSC policy requires all medical and mental health staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility to the SYSC Director. They also are required to inform residents of their duty to report and the limitations of confidentiality.</p> <p>SYSC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. When the facility receives any allegation of sexual abuse, the Director promptly reports the allegation to the alleged victim's parents or legal guardians. If the alleged victim is under the guardianship of the child welfare system, the Director reports the allegation to the alleged victim's caseworker instead of the parents or legal guardians. If the alleged victim is under the guardianship of DCYF Child Protective Services, the notification shall be made to the alleged victim's Child Protective Service Worker (CPSW) instead of the parents or legal guardians.</p> <p>Supported by interview of the Facility Director and a review of investigation reports.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC policy states that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident. There have been no such determinations in the past 12 months. This policy was confirmed by a review of SYSC's emergency response policy and an interview with the Facility Director.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC policy states that the Facility Director will report all allegations that a resident was sexually abused while confined at another facility to the Administrator of that other facility within seventy-two (72) hours and all correspondence will be documented. The Facility Director would immediately report the allegation to that facility via a telephone call and then follow-up with an email within 24 hours of the allegation first being reported to ensure it is being investigated. The facility has had no allegations in the past 12 months from any resident of alleged abuse while confined at another facility.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All SYSC staff are trained in first responder duties. This was verified through interviews with randomly selected staff and reviews of the training records. SYSC has a policy and checklist for first responders for allegations of sexual abuse. The policy requires that, upon learning of an alleged resident sexual abuse incident, first responders would separate the alleged victim from the abuser, preserve and protect the crime scene, and ensure the victim and the abuser don't destroy evidence. Compliance with this standard was supported by interviews of the Facility Director and staff first responders.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC has 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. The DCYF Juvenile PREA (Sexual Abuse) First Responder Checklist is very comprehensive.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SYSC's labor agreements permit the agency to remove alleged staff sexual abusers from contact with any residents pending an investigation or a determination of whether and to what extent discipline is warranted.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC has 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. SYSC employs multiple protection measures, including but not limited to, housing changes or transfers for resident abusers and victims, removal of alleged staff or youth abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations. These services include, but are not limited to, supervision with their immediate supervisor, the SYSC Ombudsman program, and the New Hampshire Employee Assistance Program. All staff are designated to monitor for incidents of retaliation under this section. All incidents must be reported to the Supervisor On-Duty. The Supervisor On-Duty must report to the SYSC Director or designee as soon as practicable. SYSC monitors 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 and takes appropriate measures to protect any other individual who cooperates with an investigation against retaliation. No incidents of retaliation occurred in the past 12 months.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC does not isolate residents, but their policy states that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. No resident who alleged to have suffered sexual abuse has been placed in isolation in the past 12 months.</p>

