

# PREA Facility Audit Report: Final

**Name of Facility:** Four Oaks Residential Treatment Centers

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 12/30/2022

**Date Final Report Submitted:** 07/13/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jessica Durbin	<b>Date of Signature:</b> 07/13/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Durbin, Jessica
<b>Email:</b>	jdcorrectionsconsulting@gmail.com
<b>Start Date of On-Site Audit:</b>	10/24/2022
<b>End Date of On-Site Audit:</b>	10/28/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Four Oaks Residential Treatment Centers
<b>Facility physical address:</b>	5400 Kirkwood Boulevard Southwest, Cedar Rapids, Iowa - 52404
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Shayla
<b>Email Address:</b>	Brooks
<b>Telephone Number:</b>	319-241-0154

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Mary Beth O'Neill
<b>Email Address:</b>	moneill@fouroaks.org
<b>Telephone Number:</b>	319-364-0259

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

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Mary Ann Chase-Awoleye
<b>Email Address:</b>	mchaseawoleye@fouroaks.org
<b>Telephone Number:</b>	319-364-0259

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	85
<b>Current population of facility:</b>	82
<b>Average daily population for the past 12 months:</b>	80
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	DHS/JCS
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	140
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

### AGENCY INFORMATION

<b>Name of agency:</b>	Four Oaks Family and Children's Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5400 Kirkwood Boulevard Southwest, Cedar Rapids, Iowa - 52404
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

### Agency Chief Executive Officer Information:

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

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Shayla Brooks	<b>Email Address:</b>	sjbrooks@fouroaks.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

1

- 115.331 - Employee training

#### Number of standards met:

42

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-24
2. End date of the onsite portion of the audit:	2022-10-28

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor spoke with community-based organization that partners with the agency for purposes of advocacy. The auditor also spoke to the SANE/SAFE staff at the hospital the agency would use in the event an incident occurred. The auditor attempted to reach out to a governing agency but did not receive a response at the time of the report.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	85
15. Average daily population for the past 12 months:	80
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	81
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	81
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	6

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>159</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>24</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected random interviews from all housing units, ensuring to select residents with varying lengths of stay, different gender, races and age.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the audit, the agency had no residents with a physical disability. This was confirmed by agency staff during the interview selection process.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>24</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the audit, the agency had no residents who were blind. This was confirmed by agency staff during the interview selection process.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the audit, the agency had no residents who were deaf. This was confirmed by agency staff during the interview selection process.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the audit, the agency had no residents who were limited English proficient. This was confirmed by agency staff during the interview selection process.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>4</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The agency does not utilize segregated housing or isolation.</p>

<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	31
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	16

<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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



<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was provided access to all necessary areas of the facilities. Staff were accommodating and held informal conversations with the auditor and youth at all housing locations.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

No text provided.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

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

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	8	2	8	2
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	8	2	8	2

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	18	0	18	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	18	0	18	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	2	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	3	5	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	4	7	0	7
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

5

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</b>	1



## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

**a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

0

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Prevention Planning</i> was submitted to the auditor during the pre-audit phase. The PREA Policy states the agency has zero tolerance for sexual abuse or sexual harassment. The policy outlines the agency's approach to prevention, detection and response to incidents of sexual abuse or sexual harassment. Policy provides definitions of sexual abuse and sexual harassment and relevant prohibited behaviors. During the agency on-site tours, it was evident that resident safety is important to the staff. A supportive culture was seen throughout each housing unit and resident interviews confirmed that the residents feel safe within the agency.</p> <p>The agency employs a full-time PREA Coordinator that oversees all five locations. At each local site, there is a designated PREA Compliance Manager that reports to the PREA Coordinator for all PREA related matters. This responsibility is held by the Program Coordinator/Compliance Manager for each housing location. The PREA Coordinator confirmed in their interview that they have adequate time and proper authority to implement and oversee agency efforts to comply with the PREA Standards and keep residents free from sexual abuse or sexual harassment.</p>

	<p>Interviews with Program Coordinators/Compliance Manager confirmed their roles and responsibilities regarding PREA and their understanding that they report directly to the PREA Coordinator for PREA related matters. Each Program Coordinator/ Compliance Manager reported having sufficient time to complete PREA related duties.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Four Oaks agency does not contract with outside agencies for the confinement of residents. This was ascertained through Interviews with the Agency Head and PREA Coordinator.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Four Oaks PREA Policy: <i>Prevention Planning</i> states the agency will maintain staff ratios of a minimum of 1:8 during client waking hours and 1:16 during client sleeping hours. Policy also states Four Oaks has ratios that exceed the requirements. Due to their current state contract, the agency complies with staff ratios of 1:4 during waking hours and 1:16 during sleeping hours. The agency reported no staffing deviations during the pre-audit phase of the audit. During the on-site phase of the audit, the auditor reviewed staffing patterns and found them sufficient or exceeding the required ratios. Interviews with staff and Program Coordinators/Compliance Managers confirmed that they do not deviate from the staffing plan and will fill spots as needed to maintain staffing ratios.</p> <p>The auditor was provided a documented staffing plan during the pre-audit phase. The staffing plan dictates the staffing ratios but did not discuss the 11 required considerations listed in 115.313(a). Interviews with the PREA Coordinator and Compliance Manager reported that they do discuss staffing ratios and take into consideration the required criteria but lack documentation of such consideration. At the time of the audit, The agency did not have a practice in place to formally review the staffing plan on an annual basis. Interviews confirmed that the staffing plan is discussed but a formal review with approval from the agency head was not able to be provided.</p> <p>The PREA policy outlines that the agency will conduct and document unannounced rounds, performed by intermediate-level or higher-level supervisors. Program</p>

	<p>Coordinators/Compliance Managers and Shift Leads are responsible for conducting unannounced rounds. The PREA Coordinator coordinates unannounced rounds to be completed to ensure they cover all shifts on a routine basis and are conducted randomly. Interviews with Shift Leads and Program Coordinators/Compliance Managers confirm that unannounced rounds are completed and documented via email to the PREA Coordinator. During the on-site phase of the audit, the auditor was provided documentation in the form of an unannounced rounds log that was sufficient. The PREA policy prohibits staff from alerting other staff members that an unannounced round is occurring. This process was confirmed through interviews with staff and those responsible for completing rounds.</p> <p>During the corrective action period, the agency adapted their staffing plan to consider all criteria as outlines in 115.313(a) and provided to the auditor for review. The auditor found the updated staffing plan to be sufficient. The agency has adopted a formal review process for the staffing plan. The plan was signed by the PREA Coordinator and the Agency Head upon review. Four Oaks is found in compliance with Standard 115.313.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Prevention Planning</i> prohibits cross-gender strip or visual body cavity searches. The policy prohibits cross-gender pat down searches except in exigent circumstances. The agency does not complete strip or visual body cavity searches at any time. This was confirmed through interviews with the PREA Coordinator, staff and residents. The agency does not allow pat down searches on clients due to working with youth who have experienced high rates of trauma. Staff will ask residents to empty their pockets and shake out their clothing. Staff completing this process will be same sex or less in exigent circumstances. This process with confirmed through staff and resident interviews. Staff are not trained on how to conduct cross-gender searches as agency practice does not allow pat-down searches.</p> <p>The PREA policy states residents will shower, change and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia except exigent circumstances or when viewing is incidental to routine bedroom checks. During the on-site tour, the auditor noted that all housing units have single use bathrooms and showers. Agency procedures allow for one resident in the bathroom or shower at a time and require residents to change clothing in the designed bathroom areas to maintain privacy. Interviews with staff and residents confirmed this process. Residents reported they have to ask to use the restroom, shower or change so that staff are aware of their location and can ensure no one else is currently in there. Staff knock on each resident's door and announce</p>

	<p>themselves before opening doors. If they are to enter a room, they are required to have a second staff. Upon entering the housing locations staff will announce their presence so the residents know who is on the milieu. Throughout the comprehensive facility tours, it was apparent that resident privacy is respected and maintained.</p> <p>The PREA policy prohibits the search of transgender youth for the sole purpose of determining genital status. The PREA Coordinator and Medical staff confirmed this process does not take place. During the on-site phase of the audit, the auditor and support staff interviewed two transgender residents who also confirmed they were not searched at any time.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Prevention Planning</i> ensures that clients with disabilities and limited English language skills are aware of the zero-tolerance policy and that meaningful access to all aspects of efforts to prevent, detect and respond are provided in a manner they can understand, including providing professional interpreters. Policy states they will not rely on client interpreters except in limited circumstances where the delay of obtaining an interpreter could compromise client safety or first responder duties.</p> <p>During the pre-audit phase the auditor was provided a contract with Hands-Up Communication that provides interpretation services as needed for the agency. While on-site, interviews with Therapists who complete intake staff state the service is used mostly for family of the residents, so the resident does not have to interpret between the agency staff and family. If an interpreter was necessary for the resident, one would be obtained through these services. The agency does employ dual language staff as well. Signage and materials are available in Spanish and the PREA Coordinator confirmed that they would provide them in additional languages as needed. The agency had one resident who has hard of hearing within the 12 months prior to the audit- the agency provided material in a manner the resident could understand.</p> <p>During the on-site phase, interviews with staff and residents confirm that residents are not used for interpretation services. Interviews with staff confirm they have access to interpreters if needed. Residents walk through the Client Safety Guide with their therapist to eliminate issues with residents who may have cognitive or learning disabilities.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Prevention Planning</i>, prohibits hiring or promoting an individual 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, 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 or civilly or administratively adjudicated to have engaged in sexual activity. The PREA policy places the same prohibition for contractual staff. Four Oaks Background Checks and Fingerprint Policy further explains the requirements of Iowa criminal, child abuse, dependent adult abuse and sex offender registry checks required by their Iowa State Contract.</p> <p>Four Oaks PREA Policy required the agency to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during an investigation of sexual abuse. At the time of the audit, the agency had no occurrences in which they would have needed to reach out regarding a prior sexual abuse investigation. The agency conducts routine background checks minimally every five years. Four Oaks Employee Records Policy outlines this process. Interviews with Human Resource Staff confirm these processes.</p> <p>Four Oaks PREA Policy states the agency asks all applicants and employees who may have contact with residents directly about previous sexual misconduct. Interviews with Human Resources and the PREA Coordinator confirm this is asked during the interview process. The PREA Policy imposes upon agency employees their duty to disclose sexual misconduct throughout their employment.</p> <p>During the on-site phase of the audit, the auditor was provided with documentation of background checks. In the prior 12 months to the audit, the agency hired 159 individuals, all of whom received a background check. The auditor also received documentation on routine background checks completed. All were conducted within the required five-year timeframe.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Four Oaks has not had any modifications to the physical plant since their last audit

	cycle. The agency had not updated their video monitoring system since their last audit cycle.
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Responsive Planning</i> is supportive of a uniform evidence-based protocol. The agency did not provide a uniform evidence-based protocol during the pre-audit phase. During the onsite phase of the audit, a uniform evidence-based protocol was not available. Interviews with investigative staff support that a uniform evidence-based protocol is not currently utilized.</p> <p>The agency's PREA Policy requires all residents who experience sexual abuse to be provided access to a forensic medical examination at no financial cost to the youth. The agency's PREA Policy states that a SAFE or SANE shall be used for examinations, unless unavailable, in which a qualified medical practitioner will perform the examinations. In the past 12 months, the agency had one forensic medical exam completed. During the on-site phase, this auditor reviewed documentation which verified the agency provided a SANE exam. Additionally the auditor called and spoke with a representative from Unity Point Hospital that conducts SANE/SAFE exams for the agency. The representative stated that a SANE is available 24/7.</p> <p>Four Oak's PREA Policy states that advocacy services shall be provided to victims of sexual abuse. Policy further states the victim advocate may accompany the victim to the forensic medical exam and investigation interviews for emotional support. The agency has attempted to enter MOU's with multiple programs to provide advocacy services and just recently were successful in securing an MOU with Riverview Center, Crime Victim Center for all sites except their Mason City location. The agency entered an MOU with Crisis Intervention Services for their Mason City location. The auditor was provided copies of both MOU's during the on-site phase. Interviews during the on-site phase made it apparent that staff and residents were aware that there are phone numbers provided to them to call these agencies but need further clarification on what services are available.</p> <p>During corrective action period, the facility implemented the use of an uniform evidence-based protocol that meets the requirements in 115.3219(a) and is consistent with the "<i>National Protocol for Sexual Assault Medical Forensic Examinations- Adult/Adolescents Second Edition</i>". The auditor reviewed the protocol and finds it sufficient. The PREA Coordinator provided documentation on the use of the protocol and relevant training. The PREA Coordinator provided e-mail documentation that shows Four Oaks requests to all investigating agencies to utilize the uniform evidence-based protocol that Four Oaks has implemented. The PREA Coordinator and Program Managers provided training on resident education and</p>

	<p>advocacy services provided by Riverview and Crisis Intervention Service. Documentation of this training was provided to the auditor for review and found sufficient. Four Oaks meets Standard 115.321.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Responsive Planning</i> ensures the agency shall complete an administrative or criminal investigation on all allegations of sexual abuse and sexual harassment. At the time of the audit, the agency had 26 allegations of sexual abuse or sexual harassment within the prior 12 months. All allegations were administrative investigations and 2 were forwarded to law enforcement for criminal investigations. The auditor reviewed investigative files during the on-site phase and documentation of referrals to law enforcement were noted.</p> <p>The agency's PREA Policy ensures all allegations of sexual abuse and sexual harassment are referred for investigations to an agency with the legal authority to conduct criminal investigations. The agency has attempted to enter an MOU with local Sheriff departments and provided the auditor with e-mails exchanges with representatives from the Linn County and Buchanan County Sheriff's Department which state they would provide investigations and will not enter an MOU specifically for PREA related investigations. The PREA Policy does not explicitly state who is responsible for conducting criminal investigations.</p> <p>The agency updated their PREA Policy to include that administrative investigations are completed, and criminal investigations are forwarded to appropriate law enforcement. The policy provides the investigative process and who is responsible for completion. The auditor was provided the updated policy for review by the PREA Coordinator. The policy was found to be sufficient by the auditor. Four Oaks meets Standard 115.322.</p>

<b>115.331</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Training and Education</i>, describes the agency's PREA training plan. The policy states employees will receive training on all required provisions listed in standard 115.331(a). Policy states that training will be tailored to the needs of the residents of Four Oaks. The policy states training will be provided minimally every two years. Four Oaks uses the Relias online training platform to</p>



	<p>provide PREA training to all staff of the agency. The auditor reviewed the training curriculum and finds the training sufficient. Each staff has an online transcript that provides electronic verification that the training was completed. The auditor was provided with training logs during the on-site portion of the audit.</p> <p>Four Oaks provides the Relias PREA training as part of their annual training program which exceeds the requirement of every two years. Interviews with staff confirmed that training is provided annually and covers the appropriate content to be compliant with the standard. Staff were knowledgeable of their duties and responsibilities. Interviews with the Program Coordinators/Compliance Coordinators provided insight onto continual PREA information provided during staffings as needed. Documentation was provided to demonstrate this form of information sharing to share. Staff also receive annual training called "Client Safety" which includes PREA policy and procedure.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA policy: <i>Training and Education</i>, states that Four Oaks will ensure all volunteers and contractors who have contact with clients have been trained on their responsibilities in relation to PREA. Four Oaks provides the same training curriculum to contractual staff as employees. Due to COVID-19 restrictions the agency currently has limited volunteers with only one main contractual staff providing services. All current volunteers are community based and do not have access to the agency grounds. The auditor was provided documentation that the contractual staff received PREA training.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA policy: <i>Training and Education</i>, describe client education during the intake process and within 10 days of intake. During the initial process residents are to receive information on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 10 days of intake, the agency will provide comprehensive age-appropriate education to clients on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. Four Oaks shall provide client education in formats accessible to all</p>

	<p>clients and they maintain documentation of client participation in the educational sessions. The policy also states they will provide key information in readily available methods through posters and handbooks.</p> <p>During the pre-audit phase the auditor was provided policy to review that describes the resident education process. During the on-site phase of the audit, the auditor observed signage throughout the housing areas, therapy rooms, dining areas and recreation spaces that were supportive of a zero-tolerance culture. Additionally, the Client Safety Guide is available on each housing unit. The Client Safety Guide is provided to each resident during the intake process. The auditor observed the PREA portion of the intake process and observed the Client Safety Guide being explained directly to the resident. The resident signs an acknowledgement form after reviewing the guide. The auditor requested a sampling of resident files to see that the acknowledgment form was completed and stored in the file. All client's had the completed form within their file. Resident interviews confirmed that they receive this education during their admission process.</p> <p>The auditor was provided documentation of PREA related groups completed by agency staff as continued education during the on-site phase of the audit. Materials are available in different formats for residents with limited English proficiency, limited reading abilities or otherwise disabled. The PREA Coordinator confirmed that they are able to provide the information in various formats and shared with the auditor the Spanish version of the material as that would be the most commonly requested variation.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Training and Education</i>, states that the agency does not conduct administrative or criminal sexual abuse investigations. During the on-site phase of the audit, the auditor was informed the agency completes administrative investigations and has a total of six investigators which includes the PREA Coordinator and five Program Coordinator/Compliance Managers. The PREA Coordinator has done a great job with providing information to the investigators regarding agency processes, but no formal investigations training has been received by any of the agency investigators at the time of the audit.</p> <p>The agency incorporated into their PREA policy the requirement for specialized investigations training. The PREA Coordinator provided the updated policy to the auditor for review. The agency's PREA Coordinator attended the specialized investigations training provided by the PREA Resource Center. Upon completion of PRC training, the PREA Coordinator prepared specialized investigations training for</p>

	<p>the rest of the agency investigators. The auditor reviewed the training and found it sufficient. The PREA Coordinator provided signed documentation that agency investigators received training.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Four Oaks PREA policy: <i>Training and Education</i> outlines the training requirements for medical and mental health staff. The policy requirements are sufficient and address all requirements of subsection (A) of the standard. All medical and mental health staff complete training through Relias, the agency's online training platform. During the on-site phase, the agency provided training documentation logs that showed medical and mental health staff completing PREA related training. Interviews with medical and mental health staff confirm that they receive annual PREA training, and it covers the requirements for their roles.</p> <p>Four Oaks medical staff do not conduct forensic examinations. This prohibition is outlined and the agency PREA policy and was confirmed by medical staff and the PREA Coordinator through on-site interviews.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Screening for Risk of Sexual Victimization and Abusiveness</i>, requires a risk screening to be completed within 72 hours of admission. During the on-site phase the PREA Coordinator provided the auditor documentation of completed PREA assessments. The auditor was also provided a blank copy of the initial intake questionnaire and the full clinical assessment that includes the PREA screening. The assessment is completed by an assigned therapist through a one-on-one interview process with the youth during their intake. Information is gathered prior to the interview from prior court documents, medical and behavioral health records and the use of additional assessments the agency uses such as the Casey's Life Skills assessment. The assessment is compiled of static and dynamics factors and includes the youth's perception. The auditor was able to determine that the PREA screening assessment includes all eleven required categories. The agency</p>

	<p>reported 124 new admissions within the prior 12 months to the audit. All admissions had an assessment completed within 72 hours. While onsite the auditor reviewed a sample of assessments to ensure they were completed within the proper timeframe. Interviews with youth confirmed that they received a PREA screening assessment during their intake process. Interviews with therapist who complete the assessment confirmed that they attempt to have the screening assessment completed within 24 hours.</p> <p>Each of the Four Oaks programs meet weekly for clinical staffing and staff meetings. Staff meetings are utilized to discuss resident issues and process with their required treatment. Clinical staffings will focus on each resident and their risk factors for sexual victimization and abusiveness are reviewed by supervisory and clinical staff at that time.</p> <p>Results of the PREA screening assessment are available to staff based on work location and need to know basis only. The agency views the screening assessment to be confidential and treated as such. The assessment is accessed in order to make decisions that center on the resident's safety and best interest. The accessibility of the information was confirmed during interviews with the PREA Compliance managers, therapists who conduct the assessments and the PREA Coordinator.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Screening for Risk of Sexual Victimization and Abusiveness</i>, dictates that information obtained through the PREA screening assessment is used to make housing, programming, education and work assignments for youth to ensure resident safety. Interviews with therapist who complete the assessments and the PREA Compliance Managers who are also the Program Coordinators for their specific locations, indicated that information from the assessment is utilized when making housing decisions. It was evident through interviews that resident safety is a top priority. Weekly reviews take place that give staff an opportunity to discuss any concerns with resident safety, housing and programming concerns.</p> <p>Housing decisions are made by the clinical team with input from the resident, therapist and the Program Coordinator/PREA Compliance Manager. Residents younger in age, those who are lower functioning or who have other concerning risk factors are placed in single occupancy rooms. Youth at risk of victimization or vulnerability will also be placed in single occupancy rooms. During the on-site</p>

	<p>phase, the auditor reviewed the process for housing decisions with Program Coordinators/Compliance Managers.</p> <p>Four Oaks does not utilize isolation for any reason per agency policy. The absence of isolation was confirmed through interviews with the Program Coordinators/ Compliance Managers and the PREA Coordinator. The agency's policy prohibits placing lesbian, gay, transgender or intersex youth in particular housing assignments solely on the basis of their identification. The resident's gender or sexual identity shall not be an indicator of being sexually abusive per agency policy. This was confirmed in interviews with the PREA Coordinator and Program Coordinator/Compliance Managers. Policy states that housing and programming decisions for residents who identify as transgender or intersex, are made on a case-by-case basis considering the resident's health and safety as well as security of the facility. At the time of the audit, the auditor was able to interview two transgender residents and six residents that identify as lesbian or gay. All residents interviewed indicated that they felt safe in their housing assignments and that their sexual orientation or identity did not solely dictate their assignment.</p> <p>Four Oaks PREA Policy requires programming assignments to be reviewed twice each year for transgender and intersex youth. This is covered during clinical staffings for the individual resident. Documentation is kept for staffings and the auditor was able to review this while on-site. Policy also states transgender and intersex residents are provided the opportunity to shower separately from other residents. During the on-site phase of the audit, the auditor observed single use showers and bathrooms in all housing areas. Interviews with staff and residents confirmed that all residents regardless of sexual orientation or identity utilize single use showers and bathrooms and at no time should there be two residents in the bathroom together.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Reporting</i>, outlines several methods for residents to make a report including verbal, written and anonymous reports. Residents are informed about the method of reporting during the intake process when they review a Client Safety Guide with their therapist. Methods of reporting are included in this booklet. Additionally, signage in the form of posters can be found in all housing units and other various locations the residents have access to such as programming and gym areas. The agency posters provide information for the Iowa Department of Human Services and are being updated to include Riverview Center. Black drop boxes are available in all housing units for residents to use to report an allegation by means of a grievance. Black boxes are checked by Program Coordinators/Compliance Managers on a routine basis. Resident interviews confirmed that residents are</p>

	<p>aware of the black boxes and the ability to report to a staff member. Interviews with residents and staff made it apparent that they are unsure of who they could contact outside of the facility to report an allegation.</p> <p>The agency's PREA Policy requires the agency to accept reports made verbally, in writing, anonymously and from a third party. The agency provides an email address on their website for third party reporting. The email goes to the PREA Coordinator or their designee in their absence. The auditor emailed the email address provided to ensure a response was provided. A response was provided to the email within 24 hours. Interviews with staff and residents confirmed that both are aware of their methods of reporting verbally and in writing. Residents and staff reported that there are no barriers to residents having necessary tools to write a grievance or a written allegation. Interviews with Program Coordinators/Compliance Managers and staff indicated that reported allegations are documented promptly and that staff provide an incident report before the end of their assigned shift the allegation was reported. Interviews confirmed that staff are aware of the reporting procedures and their responsibility to immediately alert the Program Coordinator/Compliance Manager who then informs the PREA Coordinator.</p> <p>The agency does not detain residents solely for civil immigration purposes.</p> <p>During the corrective action period the agency updated signage to reflect the use of the Riverview Center. The PREA Coordinator provided documentation of staff training that reviewed the services provided by Riverview center and the role of reporting agencies. The auditor was also provided documentation that resident education was provided to review the available services through Riverview. The auditor found both staff resident education sufficient. Four Oaks meets Standard 115.351.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Reporting</i>, does include the agency's administrative procedures to address resident grievances. The agency provided a Client Compliant and Grievance policy that does provide the grievance procedure but does not speak specifically to PREA related allegations and does not outline emergency grievances. The agency's Client Compliant and Grievance policy does not require the resident to use an informal process and the agency does not discipline clients for reporting in bad faith.</p> <p>The agency reported 3 grievances related to sexual abuse and sexual harassment at the time of the on-site phase. The PREA Coordinator provided the auditor with information on the three grievances. None of the grievances were emergency grievances. All grievances were followed up on and documented within a</p>

	<p>reasonable period of time.</p> <p>During the corrective action period the agency implemented a PREA emergency grievance process. The agency utilized their current grievance form and provided a means to indicate it is an emergency grievance. PREA policy explains the emergency grievance process and administrative procedures. The auditor reviewed the grievance form and policy and found both sufficient. Four Oaks meets Standard 115.352</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Four Oaks PREA Policy: <i>Reporting</i>, states that the agency shall provide access to outside victim advocates for emotional support services. The agency provides advocacy services through several agencies. The agency has MOU's in place with Riverview Center and Crisis Intervention Service agencies to provide 24//7 victim services to residents as needed. The auditor received the relative MOU's during the on-site phase of the audit. Additionally, the agency provides additional resources through their Client Safety Handbook such as the Rape Victim Advocacy Program and St. Luke's Child Protection Center. The agency also provides signage throughout the housing units that displays contact information for these services. At the time of the on-site portion of the audit, the agency was updating signage to reflect the Riverview Center. The auditor contacted the Riverview Center through the number provided and was informed that they would provide a victim advocate and follow up services as requested.</p> <p>The agency's PREA Policy states that prior to access the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws will be explained to the resident. Interviews with therapist dictated that residents are made aware of this during their intake process when reviewing the Client Safety Guide and discussing PREA. Interviews with youth confirmed this process.</p> <p>The agency's PREA Policy states residents shall have reasonable and confidential access to their attorneys, parents or legal guardians or other legal representation. During the on-site phase the auditor witnessed residents having phone calls processed to their parents upon request. Additionally, Interviews with residents confirmed that they are able to make phone calls to their parents, probation officers, DHS workers and attorneys regularly. Residents did report that they can have limitations on phone calls decided by their clinical team and parent/guardian due to concerns with treatments. Interviews with Program Coordinators/Compliance Managers ensured that limitations would not be placed on calls with legal guardians</p>

	<p>or legal representation at any time. Daily contact with parents and legal guardians is encouraged by the program. Resident interviews confirmed that they have never been denied access to legal representation or their legal guardian. Residents reported they can have confidential phone calls with their attorneys and that they can call their family daily.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Reporting</i>, states the agency has an established method to receive third-party reports of sexual abuse and sexual harassment. The policy describes how the agency will distribute publicly third-party reporting methods. During the pre-audit phase the auditor reviewed the agency website and noted third-party reporting information and a provided email to report allegations. During the on-site phase the auditor emailed the provided email address and received a response within 24 hours. Interview with the PREA Coordinator confirmed that the email address goes directly to the coordinator and a designee in their extended absence. At the time of the audit, they had not received a third-party report. Signage is posted in the public areas of the facilities that provide multiple agency resources and reporting methods. Interviews with Intake and Care Treatment Coordinators confirmed that parents or legal guardians are made aware of this information during the admission process.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Official Response Following a Client Report</i>, requires staff to report any knowledge, suspicion or information of sexual abuse or sexual harassment, retaliation or staff neglect that may have contributed to an incident or retaliation to their supervisor. This responsibility to report is part of the reviewed "Client Safety" training that staff receive annually. Interviews with staff, shift leaders and Program Coordinators/Compliance Managers affirmed the responsibility of staff to report the required information. The policy requires staff to comply with mandatory child abuse reporting laws. The agency's Iowa State Contract requires all employees to complete mandated report training through the state. During the</p>



	<p>on-site portion of the audit, all interviewed staff stated they completed mandated reporter training and are aware of their responsibilities.</p> <p>The PREA policy states staff will not reveal information related to sexual abuse or sexual harassment to anyone other than their supervisor and to the extent necessary to provide treatment or investigative decisions. Interviews with staff during the on-site portion of the audit confirmed this process. Staff were knowledgeable about the process, who they report to and the importance of confidentiality in regard to PREA related incidents. Interviews with Shift Leads and Program Coordinators/Compliance Managers affirmed the responsibility of staff to follow mandated reporter guidelines and to maintain confidential information as stated in the PREA Policy.</p> <p>The PREA policy requires medical and mental health practitioners to inform clients at the initiation of services of their duty to report and the limitations of confidentiality. The auditor interviewed one medical staff and three mental health staff, all of whom understand their reporting requirements for PREA related incidents and per their state mandated reporter laws. All interviewed medical and mental health staff stated they explain their limitations to confidentiality to youth and their roles at the beginning of treatment with the resident. At the time of the audit, no interviewed medical or mental health staff had a resident report an incident of sexual abuse or sexual harassment within the facility or another facility during their treatment.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Official Response Following a Client Report</i>, requires the agency to take immediate action to protect a client when it learns are at substantial risk of imminent sexual abuse. Interviews with staff, the PREA Coordinator, Agency Head and Program Coordinator/Compliance Managers affirmed that the agency is aware of their responsibility to take immediate action in the event a resident is at substantial risk of imminent sexual abuse. In the 12 months prior to the audit, the agency had no occurrences of substantial risk of imminent sexual abuse. All staff were knowledgeable of the process for taking immediate action and ensuring the resident's safety. The agency culture is supportive of resident safety and interviews with residents confirmed they feel staff has their safety in mind at all times.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Official Response Following a Client Report</i>, states that upon receiving an allegation that a client was sexually abused while at another facility, the agency contact will notify, as soon as possible but no later than 72 hours of receipt of allegation, the agency head of where the abuse allegedly occurred. This may be done by the investigative agency if the investigation is completed by another agency than Four Oaks, in the event this occurs, Four Oaks will document the notification was made. The Program Coordinator/Compliance Managers or designee shall be responsible for making the notification and documentation. The PREA Policy also states that the agency shall notify the proper investigation agency. Interviews with the PREA Coordinator and Program Coordinator/Compliance Managers affirmed this process. In the 12 months prior to the audit, the agency received no allegations that a resident was abused while confined at a different facility. All allegations regarding incidents that occurred at another facility shall be reported per the agency policy. The agency will ensure that all allegations are investigated per the PREA standards. Interview with Agency Head and PREA Coordinator affirmed that all allegations are reported and investigated.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Four Oaks PREA Policy: <i>Official Response Following a Client Report</i>, outlines the responsibilities for first responders and includes all requirements in subsection (A) of this standard which includes separating the victim and alleged abuser, protecting and preserving the alleged crime scene, not taking action that could destroy physical evidence, requesting the victim not take action that could destroy physical evidence, ensuring the alleged abuser does not take action that could destroy physical evidence. The policy states that if the first responder is not a residential staff member, they should request that the victim does not take action to destroy evidence and immediately tell a staff member. At the time of the audit, the agency had 16 allegations of sexual abuse reported. For each allegation, the alleged victim and alleged perpetrator were separated by the first responder and a supervisor was immediately notified. One allegation ended in a forensic medical exam but the agency staff were not informed of the allegation until after the resident had already showered. The resident was requested to not take further action that could destroy evidence. During the on-site phase, the auditor interviewed staff from all agency locations, and it was apparent staff are aware of the agency policy and their responsibilities as a first responder. The auditor interviewed a staff who had acted as a first responder, the staff was able to describe the duties taken and the process they completed as laid out in their agency policy. The auditor requested</p>

	documentation of sexual abuse allegations in order to review the first responder duties. Incident reports and investigation documentation provided to the auditor were sufficient and showed an understanding of first responder duties and the priority to ensure resident safety.
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Four Oaks PREA Policy: <i>Official Response Following a Client Report</i> , requires the agency to have a written coordinated response plan. The auditor was provided the coordinated response plan during the on-site phase. The coordinated response plan provides direction from the initial report through the completion of the investigation. It covers all relevant parties including first responders, medical, mental health, investigators and agency leadership. Interviews with the five Program Coordinators/Compliance Coordinators confirmed the implementation of the coordinated response plan. The auditor randomly requested to see the coordinated response plan while touring one of the agency location housing units and was promptly provided with the plan.

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Four Oaks does not have a collective bargaining agreement in place.

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Four Oaks PREA Policy: <i>Official Response Following a Client Report</i> , states the agency has a zero tolerance policy for retaliation of any kind against client victims or staff members who report sexual abuse and sexual harassment or cooperate with sexual abuse or sexual harassment investigations. Policy further states the agency will employ multiple protection measures to prevent retaliation. Clients or staff will

	<p>be monitored for at least 90 days and will continue past 90 days in the need is indicated. For client monitoring, periodic status checks will be conducted.</p> <p>During the pre-audit phase, in addition to the PREA Policy, the auditor was provided a documentation that explained the Four Oaks Monitoring Process. This document was provided to all individuals who are responsible for monitoring. The PREA Coordinator has a system in place in which through electronic communication, information is shared weekly about those being monitored after weekly staffings or clinical meetings. The PREA Coordinator is responsible for the first 30 days of monitoring for all allegations. After the initial 30 days, the PREA Coordinator will employ Program Coordinators/Compliance Managers and Shift Leads to do status checks and report back to the PREA Coordinator. Interviews with the PREA Coordinator, Program Coordinators/Compliance Managers and Shift Leads confirmed this process. All individuals charged with monitoring were aware of their responsibilities and the time frames set forth by the agency's PREA policy. The PREA Coordinator provided documentation of monitoring for the auditor to review during the on-site phase. Status Checks were documented via emails to the PREA Coordinator would then complete a PREA Retaliation Monitoring Form. The PREA Retaliation Monitoring Forms our uploaded into the client's electronic file in their case management database with limited access to be viewed. Interview with the Agency Head affirmed the agency's mission to protect resident and staff safety through monitoring.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Four Oaks does not use isolation of their clients. Interview with the PREA Coordinator and Program Coordinators/Compliance Managers confirmed that the agency does not use isolation at any time.

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Four Oaks PREA Policy: Criminal and Administrative Agency Investigations Policy outlines the process for administrative and criminal investigations of allegations of sexual abuse and sexual harassment. The facility investigators, comprising of PREA Coordinator and PREA Compliance Mangers conduct administrative investigations promptly. If at any time, the administrative investigation determines the likelihood

of criminal activity the investigation is immediately turned over to the Local Law Enforcement Department. According the Four Oaks PREA Policy Investigators are required to gather and preserve evidence consistent with 115.371 (c). The auditor reviewed the training files of the investigative team received the general employee training, however and there was not record of any specialized training provided for the investigator.

Interviews with investigation staff (PREA Coordinator and PREA Compliance Mangers) and the Superintendent or Designee confirmed the agencies investigative procedures and investigations are completed for third party and anonymous reports as required. The agency cooperates with the Local Law Enforcement Department throughout a criminal investigation and requests to be kept apprised of the progress of the criminal investigation. Interview with the PREA Coordinator and Superintendent or Designee confirmed such agencies actions.

During the on-site visit, the auditor reviewed 5 administrative investigation files which revealed two investigations were terminated due the alleged victim recanting and timelines in two other investigation files were not appropriately documented. While onsite the auditor learned of an alleged incident involving two residents during an offsite visit. The review of the investigation file did not include written reports from all staff involved nor did the investigators attempt to determine whether staff actions or failure to take action contributed to abuse in the event the incident is substantiated.

Based on this analysis, the facility is was not substantially compliant with standard 115.371 and corrective action was required. During the corrective action period, the agency developed an investigation process that outlined the elements of the investigation and the timelines that met the agency's promptly definition. The PREA Coordinator put together an investigation packet that provides necessary paperwork and direction to agency investigators. The auditor reviewed the documentation and found it sufficient. The agency updated their PREA Policy to reflect the investigation process. The auditor reviewed the updated PREA Policy and found it sufficient. The PREA Coordinator provided specialized investigations training to investigators and provided training on the investigation process to staff pursuant to standard 115.371. The auditor reviewed documentation from these trainings. The auditor found both trainings sufficient. The auditor reviewed the investigation process with the PREA Coordinator and found the updates to the process sufficient. Four Oaks meets Standard 115.371.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Four Oaks PREA Policy: <i>Investigations</i> states that administrative investigations

	<p>shall use a preponderance of the evidence or lower standard of proof to substantiate an allegation of sexual abuse or sexual harassment. Interviews with agency investigators confirmed this standard or proof.</p> <p>Based on this analysis, the facility is substantially compliant with standard and corrective action is not required for standards 115.371.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Four Oaks PREA Policy: <i>Investigations</i> outlines the facility's procedures for reporting investigation findings to the individual who reported the alleged sexual abuse or sexual harassment. The auditor found the facility's protocol as defined in Policy 19G to be sufficient and compliant with the requirements of the standard. Interviews with investigative staff confirmed that residents are informed of the findings of all investigations. The PREA Coordinator is charged with the responsibility of the notification process.</p> <p>While on on-site visit the auditor reviewed 5 administrative investigation files which revealed no documentation existed to support the alleged victim was informed whether or an investigation was completed or the outcome of the investigation.</p> <p>During the interview with PREA Coordinator it was confirmed there are documented conversations with youth upon learning of the alleged abuse or harassment. The auditor was provided a document that summarized three conversations with youth that reported that sexual abuse or sexual harassment. Interview with a youth who reported sexual abuse stated they were not informed of the outcome of the investigation but did remember the youth was moved to a different living unit.</p> <p>During the corrective action period the PREA Coordinator established an investigation process which includes an investigation packet that prompts all steps of the investigation including notifications. The PREA Coordinator is tasked with completing all notifications and documenting them within the investigation documentation. The auditor reviewed documentation with the PREA Coordinator along with the process in place and found it to be sufficient.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The Four Oaks PREA Policy: <i>Disciplinary sanction for staff policy</i> outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. Interviews with the Agency Head, Superintendent or Designee, PREA Coordinator confirms the facility enacts a zero-tolerance policy toward sexual abuse or sexual harassment and that disciplinary action is taken in such incidences. Facility staff are subject to disciplinary sanctions up to and including termination for violating the facility's PREA policies. Termination shall be the presumptive disciplinary sanction for a staff who engaged in sexual abuse. Disciplinary sanctions for violations outside of sexual abuse are dependent upon the circumstances of the acts committed, the employee's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations or resignations that would have resolved with termination if not for their resignation are reported to the local Law Enforcement Agency unless the activity was clearly not criminal. The disciplinary process was confirmed by interviews with the Superintendent or Designee and PREA Coordinator.</p> <p>The For Oaks Employee Sexual Abuse and Sexual Harassment Policy prohibits sexual abuse and sexual a harassment and states employees engaging in such behavior may be subject to disciplinary action including termination. The policy further states retaliatory action by any person is not acceptable nor will be tolerated.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.376 and corrective action is not required.</p>

<p><b>115.377</b></p>	<p><b>Corrective action for contractors and volunteers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The Four Oaks PREA Policy: Corrective action for contractor and volunteers outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. The policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal. For any other violation of the facility's PREA policies by a contractor or volunteer, the facility shall take appropriate remedial measures and shall consider where to prohibit further contact with residents. Interviews with the PREA Coordinator and Superintendent or Designee confirm the disciplinary</p>

	<p>process for contractors and volunteers.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.377 and corrective action is not required.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Four Oaks PREA Policy: <i>Interventions and disciplinary sanction for youth</i> outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. The policy specifically outlines interventions and disciplinary sanctions for residents. Interviews with the Superintendent or Designee, PREA Compliance Manager, and PREA Coordinator confirmed that residents receive sanctions that correspond with the nature and circumstances of the offense committed, their disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. Discipline typically consists of loss of privileges for a designated period of time, room assignment changes and if necessary, the filing of formal charges with the Local Law Enforcement for substantiated allegations.</p> <p>The youth handbook provided to youth during their intake process as well as the PREA video provided to youth during the intake process explains the zero-tolerance policy and the disciplinary action a resident could receive if they engage in such behavior. Interviews with the PREA Coordinator, medical and mental health staff confirmed that if isolation was ever necessary as a disciplinary sanction, youth still receive needed care including a daily visit from medical and mental health and access to educational services. Interviews with mental health staff confirmed that youth who engage in sexual abuse are referred to them for an evaluation in which their participation is not a condition of general programming opportunities.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.378 and corrective action is not required.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>The Four Oaks PREA Policy: <i>Medical and Mental Health Services</i> outlines the process for medical and mental health screenings. The results of the VSPA-S determine the need for medical or mental health follow up. Interviews with Staff Responsible for Risk Screening that confirmed the process of notifying medical and mental health personnel. Interviews with medical, mental health, intake staff and PREA Coordinator confirm the timeframe for follow up meetings. During the pre-audit phase, the PREA Coordinator provided an example of what the notification process and documentation for follow up meetings looks like. The auditor found the process and documentation sufficient. During the on-site visit, the auditor reviewed a sampling of resident files that indicated a follow up meeting was offered. The agency ensures confidentiality as the information is limited to medical, mental health and those who need to know to inform treatment plans or security management decisions. This was supported during interviews with facility staff including intake, medical and mental health. Policy requires informed consent for residents over 18 years of age who report information about prior sexual victimization that did not occur in an institutional setting, this was confirmed in interviews with both medical and mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.381.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Four Oaks PREA Policy: <i>Medical and Mental Health Services</i> outlines access to emergency medical and mental health services for youth who are alleged victims of sexual abuse. The policy states if a nurse or therapist is not on duty, staff first responders are responsible for taking preliminary steps to protect the victim and are to immediately notify medical and mental health staff. The policy also clarifies that all services are to be provided to the resident without financial cost. As indicated in Standard 115.364, staff are trained on how to be first responders and have a checklist available to them which assists in their response.</p> <p>The facility has a Memorandum of Understanding (MOU) in place with Mercy Medical Center and Unity Point Health center to provide emergency medical care and forensic exams as needed. The MOU outlines the request for a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) to conduct the examination when available. Interviews with the PREA Coordinator, medical staff, and SANE/SAFE staff at both Mercy Medical Center and Unity Point Health Center confirm that youth are provided emergency medical care consistent with the requirements of this standard. Additionally, victims of sexual abuse while in the</p>

	<p>care of Four Oaks are offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.382.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Four Oaks PREA Policy: <i>Medical and Mental Health Services Policy</i> outlines the ongoing medical and mental health care available to youth who are victims of sexual abuse. Policy states evaluations and treatment of victims include follow up services, treatment plans, and if necessary, referrals for continued care in the event they are released from the facility's custody. Youth victims of sexually abusive vaginal penetration are offered pregnancy tests in the event pregnancy is a result of the abuse, timely and comprehensive information and access to all lawful pregnancy related medical services are provided. Testing for sexually transmitted infections is also made available as medically appropriate. All services are provided without financial cost. Interviews with both medical and mental health confirmed that the facility provides services that are consistent with the community level of care, if not more beneficial for the resident in that fact that transportation is not a barrier. The access to these services was confirmed through interviews with medical and mental health staff as well as the PREA Coordinator.</p> <p>Four Oaks attempts to conduct mental health evaluations on all known resident-on-resident abusers within fourteen days of learning such abuse history. Treatment is offered to the individual when deemed appropriate by mental health staff. Interviews with the PREA Coordinator and mental health staff confirm this process.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.383.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p>
	<p>The Four Oaks PREA Policy <i>Data Collection and Review</i>: outlines the establishment of the PREA Review Committee and their responsibility to review all allegations of sexual abuse or less the said allegation was deemed unfounded. The auditor found the policy to be sufficient and in compliance with the standard. Interviews with members of the PREA Review Committee including the PREA Coordinator, PREA Compliance Manger, Mental health confirmed the facility's incident review process and their participation. The auditor reviewed the incident review documentation during the on-site visit in which the PREA Coordinator further discussed the agency incident review process. The auditor determined the incident review process meets the requirements of the standard, although the documentation does not support the process.</p> <p>During the corrective action period the agency revised the incident review form to be consistent with standard 115.386(a). The form was updated to include who participates in the review process, completing proper assessments of adequate staffing levels, and the use of technology monitoring if applicable. The incident review form was updated to indicate it is submitted to the facility head and PREA Coordinator upon conclusion of review. The auditor found the updated form sufficient. Four Oaks meets Standard 115.386.</p>

<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The Four Oaks Data PREA Policy <i>Collection and Review Policy</i>: states the requirements for data collection. The PREA Coordinator is responsible for collecting and aggregating data. The PREA Coordinator is responsible for developing an annual report for the facility which is reviewed by facility administration and approved by the facility Superintendent. The auditor reviewed the annual reports for the audit cycle and found the provided data is sufficient. The interview with the PREA Coordinator confirmed that they are responsible for data collection and maintenance.</p> <p>Based on this analysis, the facility is substantially compliant with standard 115.387.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>

	<p><b>Auditor Discussion</b></p> <p>The Four Oaks PREA Policy: <i>Data Collection and Review Policy</i> outlines the facility's process for preparing and reviewing an annual report. The facility's 2021 Annual PREA Report was provided to the auditor during the pre-audit phase and is accessible on the facility website for review. The annual report documents the facility's efforts in collecting data, aggregating data and reviewing the data as a team in order to identify areas of concern or the need for corrective action. Interviews with the PREA Coordinator confirmed the process of preparing and reviewing the annual report. Interview with the Agency Head confirms she reviews and approves each annual report. The auditor reviewed annual reports for each year of the audit cycle during the on-site visit. The annual reports did not include comparisons of current year's data and correction actions with those from prior years.</p> <p>During the corrective action period the agency revised the PREA annual report to provide 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. The agency head reviews the document and it is accessible through the agency's website. The auditor reviewed the updated annual report and found it sufficient. Four Oaks meets Standard 115.388.</p>
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<b>115.389</b>	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Four Oaks PREA Policy: <i>Data Collection and Review</i> outlines the procedures for data storage, publication and destruction. The PREA Coordinator is responsible for ensuring data is securely retained. Policy review and the Interviews with the PREA Coordinator and Agency Head confirm that all data is stored in a locked cabinet within the PREA Coordinator's office and electronically on agency network drives. This auditor observed firsthand the information technology role-based safeguards enabled to appropriately secured the data. Both the PREA Coordinator and Agency Head confirmed data is retained for 10 years. The PREA Coordinator ensures aggregated sexual abuse data is readily available to the public by posting it on the facility's website. The auditor accessed the agency's website in the pre-audit and during the onsite audit phase and observed the 2021 annual report on the website. No identifying information were included in the data provided to the public.</p> <p>Based on this analysis, the agency is substantially compliant with this Standard 115.389.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1471 833">The PREA Coordinator did an excellent job of providing requested information to the Auditor. The agency's PREA Policy and several pieces of supporting documentation was provided during the pre-audit phase. The PREA Coordinator had open communication with the auditor prior to the on-site audit phase and was very accommodating during the preparation process. While on-site, the auditor was allowed access to the totality of the building, was allowed to conduct interviews in private and was given a substantial amount of supporting documentation. The agency culture was supportive of the auditor being present in the housing units and speaking with staff and clients throughout the physical plant. The auditor noted the audit notices were posted with the auditors correct contact information throughout various locations at each agency location, including all housing units. To date, the auditor has not received any correspondence from clients or staff.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p data-bbox="280 1115 983 1151"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 1191 564 1227"><b>Auditor Discussion</b></p> <p data-bbox="280 1267 1481 1550">Four Oaks is in their third audit cycle. In 2016, they received an audit and were found in compliance with the PREA Standards. The agency received their second cycle audit in 2019. The facility received an interim report, however due to onset of the COVID-19 pandemic and departure of the prior PREA coordinator and the auditor not retaining their certification status, the corrective action items were unable to be resolved. Therefore, the previous auditor never submitted a final report to the facility.</p> <p data-bbox="280 1590 1471 1626">Through documentation review it is confirmed the agency meets Standard 115.403.</p>

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

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

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



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

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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?	no
	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?	no
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual 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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry 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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

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



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

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

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

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

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

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



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

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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this 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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

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

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



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

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

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

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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



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

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

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

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

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

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

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or 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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

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

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

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