

# PREA Facility Audit Report: Final

**Name of Facility:** Cumberland Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 05/23/2021

**Date Final Report Submitted:** 09/30/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 09/30/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	04/15/2021
<b>End Date of On-Site Audit:</b>	04/16/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Cumberland Juvenile Detention Center
<b>Facility physical address:</b>	1911 Coliseum Dr, Fayetteville, North Carolina - 28306
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Shalita Forrest
<b>Email Address:</b>	shalita.forrest@ncdps.gov
<b>Telephone Number:</b>	9104861399

Superintendent/Director/Administrator	
<b>Name:</b>	Gene Hallock
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Facility PREA Compliance Manager	
<b>Name:</b>	Shalita Forrest
<b>Email Address:</b>	shalita.forrest@ncdps.gov
<b>Telephone Number:</b>	O: (910) 309-0458

Facility Health Service Administrator On-Site	
<b>Name:</b>	Shalita Forrest
<b>Email Address:</b>	shalita.forrest@ncdps.gov
<b>Telephone Number:</b>	9104861399

Facility Characteristics	
<b>Designed facility capacity:</b>	18
<b>Current population of facility:</b>	16
<b>Average daily population for the past 12 months:</b>	14
<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>	N/A
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	29
<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>	13

AGENCY INFORMATION	
<b>Name of agency:</b>	North Carolina Department of Public Safety
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	512 North Salisbury Street, Raleigh, North Carolina - 27604
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9197332126

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

Agency-Wide PREA Coordinator Information			
Name:	Charlotte Jordan-Williams	Email Address:	charlotte.williams@ncdps.gov

## AUDIT FINDINGS

### Narrative:

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

Cumberland Regional Juvenile Detention Center placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming on February 17, 2021.

Cumberland Regional Detention Center uploaded pertinent documentation on the OAS audit system. The auditor reviewed documents received during the pre-audit phase and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

### Site Review:

The onsite review of the center took place on April 15 through April 16, 2021. Immediately following the opening meeting, a tour of center was conducted. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, the PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing ways to report allegations of sexual abuse or sexual harassment and Victim Advocate hotline and third party reporting are prominently posted in the main lobby area and hallways, as well. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address .

### Staff Interviews:

The detention center is staffed with twenty-nine (29) full-time and part-time employees. The certified detention staff consisted of: Facility Director; (2) Youth Center Supervisors; Staff Nurse; Human Services Coordinator; (18) Youth Counselor Technician; Counselor Technician Temp; (4) non-certified staff (Administrative Assistant; Lead Teacher and (2) Food Service Staff). There are a minimum of two staff always assigned to the facility. The facility requires a minimum of one (1) direct care staff for 8 residents during always waken hours and a minimum ratio of one (1) direct care staff for 16 residents on duty at other times

A total of 12 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Twelve (12) specialized staff were interviewed. The specialized staff included the Facility Manager, PREA Compliance Manager, Shift Supervisors, Education staff, Lead Teacher, Nurse, Administrative Assistant and retaliation monitor. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee, Agency PREA coordinator and Agency contracting supervisor. Telephone interviews were also conducted by staff at Cape Fear Valley Medical Center and Victim Advocates and victim confidential emotional support.

### Resident Interviews:

At the time of the audit there were 14 residents assigned to the facility. All 14 residents were asked to be interviewed. Two residents indicated they had been sexual victimized and had received prior therapy. There were a total of 8 screening files that requested mental health reviews. All residents were offered to be seen by mental health staff. Two residents declined.

### Staff File Review:

The auditor requested random personnel background checks and reviewed 10 employee training records three volunteer files. The employee records included three staff that had been employed at the facility more than 5 years, 3 of the staff were promoted and four of the staff were employed in the last 12 months. Background checks are completed by and maintained on file in the central office. The facility does not have child registry reviews and a corrective action plan was required. The volunteer files had the same email indicating

background clearance and contained PREA training documentation.

#### Staff Training Records Review

The auditor requested some specific and some random training files for employees. Including in the specific list was training staff, Director, PCM, Medical, Mental Health, Shift supervisor and Six random direct care staff.

All training records provided included initial PREA training, yearly updated training and specialized training for medical and mental health staff.

#### Resident File Review

All resident files were reviewed. The resident's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA education. All time requirements were met on each area.

#### Investigation Review:

One Investigative file was reviewed by the auditor. The investigation was for allegation of sexual assault. The investigation was unfounded.

## AUDIT FINDINGS

### Facility Characteristics:

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

Cumberland Regional Juvenile Detention Center (CRJDC) is located in Fayetteville, Cumberland County, North Carolina. The detention center was designed and has the capacity for eighteen (18) male and female residents. The detention center's physical plant is a single story building with a fenced secured area and an outdoor recreation area. There is a secure entrance/lobby area with administrative offices, intake area, medical office, control room, library cart, large multipurpose (activity/classroom) area surrounded by eighteen (18) single cell rooms, two (2) bathroom/shower areas, a full kitchen and pantry, dining/detention staff area, laundry and storage area and four (4) single isolation cells. The open floor plan had no blind spots and all areas are easily monitored by the control room except for the bathroom/shower areas. The outdoor recreation area has a basketball court with picnic benches, volleyball and residents have the capability to quietly read in their rooms if not interested in an outdoor activity. The food personnel staff at the detention center provides each resident with hot home cooked meals and plenty of snacks on a daily basis. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The intake processing area includes a salle port entry into this area. There are four single room (Isolation) located in this area that is also utilized for time out or holding rooms for the general population. There are private offices and a changing room in this area. A PREA bulletin board is in this area. Next to the intake processing area is a small medical area that includes examination room, dental offices and professional offices. The facility has two nurses that are assigned to the facility to provide 8 hours of coverage a day. The food service area includes a food prep area, a cooking area, a general storage area and a dining room area. Each of these areas are under constant monitoring by cameras. The visitation area can be accessed through the front entrance and through the secure area of the facility. The facility allows for contact visits. There are cameras located in the visitation room as well as PREA Notices on the visitation room bulletin board. The educational department consists of a lead teacher providing educational services licensed by the N.C. Department of Public Instruction. Following required State law all educational staff in "licensed" positions holds the appropriate licensure for their subject(s), grade level(s) or professional assignment(s). Upon arrival to the detention center each resident undergoes a series of pre-tests to determine their level of performance and then given assignments based on the results of the pre-tests. The residents participate in an individual education program that is designed for them. The detention facility provides an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, mathematics, social studies and science. Special Education services are offered to residents who qualify, and counseling services are offered to all residents. During the school day, residents participate in a one (1) hour structured physical activity which is led by a detention staff member. If a resident prefers not to participate in the physical activity, they may go to their room during that time without a consequence.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	7
<b>Number of standards met:</b>	36
<b>Number of standards not met:</b>	0

Based on successfully implementing a corrective action plan the facility now meets or exceeds all standards.

Standard 115.317 (c) Before Hiring a new employees who may have contact with residents, does the agency consult any child abuse resgistry maintained by the State or locality in which the employee would work. The PREA Coordinator and the agency's legal department are working to rectify the challenge based on recently passed legislation.

#### Corrective Action Plan

On September 13, 2021 the North Carolina Department of Juvenile Justice provided an agreement to allow the Department of Juvenile Justice to access the child registry for Norht Carolina. On September 13, 2021 the auditor received an email indicating the child registry checkes were completed on all staff and no staff was found to be registered by the child registry. Based on the documentation received it was determined that the facility is in compliance with this standard.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 432">Juvenile PREA Policy 92013 Mandates that North Carolina Department of Public Safety is committed to a standard of zero-tolerance of sexual abuse and sexual harassment of persons under its supervision. Therefore, it is the policy of Department of Public Safety juvenile justice serving sections/units to provide a safe, humane and appropriately secure environment, free from the threat of sexual abuse and sexual harassment of juveniles, by maintaining a program of prevention, detection, response, investigation, and tracking.</p> <p data-bbox="242 461 1493 925">North Carolina Department of Public Safety (NCDPS) values and fundamental principles are that everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. NCDPS policy PREA establishes that the agency, all facilities, staff and residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Cumberland Regional Juvenile Detention Center (CRJDC) efforts to prevent, detect, and respond to sexual abuse and sexual harassment. While housed at CRJDC there is no such thing as consensual sex, meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident. Within this policy all references to sexual abuse includes sexual harassment, as appropriate.</p> <p data-bbox="242 954 1489 1115">North Carolina Department of Public Safety employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the position within the agency. DPS mandate employee to oversee statewide agency efforts to comply with the PREA standards as set forth in this policy for all DPS residential facilities and county detention centers contracted for reception and detention services. The agency also has regional PREA support staff to assist the PREA coordinator in carrying out the mission, values and belief of the agency.</p> <p data-bbox="242 1144 1485 1341">DPS mandate site specific employee designated to coordinate the facility's efforts to comply with the PREA standards as set forth in this policy. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all facilities. The PREA coordinator ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA. .</p> <p data-bbox="242 1370 1489 1464">Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency's Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors, and their representatives shall also comply with this policy or the working relationship/contract may be severed.</p> <p data-bbox="242 1494 1457 1556">All claims of sexual assault will be immediately reported to the NCDPS and when violation of law to local law enforcement agency.</p> <p data-bbox="242 1585 1489 1747">Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at CRJDC feel safe and comfortable to discuss protecting each other from sexual abuse or sexual harassment.</p> <p data-bbox="242 1776 1297 1805">Exceed Compliance was determined by review of policies, posters and interviews with staff and residents.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	North Carolina Department of Corrections Juvenile Division does not contract for the confinement or youth.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 331">The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing to protect residents against abuse.</p> <p data-bbox="240 360 1485 421">The facility is obligated by policy to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.</p> <p data-bbox="240 450 1414 510">At least once a year, the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed.</p> <p data-bbox="240 539 1430 600">The facility requires that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility prohibits staff from alerting other staff of the conduct of such rounds.</p> <p data-bbox="240 629 1481 757">NCDPS Policies mandates that upper level staff will conduct and document unannounced rounds. The policy also mandates that Facility Superintendent and other management staff conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring.</p> <p data-bbox="240 786 1453 884">Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred.</p> <p data-bbox="240 913 1481 1012">Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2020 were found to be in compliance with this standard.</p> <p data-bbox="240 1041 507 1068">The staffing plan included:</p> <ol data-bbox="240 1097 1461 1697" style="list-style-type: none"> <li>1) Generally accepted detention and correctional/secure residential practices.</li> <li>(2) Any judicial findings of inadequacy.</li> <li>(3) Any findings of inadequacy from Federal investigative agencies.</li> <li>(4) Any findings of inadequacy from internal or external oversight bodies.</li> <li>(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).</li> <li>(6) The composition of the resident population.</li> <li>(7) The number and placement of supervisory staff.</li> <li>(8) Institution programs occurring on a particular shift.</li> <li>(9) Any applicable State or local laws, regulations, or standards.</li> <li>(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(11) Any other relevant factors.</li> </ol> <p data-bbox="240 1727 1497 1921">The facility did not report deviations from the staffing plan during the past 12 months. The staff-to-resident ratios of a minimum of 1:8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Cumberland Regional Juvenile Detention Center utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities reviews all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard.</p> <p data-bbox="240 1951 1469 2145">The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. During the onsite audit the center was far above the mandated staff ratio levels at all times that the auditor visited the living and education areas. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. Staff assigned to collaborative duties that negates their ability to supervise resident are not counted in the ratios. The facility administrator provided a daily roster that indicates the staffing utilized</p>

during the prior 24 hours.

Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 432">Juvenile PREA Policy 92013policy requires all pat searches be conducted by staff of the same gender accept in exigent circumstances and then with the approval of the senior person in charge. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that the opposite gender staff are prohibited from entering the bathroom/shower area while residents are showering.</p> <p data-bbox="240 465 1485 656">There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. Part of the Training for initial and then yearly training also confirmed that staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit and how to conduct a cross gender pat search. Staff training records, and unit staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches.</p> <p data-bbox="240 689 1477 947">Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Staff also receive training and all staff interviewed were aware of Policy that staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Training includes how to search transgender or intersex residents in a professional manner. Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Each living unit and the intake holding room has showers that do not have any opening which assures resident can shower without being viewed by staff or other residents.</p> <p data-bbox="240 958 1477 1014">Compliance was determined by review of the center's showers, review of policies, training and training roster and interviews with residents and staff.</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 801">Juvenile PREA Policy 92013 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy indicates each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. NCDPS has established a contract with Telephonic Interpreting for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. NCDPS DJJ pamphlet "Expect Respect: Your Safety in Juvenile Justice" and JJ Rack Card are provided to the residents and is available in both English and Spanish. During the intake process, the detention staff complete a form called "CRJDC PREA Exceptional Children Identification Form" that provides teachers with additional information ( i.e. disabilities, non-English speaking students) about each resident. The teachers could provide residents with disabilities with various services on an as needed basis. Detention staff training documentation including the Juvenile Educator Manual and NCDPS DJJ pamphlet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Most detention staff and resident interviews confirmed the detention center does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months to report sexual abuse or sexual harassment. The education program provides special education services to include services for non readers, second language, deaf, blind or cognitive disfunction residents.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 331">NCDJJ shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.</p> <ol data-bbox="240 360 1477 875" style="list-style-type: none"> <li data-bbox="240 360 1477 421">1. 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).</li> <li data-bbox="240 450 1477 510">2. 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</li> <li data-bbox="240 539 1477 636">3. Has been civilly or administratively adjudicated to have engaged in 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.</li> <li data-bbox="240 665 1477 725">4. DJJ shall 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 youth.</li> <li data-bbox="240 754 1182 784">5. Before hiring new employees who may have contact with youth, the division shall adhere to</li> <li data-bbox="240 813 1426 873">6. DJJ shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.</li> </ol> <p data-bbox="240 902 1477 1066">DJJ shall conduct background checks on all DJJ staff, volunteers, interns and contractors every five (5) years, or sooner, if DJJ is made aware of a criminal offense that may have been committed by an employee. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. DJJ shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ:</p> <ol data-bbox="240 1095 668 1182" style="list-style-type: none"> <li data-bbox="240 1095 668 1124">1. Criminal background or records check.</li> <li data-bbox="240 1153 668 1182">2. Child abuse and neglect registry check.</li> </ol> <p data-bbox="240 1211 1477 1272">DJJ shall require a check of licenses and certifications on all staff who are required by the classification specification to have or maintain a license or certification.</p> <p data-bbox="240 1301 1493 1429">DJJ policy mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.</p> <p data-bbox="240 1458 1485 1756">The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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.</p> <p data-bbox="240 1785 1477 1980">The auditor requested Background and Child Registry verification for staff hired in the last year, staff, that had five years or more tenure at the facility and staff that were promoted. Background checks were furnished. The Child Registry review was not conducted. In interviews with PREA coordinator, the agency is working with governing authority to be authorized to access the child abuse or neglect registry. Non Compliance was determined by review of personnel and PREA policies, review of the background and Child Abuse/Neglect Registry checks randomly selected, interview of the PREA Coordinator, Facility Administrator and human resources staff.</p> <p data-bbox="240 2009 469 2038"><b>Corrective Action Plan</b></p> <p data-bbox="240 2067 1477 2161">On September 13, 2021 the North Carolina Department of Juvenile Justice provided an agreement to allow the Department of Juvenile Justice to access the child registry for North Carolina. On September 13, 2021 the auditor received an email indicating the child registry checks were completed on all staff and no staff was found to be registered by the child registry.</p>

The agency has uploaded all staff at the facility's child registry checks. Based on the documentation received it was determined that the facility is in compliance with this standard.

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility had a major upgrade to the camera and monitoring system at CRJDC in 2016. The director interviewed indicate he has requested further upgrades to the system for the latest age of cameras. The camera system is reviewed each month and is reviewed as part of the Incident Review Team regardless if it is an allegation of sexual abuse or other incidents within the facility. A review of the camera system found no blind spots and no cameras located in areas where resident change clothing, shower or utilize the toilet.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 884">Documentation and staff interviews confirmed Cumberland County Sheriff's Office (CCSO) and Department of Social Services (DSS) conducts the criminal investigations and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. CRJDC has a MOU with the Rape Crisis Volunteers of Cumberland County to provide confidential emotional support to residents who are victims of sexual abuse at the detention center. Cape Fear Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. The agency has developed a directive to establish PREA Support Persons (PSP) that serves as an advocate and advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment. The Facility Director has designated four (4) detention staff for this role. The agency has developed a training program for the PSP staff. All of the PSP staff have received the training. Detention staff interviews and training documentation confirmed the PSP individuals and their role in the detention center. The director of the Rape Crisis Volunteer of Cumberland County was interviewed. She was extremely familiar with the Detention Center and provide in depth information on the services the programs offers to residents of sexual assaults. The Rape Crisis Center provides all residents a brochure that describes the service the center would provide resident of sexual assaults. Cape Fear Medical Center was contacted and provided information on SANE staff on call and their relationship with the Rape Crisis Center and with the local Law Enforcement. The Medical Center has staff on call for SANE forensic examinations. During the last audit year there has been one allegation of sexual abuse that was reported. At the conclusion of the investigation the allegations was determined to be unfounded.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 781">North Carolina Department of Public Safety (NCDPS) Juvenile Justice Facilities Sexual Abuse and Harassment Policy requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse or sexual harassment to Department of Social Services (DSS) for investigation and determination of child abuse and Cumberland County Sheriff's Office (CCSO) for the determination of criminal charges. Staff refer all allegations of sexual abuse and sexual harassment to the Central Office and the PREA Office for completion of an administrative investigation. The appropriate information will be entered into their internal TROI system. The NCDPS PREA policy can be found at the North Carolina state's website and information can be found in their PREA pamphlet (Expect Respect: Your Safety in Juvenile Justice) that is available in English and Spanish. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. CRJDC received one allegation of sexual abuse and sexual harassment resulting in a criminal investigation and an administrative investigation in the past twelve (12) months. All detention staff interviews reflected and confirmed their knowledge on the reporting and referral process. A review of the agency policy, interviews with staff confirmed compliance with this standard.</p>

115.331	<b>Employee training</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1398 331">DJJ Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the residents will be trained on:</p> <ol data-bbox="240 360 1485 1064" style="list-style-type: none"> <li data-bbox="240 360 1050 389">1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.</li> <li data-bbox="240 418 1398 479">2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</li> <li data-bbox="240 508 991 537">3. Residents' right to be free from sexual abuse and sexual harassment.</li> <li data-bbox="240 566 1465 595">4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</li> <li data-bbox="240 624 1018 654">5. The dynamics of sexual abuse and sexual harassment juvenile facilities.</li> <li data-bbox="240 683 1121 712">6. The common reactions of juvenile victims of sexual abuse and sexual harassment.</li> <li data-bbox="240 741 1485 801">7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</li> <li data-bbox="240 831 850 860">8. How to avoid inappropriate relationships with residents.</li> <li data-bbox="240 889 1410 949">9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</li> <li data-bbox="240 978 1358 1008">10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and</li> <li data-bbox="240 1037 834 1066">11. Relevant laws regarding the applicable age of consent.</li> </ol> <p data-bbox="240 1095 1453 1256">All new employees sign the "Acknowledgement of New Hire Orientation PREA Training" form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training.</p> <p data-bbox="240 1285 1485 1413">At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various online trainings. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.</p> <p data-bbox="240 1442 1422 1503">The center provides a power point presentation of the training program provided to staff. The power point presentation provided all the information noted in the policy. All staff receive annual refresher training.</p> <p data-bbox="240 1532 1465 1659">The CRJDC also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff. Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs.</p> <p data-bbox="240 1688 1453 1787">At the facility, it was evident through documentation, interviews, and observation of the day-today operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.</p> <p data-bbox="240 1816 1490 1877">A review of the training records of 10 staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NCDPS Juvenile Policy 92013 PREA requires volunteers, interns and contractors who have contact with residents to receive indepth PREA training. All volunteers, interns and contractors receive the PREA training, PREA Volunteer brochure and sign the "PREA Acknowledgement Form" upon completion of the PREA training. Documentation confirmed they are aware of the detention center's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a volunteer and review of Volunteer files confirmed the facility provides the mandated training and volunteers are required to provide knowledge of the PREA training.</p>

115.333	<p><b>Resident education</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Resident PREA Education mandate that PREA information, both orally and in writing for residents to receive comprehensive age-appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/ counseling, and confidentiality. During the intake process provide residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.</p> <p>The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements. Intake staff provide the residents that arrive at the facility with an orientation that includes the Zero Tolerance policy, how to report sexual abuse or sexual harassment and your right to be free from sexual abuse or sexual harassment. Intake staff also provide new residents with two brochures. One is Expect Respect and the other is from the Victim Advocacy program.</p> <p>Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters.</p> <p>Compliance was confirmed by review of the training curriculum, interview with direct care staff, facility administrator, and residents.</p> <p>A review of ten (10) resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an "Admissions Checklist" form and document the intake information on a progress note. An interview with the PREA Compliance managers and documentation confirmed PREA education is provided to all residents upon arrival to the facility and monthly. Twelve (12) resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. Further compliance was determined review of center policy, and language line services and training materials. Further compliance was determined by review of resident records. A discussion with several of the residents validated how residents utilize the training module to address such things as inappropriate words that tend to exasperate sexual harassment.</p>
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115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Juvenile PREA Policy 92013 and Sexual Abuse and Harassment Lesson Plan including understanding Sexual Violence meet the mandates of this standard. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting training and the PREA Criminal Investigator Certification Training List. The center has four (4) Investigators who have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Administrative investigations are investigated by staff that have completed Sexual Abuse in a Confinement Setting training. Interviews with investigator, and an examination of policy, documentation and the investigators files confirm compliance with this standard.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 459">Medical and Mental Health specialized training includes: 1 How to detect and assess signs of sexual abuse and sexual harassment; 2. The short- and long-term consequences of sexual trauma on juveniles; 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4. Reporting procedures for allegations or suspicions of sexual abuse and sexual harassment. 5. Training will be documented using the PREA DPS Training Course Record.</p> <p data-bbox="231 459 1508 663">Medical/mental health providers will also attend Sexual Abuse and Harassment 101 training for employees. A review of the training sign in roster, individual Medical and Mental Health Training files and interviews with medical and mental health, including contracting mental health provider confirmed that the nine (9) staff assigned to provide mental health and medical services have received the appropriate and effective training.</p>

115.341	<b>Obtaining information from residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1492 869">           Juvenile PREA Policy 92013 (Facilities Sexual Abuse and Harassment Policy &amp; Requirements and Procedures) mandates that all resident will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. The agency has developed an Admissions Information and Rights form that all staff are required to utilized when interviewing residents when they arrive at the detention center. The admissions checklist includes personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. The objective screening instrument is part of the admissions information that staff complete and acknowledge they have completed the screening instrument and all other admissions information. Also, policies require all residents to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The intake screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be (LGBTQI) or gender nonconforming. Residents are reassessed at a minimum every six months and throughout their stay at the facility. The facility's policy limits staff access to this information on a "need to know basis" and also prohibits the discipline of any resident for refusing to answer screening questions.         </p> <p data-bbox="242 898 1477 1025">           Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.         </p> <p data-bbox="242 1055 1477 1317">           Periodically throughout the resident's confinement information is obtained about the residents' personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Information is gathered through staff conversations with the resident, information provided by the probation department, and/or family member, and incident reports written by the staff. This information will be placed in the resident's file and relayed to the facility administrator and treatment team. If warranted, the Facility Administrator will determine if further action is necessary. If residents indicate they have a history of sexual victimization, the facility will notify the resident's Mental Health provider. There were two resident that claimed history of victimization during the resident interviews. There were eight residents that were referred to mental health for follow up interviews.         </p> <p data-bbox="242 1346 1477 1406">           Based on the review of the agency policy and procedures, observations and information obtained through staff and resident interviews, and review of documentation, the facility has demonstrated compliance with this standard.         </p>

115.342	<p><b>Placement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>This facility does not house residents in isolation for a means of protective custody.</p> <p>Cumberland Regional Juvenile Detention Center has one dormitory and has average populations of 14 residents to provide alternative for separation from other residents or staff. The facility administrator will develop a plan of action to keep the resident safe. This can include moving to a facility to other Regional Juvenile Detention Centers, releasing to home confinement or holding resident on one on one watch, shadowing the residents until appropriate remedies can be assessed and implemented. Even during any period of separation from other residents, residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents separated from other residents shall receive daily visits from a medical or mental health care clinician.</p> <p>Lesbian, gay, bisexual, transgender, questioning or intersex (LGBTQI) residents shall not be placed housing, bed, or other assignments solely based on such identification or status, nor shall agencies consider LGBTQI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Compliance Manager at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex residents shall be given the opportunity to shower separately from other residents.</p> <p>The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The center's PREA compliance manager and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis.</p> <p>Compliance of this standard were determined by review of the screening instrument, interviews with medical staff, and facility administrator.</p>
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115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 804">Juvenile PREA Policy 92013 (Facilities Sexual Abuse and Harassment Policy &amp; Requirements and Procedures) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. Resident interviews indicated several ways to report sexual abuse and sexual harassment by sending correspondence to the Facility Director, Director of Facility Operations and DSS (third party), telephoning the DSS or PREA Center telephone number, speak with a staff they trust, and court counselor. Additionally, residents are provided a "Student PREA pamphlet that includes ways of reporting. Staff are required to review the PREA pamphlet with all residents during initial orientation. Additionally posting advising residents of multiple ways of reporting allegations of sexual abuse or sexual harassment or retaliation for reporting abuse. The postings were observed in the secure lobby and administrative area, intake area, dining/classroom area, visitation/classroom area and living areas of the detention facility. The victim advocate program also provides a pamphlet and includes the programs hotline number and address to report allegation of sexual abuse or sexual harassment. Resident and staff interviews along with the resident's pamphlet, supporting documentation, review of the posting found throughout the center verified compliance with this standard.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 506">Youth Development Center Policy and Requirements and Procedures (R&amp;P)- Section 6 (R&amp;P/YD 6: Non-Disciplinary, Internal Grievance Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. The detention facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation.</p> <p data-bbox="229 506 1509 824">All resident interviewed were aware of the agency grievance process. Documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. There have been one grievance relating to sexual abuse or sexual harassment received in the past 12 months at the detention facility. The one allegation was filed as a resident was leaving the center for placement another program. He was determined not to be in imminent danger and the emergency grievance was responded within 24 hours. The grievance was determined to be unfounded. However, investigative staff asked that they be granted and extension due to pandemic in order to interview the resident. The extension was granted and the final outcome of unfounded was determined on 6/24/2020 Compliance was determined through review of the agency policy, review of center's grievance log, interview with Grievance officer, interview with 12 residents assigned to the center on date of review and observation of grievance boxes in each living unit.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 616">PREA - The North Carolina Approach and Juvenile PREA Policy 92013 Requirements and Procedures establishes that each facility develop a plan for Telephone and Mail, Visitation a access to Legal Representation. CRJDC maintains a Memorandum of Understanding from Rape Crisis Volunteers of Cumberland County to provide confidential emotional support to residents who are victims of sexual abuse at the detention facility. Compliance was determined through telephone interview with crisis center director. The indicated they provide advocacy person trained on sexual abuse support services for juveniles. The facility has the telephone and mailing address for the shelter home and the center provides information on these services to the residents during their intake and through posters located through the center. Each resident receives a Pamphlet from the victim advocate center during the admission to the facility. The center would make arrangement to visit with resident at the facility or have the resident transported to the center. The center has provided training with the staff about their services and access to the services.</p> <p data-bbox="231 616 1508 806">The facility provides visitation with parent and legal guardians. Presently the visitation is on Zoom calls. Legal Representation can set up a time to talk to the residents or can conduct zoom interviews with the residents. The center has a private office area that is set up for confidential call to family, legal representation staff and with the Rape Crisis Center. Resident interviews revealed knowledge of how to access outside services and most had knowledge of what kind of services are provided by the organization.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 548">NCDPS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. In addition, the Department has established a confidential webpage for employees to report allegations fraud, waste, abuse, misconduct or mismanagement in the department and these concerns may be reported anonymously. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information. Third Party reporting posters were found in the visitation room and main lobby of the facility. Resident interviews were aware of ways to report sexual abuse and harassment including persons outside of the center including their parent(s)/legal guardian(s) and attorney. Compliance was determined by review Agency Web site, interviews with residents, staff and center director.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 197 1509 264"><b>Auditor Discussion</b></p> <p data-bbox="229 264 1509 728">           Juvenile PREA Policy 92013 mandates that all staff, contractors, and volunteers are required to immediately report any information regarding sexual abuse or sexual harassment or any staff neglect, action or violation that may have contributed to an incident or an act of retaliation. Juvenile PREA Policy 92013 Reporting Abuse and/or Neglect Requirements and Procedures also requires the information concerning the identity of the alleged resident victim and the specific facts of the case to be shared with staff who need-to-know because of their involvement with the victim's welfare and/or the investigation of the incident. The center director is mandated to notify the juvenile's parent/legal guardian by telephone or in-person of the report unless the juvenile's parent/legal guardian is the person alleged to have abused and/or neglected the juvenile (this notification must be recorded on the Incident Report. Ensure or make notification to law enforcement. Notify by telephone the juvenile's court counselor and send a letter to DSS by the next business day that contains all information that may be helpful to DSS in their investigation, including a copy of the Incident Report. Medical and Mental Health staff were aware of their responsibilities including their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. NCDPS has developed a Form YD- 001 Sexual Abuse Incident Response Checklist that includes documentation of date, time and staff that reported allegation of sexual abuse or sexual harassment.         </p> <p data-bbox="229 728 1509 840">           There have been one allegation of sexual abuse or sexual harassment during the last twelve (12) months. Compliance was confirmed by review of the policies, interview with center director, PREA Compliance manager, medical and mental health staff and center direct care staff.         </p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 526">NCDPS DJJ Youth Development Center Policy and Requirements and Procedures (R&amp;P) Section 6 (Non-Disciplinary, Internal Grievance Process) requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Staff interviewed stated their duties and responsibilities if they were aware of a resident being subject to substantial risk. Staff stated they would act immediately to protect the resident, including separating the resident and alerting other staff of the situation. Additionally, staff provided steps they would take if they thought a resident had been sexually abused such as separate residents, secure the scene, protect possible evidence, not allow resident to destroy possible evidence and contact their supervisor and medical staff.</p> <p data-bbox="231 526 1508 638">In the previous 12 months there were no reported incidents of a resident being subject to substantial risk of imminent sexual abuse. Many of the staff carry a small card with directions of managing resident regarding sexual abuse. Compliance with this standard was verified through review of Policy, and interview with staff and PREA Compliance Manager.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Juvenile PREA Policy 92013 requires the Facility/Center Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred within 72 hours and to report it in accordance with NCDPS policies and procedures. The Center Director has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months. Staff interviewed were aware of their responsibility to ask resident during intake and to notify the center director or PREA compliance manager if any resident notifies them of past history of sexual abuse or sexual harassment at any other facility or prior to arriving at this facility. Compliance was determined through interviews with staff, the PREA compliance manger, the center director and review of the agency policy.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">Juvenile PREA Policy 92013 mandates action to be taken by first responders of a sexual assault. Upon learning of an allegation that an resident was sexually abused, the first responder is directed to: 1) separate alleged victims and alleged abuser; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence. The agency has developed a Sexual Abuse Incident Response Checklist for First Responder. First responders interviewed were knowledgeable about their duties and responsibilities. Several staff were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident.</p> <p data-bbox="229 555 1509 672">During the last 12 months there have been one allegations of sexual abuse reported through grievance system. Compliance was verified through review of Policy, training plan, interviews with staff (including first responder) and support staff including contractor and treatment staff.</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 633">North Carolina Department of Public Safety implemented a mandate that all facilities or centers shall develop and implemented a Coordinated Response Plan and will review and update the plan as required but at least annually. Cumberland Regional Juvenile Detention Center implemented the Coordinated Response Plan in 2021. The following staff were interviewed of their specific role in the coordinated response plan, and all were able to articulate their responsibilities. CRJDC's Sexual Abuse Institutional Response Plan provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. CRJDC's detention staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting DSS and law enforcement, victim advocate services, &amp; parent/guardian and a number of other individuals. The following staff were interviewed of their specific role in the coordinated response plan, and all were able to articulate their responsibilities.</p> <ul data-bbox="240 667 746 1263" style="list-style-type: none"> <li>· Center Director</li> <li>· Shift Supervisor</li> <li>· Direct Care Staff</li> <li>· First Responders</li> <li>· Nurse</li> <li>· Psychologist</li> <li>· PREA Compliance Manager</li> <li>· PREA Support Person</li> <li>· Sexual Abuse Response Team</li> <li>· Rape Crisis Volunteer of Cumberland County</li> <li>· SANE staff at Cape Fear Medical Center</li> </ul> <p data-bbox="240 1296 1445 1352">Compliance was determined by review of the CRJDC Coordinated response Plan for 2021 and interviews with the above staff.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	North Carolina Department of Public Safety (NCDPS) nor does CRJDC engage in collective bargaining process regarding any violation of departmental policy regarding PREA.

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="239 212 454 235"><b>Auditor Discussion</b></p> <p data-bbox="239 380 1492 1086">           Juvenile PREA Policy 92013 requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The Center Director is responsible with overseeing the monitoring of the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. At the time an allegation or report of allegation of sexual abuse or sexual harassment is reported, the Center Director assigns a PREA Support Person (PSP) that will serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. NCDPS PREA Director's office has developed and initiated specific reporting forms "PREA Sexual Abuse and Harassment Retaliation Report" form [Staff (OPA-I22) or Resident (OPA-I24)". There were no incidents of retaliation in the past 12 months at the detention facility. The form requires Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the 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, 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. for at least 90 days following a report of sexual abuse, the facility promptly acts to remedy any such retaliation. In instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the agency monitor resident disciplinary reports, housing changes, program changes, negative performance reviews of staff, reassignment of staff, the agency or facility will continue the monitoring beyond 90 days if the initial monitoring indicates a need. At CRJDC, the director indicated the facility would monitor as long as the resident was assigned to the center and monitor staff for a minimum of 90 days and then until they felt comfortable that retaliation was not occurring. Compliance was determined by review of the policy, monitoring documents, and interviews with the PCM and Center Director.         </p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1497 465">Juvenile PREA Policy 92013 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The detention center restricts any isolation placement, however, CRJDC's has the capabilities to provide protective housing for a resident as a last resort. No residents who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other residents. The residents would be placed in another facility or detention staff would be placed on "no contact with resident."</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1497 1032">Juvenile PREA Policy 92013 require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Department of Social Services (DSS) for investigation and determination of child abuse and Cumberland County Sheriff's Department (CCSD) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Central Office and the Office of Special Investigations for completion of an administrative investigation. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and any other possible witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The agency only conducts compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Center has four (4) Sexual Abuse or Sexual Harassment Investigators assigned at the center. All administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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. Criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The agency does ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. There was one investigation of sexual abuse that was investigated during the previous audit cycle. The investigation was thorough, and contained all element of the standard. It was determined to be unfounded. The Deputy Commissioner Division of Adults and Juvenile recently sent a refresher memo to all directors. His refreshers stated "This memo is intended to provide a refresher to Juvenile Justice staff on several policy points related to the Prison Rape Elimination Act (PREA) and contained within existing internal policies.</p> <p data-bbox="240 1066 1477 1189">Per R&amp;P/DJJDP 17, Investigation"s policy; each Unit's Sexual Abuse and Harassment Policy; and R&amp;P/DJJDP 6, Reporting Abuse and/or Neglect: Whenever a staff member witnesses or has knowledge of any violation of Department policy, (s)he must immediately report the violation to his/her supervisor. The report then follows through the chain of command to the Deputy/designee, who may request an administrative investigation.</p> <p data-bbox="240 1223 1465 1312">Whenever a staff member witnesses or has knowledge of any condition or situation that may threaten the health, safety, or security of any juvenile in the physical custody or under the care of the Department, (s)he must immediately notify his/her supervisor. Supervisors receiving reports must take immediate action to resolve the threat.</p> <p data-bbox="240 1346 1465 1469">If an allegation of sexual abuse or sexual harassment is received from a juvenile via a grievance, that allegation will be responded to and investigated in accordance with protocols outlined in the Sexual Abuse and Sexual Harassment policies. Timeframes and requirements for non-disciplinary grievances are not applicable to sexual abuse and sexual harassment allegations (Reference: R&amp;P/YD 6, Non-Disciplinary Internal Grievance Process sections 6.6 and 6.8).</p> <p data-bbox="240 1503 1430 1559">Compliance with this standard was determined by a review of Policy /documentation, investigations and interviews with investigator, PCM, and center director</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Juvenile PREA Policy 92013 contains all the elements of the standard. The staff from the Department of Social Services (DSS) and the PREA Trained facility investigates utilizes a standard of a preponderance of the evidence for determining if allegations are substantiated. An interview with the Facility Director indicated that DSS conduct fact finding investigations, make conclusions following the investigation and provide the information to the detention center, to the Central Office and the PREA Office for consultation with legal and human resources to determine disciplinary actions. A review of the PREA investigative training and interviews with the Investigators confirmed compliance with this standard.</p>

115.373	<p><b>Reporting to residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Juvenile PREA Policy requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. PREA Support Person is responsible for the implementation of this Policy. NCDPS developed Form for providing information to resident during and at the conclusion of investigations for sexual abuse or sexual harassment. Following an investigation into a resident's allegation of sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation into a resident's allegation of sexual abuse the agency or facility will request the relevant information from the investigative agency in order to inform the resident.</p> <p>Cumberland County Sheriff's Department (CCSD) learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, Cumberland County Sheriff's Department notifies the Center Director who will then inform the resident whenever the detention facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention facility.</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, the agency subsequently informs the resident whenever the staff member is no longer posted within the resident's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Following a resident's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, the agency subsequently informs the resident whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation of sexual abuse by another resident, the agency will 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. The agency documents all such notifications or attempted notifications through the use of NCDPS forms. There was one allegation of sexual abuse that was determined to be unfounded. The resident was no longer at CRJDC at the conclusion of the investigation. He was notified by the Investigator on 3/26/2020. Compliance with this standard was verified through the review of Policies, forms and interviews with Investigator and PREA compliance manager.</p>
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115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 647">Juvenile PREA Policy 92013 mandates disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the Office of PREA Administration and law enforcement. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is 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. 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, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Compliance with the Standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and Center Director, and review of the Department's website that includes related PREA information. There have been no substantiated allegation of sexual abuse and sexual harassment during the last 12 months.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1465 465">Juvenile PREA Policy 92013 requires that volunteers and contractors in violation of the detention facility's policies and procedures regarding sexual abuse and sexual harassment of residents will be reported to DSS, Office of PREA Administration, local law enforcement and to relevant licensing bodies unless the activity was clearly not criminal. In the case of any other violation of agency sexual abuse and sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.</p> <p data-bbox="244 499 1490 656">Contractors and volunteers sign a NCDPS directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the Policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer. Compliance with the Standard was verified by review of appropriate policies, interviews with PREA Compliance Manager and Center Director, and review of the Department's website that includes related PREA information.</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 416">Juvenile PREA Policy 92013 mandate any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. Resident are provided training on rules and regulation regarding Sexual abuse or Sexual Harassment and a detailed training of the Resident Disciplinary Standard.</p> <p data-bbox="229 416 1509 506">During the initial intake into the center and during the center's PREA education program, resident are provided with information that includes their rights and responsibilities, a disciplinary list of violation.</p> <p data-bbox="229 506 1509 887">Juvenile Services policy requires residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. Local Mental Health staff interviewed indicated that residents would be offered therapy and mental health would be advised on any PREA violations and would provide mental assessment of resident prior to any behavior management or disciplinary action. There has been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the detention facility in the past 12 months. There was one finding of unfounded allegation of sexual abuse, however, the facility chose not to discipline the resident. The Center Director indicated that residents may also be referred for prosecution if the allegations were criminal. Compliance of this standard was determined by review of policies, intake brochure, and interview with residents, human service coordinator, psychologist, and center director.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 526">Juvenile PREA Policy 92013 and CRJDC first responder plan requires resident victims of sexual abuse are offered immediate unimpeded medical care at no cost to the victim. Policy also mandates that residents be provided information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The center's first responder plan provide mental health staff to provide treatment services to every victim without financial cost. The Rape Crisis Volunteers of Cumberland. is the program identified to provide the victim advocacy services for the residents at the detention facility. Cape Fear Medical Center provides the emergency and forensic medical examinations.</p> <p data-bbox="231 526 1508 683">Compliance was determined by review of policies, MOU with the Rape Crisis Volunteers of Cumberland County and interviews with director, first responders, and staff from the victim advocacy staff, SANE staff at Cape Fear Medical Center CRJDC Medical Staff, and PREA compliance manager.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 548">Juvenile PREA Policy 92013 and CRJDC first responder plan requires resident victims of sexual abuse are offered immediate unimpeded medical care at no cost to the victim. Policy also mandates that residents be provided information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The center's first responder plan provide mental health staff to provide treatment services to every victim without financial cost. The Rape Crisis Volunteers of Cumberland. is the program identified to provide the victim advocacy services for the residents at the detention facility. Cape Fear Medical Center provides the emergency and forensic medical examinations.</p> <p data-bbox="231 548 1508 788">Compliance was determined by review of policies, MOU with the Rape Crisis and interviews with director, first responders, and staff from the victim advocacy staff, SANE staff at Cape Fear Medical Center, CRJDC Medical Staff, and PREA compliance manager.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 680">Juvenile PREA Policy 92013 and CRJDC Coordinated Response plan requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Cape Fear Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's sexual assault that required medical intervention in the past twelve (12) months. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff have a protocol in place to assist residents and their families upon discharge from the detention center or from the custody of NCDPS to continue services if needed. All residents are provided with a flyer from Rape Crisis Volunteers of Cumberland. Compliance was determined by review of the policy, coordinated response plan and interviews with Mental Health and Medical staff and discussion with the Director of the rape crisis center about community involvement programs for children and adolescents that includes volunteers and compensated mental health professionals.</p>

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Juvenile PREA Policy 92013 mandates facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated within thirty (30) days unless the allegation has been determined to be unfounded . CRJDC’s Sexual Abuse Team consists of the Facility Director, both Youth Center Supervisors, Staff Nurse, Human Services Coordinator and Mental Health representatives. The Incident Review Team is also part of the Sexual abuse Response Plan. The facility has completed a mock review of an incident that was unfounded. There have been one investigations of alleged detention staff or resident’s inappropriate sexual behavior that occurred in this detention center in the past twelve (12) months. This investigation was unfounded. The detention staff interviews confirmed they would document their review on the “PREA Post Incident Review” form that captures all aspects of an incident. Compliance was determined by review of the PREA Post Incident Review form, copy of the mock drill and interviews with member of the Incident Review Team.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 515">Juvenile PREA Policy 92013 requires the collection of accurate, uniform data for every allegation of sexual assault. The Facility Director inputs information into the TROI system. The system capture all allegation of sexual abuse or sexual harassment utilizing uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The NCDPS PREA Director obtains the data from this system relating to PREA. The NCDPS PREA Director has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2019 annual report revealed it was completed and in accordance with this standard.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 450">Juvenile PREA Policy 92013 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2019 Annual Report indicated compliance with the standard and included all of the required elements. The NCDPS 2019 Annual Report is posted on the NCDPS Website for public review. The Facility Director monitors collected data to determine and assess the need for any corrective actions. The 2019 annual report was readily available on the North Carolina Department of Public Safety (NCDPS) website.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Juvenile PREA Policy 92013 requires that the yearly document is reviewed and approved by both the Director of Juvenile Facility Operations and Commissioner of Adult Corrections and Juvenile Justice. Further, the policy requires data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers were removed.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Cumberland Regional Juvenile Detention Center was audited in April 2017. There was no correspondence received because of the audit postings. The center provided a date stamp picture assuring the information remained on the center interior bulletin boards. The auditor was allowed to freely move throughout the facility and was provided private space to interview staff and residents including random conversations with staff and resident during the tour and when move from one area to another.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The April 2017 PREA audit was posted on the agency website.

<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

115.313 (a)	<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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<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 functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<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?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual 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 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry 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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<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.)	yes

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<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 the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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 making facility and housing placement decisions and programming assignments?	yes
<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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this 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.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline 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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

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

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

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

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

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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	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 cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or 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 the confinement of its residents.)	yes
<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.)	yes
<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 publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (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.)	yes
	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.)	no
<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.)	yes