115.371	<p>Criminal and administrative agency investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SYSC conducts internal, administrative investigations into allegations of sexual abuse and sexual harassment. It does so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports. SYSC internal investigators have received specialized training in sexual abuse investigations involving juvenile victims. SYSC Internal Investigators and Law Enforcement Agencies investigating at the SYSC shall: gather and preserve direct and circumstantial evidence, including any available physical evidence and electronic monitoring data; interview alleged victims, suspected abusers, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected abuser When Investigators determine DNA evidence needs to be gathered and preserved from an alleged victim’s body, the Investigator shall coordinate with Medical staff and the Supervisor On-Duty to arrange for a Sexual Assault Evidence Collection examination by a certified Sexual Assault Nurse Examiner (SANE) at the Elliot Hospital; however, the resident must consent to any forensic examination. This policy was supported by interviews of investigative staff and reviews of the administrative investigative reports.</p> <p>SYSC retains 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. New Hampshire law does not require a shorter retention period for juvenile residents. This was supported by reviews of administrative investigative reports. SYSC ensures 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 and substantiated allegations of sexual misconduct or abuse that appear to be criminal are referred for prosecution. There were 1 substantiated allegations that appeared to be criminal investigations that were referred for prosecution in the last 12 months. Compliance with this standard was supported by interviews with the internal investigators and reviews of the administrative investigative reports.</p>
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115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SYSC does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance with this standard was supported by interviews with the internal investigators and reviews of the administrative investigative reports.</p>
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115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SYSC only conducts internal administrative investigations. Following an investigation into a resident’s allegation of sexual abuse at SYSC, the SYSC internal investigator, with support from the youth’s treatment team as applicable, shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, however they use the term Founded in place of substantiated, which is technically incorrect.</p> <p>When the facility does not conducts an investigation, the SYSC internal investigators request the relevant case information from the investigative agency to inform the resident, with support from the resident’s treatment team as applicable. There was one completed outside investigation in the past 12 months. Following a resident’s allegation that a staff member has committed sexual abuse against the resident, SYSC subsequently informs the resident of all relevant information related to the staff member’s status with support from the resident’s treatment team as applicable. SYSC documents all such notifications or attempted notifications described in this standard.</p> <p>Corrective Action #8: The Auditors noted that the facility was not using the required language “substantiated, unsubstantiated or unfounded” when documenting the final determination of an allegation of sexual abuse or misconduct. The facility was using “founded” in place of “substantiated” which is a term not defined by the PREA standards. Required Action: The Auditors required the facility to modify its policy and practice to discontinue use of the term “founded” when they meant “substantiated”. Status: The facility modified its policies and procedures and all other PREA related forms to eliminate the term “founded” from its final determination. The Auditor reviewed the corrective action and noted that the facility has removed the term “founded” from its final determination and resident notification forms. These new forms were observed by the Auditor in the investigative and resident files. This item is deemed closed.</p>
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115.376	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SYSC has not terminated staff in the past 12 months, but one staff resigned after an allegation of sexual abuse on a resident committed to the facility . This matter remains under investigation. SYSC disciplinary sanction policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed. By SYSC policy, the facility reports sexual abuse or sexual harassment violations to law enforcement unless clearly not criminal. This policy was confirmed by interview with the Facility Director.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>By policy, any SYSC contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents, be reported to law enforcement (unless the behavior was clearly not criminal), and be reported to all applicable licensing bodies. The SYSC Director, or designee, shall take appropriate remedial measures and must consider whether to prohibit further contact with residents in the case of any other violation of this policy by a contractor or volunteer. No incidents occurred in the past 12 months that required contractors or volunteers to be reported to relevant licensing bodies and/or law enforcement for engaging in sexual abuse or sexual misconduct with residents. This information was confirmed by interview with the Facility Director.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>By SYSC policy, 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, the resident may be subject to disciplinary sanctions but only pursuant to a formal disciplinary process. The 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. In the past 12 months, no residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. SYSC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred and prohibits all sexual activity between residents.</p> <p>Compliance with this standard was supported by interviews with the Facility Director and a review of residents' case files..</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC screens all residents for prior sexual victimization or perpetration and provides mental health services. All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 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. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to Medical, Clinical, and other staff as necessary to inform treatment plans, and security and management decisions, including housing, bed, work, education, and program assignments. Medical records are secured. Compliance with this standard was supported by interviews with the facility's medical staff and review of the residents' medical records.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC resident victims have access to emergency medical and mental health services. 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. When medical or mental health staff are not on duty and the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, first responders take preliminary steps to protect the victim and the appropriate medical or mental health staff are immediately notified. Treatment services are 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. Compliance with this standard was supported by random interviews of staff and medical staff.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC offers medical and mental health evaluations for residents who have been sexually abused. Ongoing medical and mental health care is available for sexual abuse victims and abusers. The facility provides such victims with medical and mental health services consistent with the community level of care. Resident victims of sexual abuse are offered tests for sexually transmitted infections and pregnancy tests as medically appropriate. Resident victims also receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The Medical Director will notify the parent/guardian of test results in accordance with state and local laws. The treatment services are 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. Compliance with this standard was supported by interviews of the Facility Director and medical staff.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PREA Case Review Team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews and submits a completed report within 30 days of the conclusion of the investigation and the facility implement the recommendations for improvement. Compliance with this standard was confirmed by interview with the Facility Director.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SYSC collects accurate, uniform data for every allegation of sexual abuse at programs under its direct control. All allegations of sexual abuse at the SYSC shall be documented in a CourtStream Incident Report and Form 2055 “REPORTING FORM FOR SEXUAL ABUSE, SEXUAL ASSAULT, AND SEXUAL HARASSMENT” according to the provisions of Policy 2055 “Sexual Abuse and Sexual Harassment”. “CourtStream” means the web-based automated information system used by Division for Children, Youth and Families (DCYF) staff to document and track information regarding youth committed or detained at the SYSC. The New Hampshire Department of Health and Human Services (DHHS) DCYF ensures all CourtStream Incident Reports alleging sexual abuse are aggregated at least annually. DCYF ensures the CourtStream Incident Report includes the data fields necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. In addition, DCYF ensures collection of other applicable data that is not included in the CourtStream Incident Report, for example data from the SYSC Ombudsman or DCYF Special Investigations, to meet applicable reporting requirements of PREA. DCYF maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DCYF provides all such data from the previous calendar year to the United States Department of Justice no later than June 30, upon request.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DCYF reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions.</p> <p>The Acting PREA Coordinator ensure data collected from the eligible residential providers is included in the annual report. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years, provide an assessment of the SYSC’s and other eligible residential provider’s progress in addressing sexual abuse, and shall include all aggregated sexual abuse data.</p> <p>The agency’s annual report is approved by the DCYF Director and made readily available to the public through the DCYF website. Specific information may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Compliance of this standard was confirmed by interviews with the Facility Director and review of the agency's annual PREA report.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The SYSC incident-based and aggregate PREA data that is collected is securely retained. The reports are approved by the DCYF Director and made readily available to the public through the DCYF website. The reports include a comparison of the current year’s data and corrective actions with those from prior years, provide an assessment of the SYSC’s and other eligible residential provider’s progress in addressing sexual abuse, and shall include all aggregated sexual abuse data and removes all personal identifiers before making aggregated sexual abuse data publicly available. PREA data collected is retained for at least 10 years after the date of its initial collection and destroyed according to standard DCYF practices. Compliance of this standard was confirmed by interviews with the Facility Director and review of the agency's annual PREA report.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>New Hampshire Division for Children, Youth, and Families currently only operates one Juvenile Facility, John H Sununu Youth Service Center (SYSC). It was last audited in August 2014.</p> <p>SYSC provided the Auditor with full access to all areas of the facility and provided copies of all requested documents and information. The Auditor noted the https://www.preaaudit.org/audit-questionnaire/questions?audit_standard_answer_id=9684 PREA audit notice was posted in all housing and common areas. The posting was confirmed by resident interviews and the Auditor's observations. The Auditor was permitted to conduct private interviews with residents and staff. No correspondence was received from any residents nor staff during the audit period.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SYSC has published its Final PREA Audit Report on its agency website within 90 days of issuance.

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?	no
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	no
	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?	no

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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

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)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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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.)	yes

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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	
	<p>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))</p>	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?	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?	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?	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?	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.)	no

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?	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?	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?	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?	no
	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?	no

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?	no

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?	no

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.)	yes

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.)	yes

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.)	yes

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.)	yes

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	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes