

# PREA Facility Audit Report: Final

**Name of Facility:** Lakes Area Residential Group Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/14/2025

## Auditor Certification

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



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



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



**Auditor Full Name as Signed:** D. Will Weir

**Date of Signature:** 12/14/2025

## AUDITOR INFORMATION

**Auditor name:** Weir, Will

**Email:** prea.america@gmail.com

**Start Date of On-Site Audit:** 11/06/2025

**End Date of On-Site Audit:** 11/06/2025

## FACILITY INFORMATION

**Facility name:** Lakes Area Residential Group Home

**Facility physical address:** 7820 Michigan 123, Newberry, Michigan - 49868

**Facility mailing address:**

## Primary Contact

|                          |                    |
|--------------------------|--------------------|
| <b>Name:</b>             | Jen Boyer          |
| <b>Email Address:</b>    | jboyer@tfhomes.org |
| <b>Telephone Number:</b> | 906-249-5437       |

| <b>Superintendent/Director/Administrator</b> |                     |
|--|---------------------|
| <b>Name:</b>                                 | Sarah McNair        |
| <b>Email Address:</b>                        | smcnair@tfhomes.org |
| <b>Telephone Number:</b>                     | 906-249-5437        |

| <b>Facility PREA Compliance Manager</b> |                      |
|---|----------------------|
| <b>Name:</b>                            | Jenifer Boyer        |
| <b>Email Address:</b>                   | jboyer@tfhomes.org   |
| <b>Telephone Number:</b>                | 906-249-5437 ext 450 |

| <b>Facility Characteristics</b>  |            |
|--|------------|
| <b>Designed facility capacity:</b>   | 6          |
| <b>Current population of facility:</b>   | 6          |
| <b>Average daily population for the past 12 months:</b>                        | 6          |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No         |
| <b>What is the facility's population designation?</b>                          | Men/boys   |
| <b>Age range of population:</b>  | 12-17      |
| <b>Facility security levels/resident custody levels:</b>                       | Non-Secure |
| <b>Number of staff currently employed at the</b>                               | 11         |

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| <b>facility who may have contact with residents:</b>   |   |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 3 |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 0 |

| AGENCY INFORMATION   |  |
|--|--|
| <b>Name of agency:</b>                                       | Teaching Family Homes of Upper Michigan              |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 1000 Silver Creek Road, Marquette , Michigan - 49855 |
| <b>Mailing Address:</b>                                      | 7820 State Hwy M123, Newberry, Michigan - 49868      |
| <b>Telephone number:</b>                                     | 9062935670   |

| Agency Chief Executive Officer Information: |                       |
|---|-----------------------|
| <b>Name:</b>                                | Dana Koziara-Plutchak |
| <b>Email Address:</b>                       | dkoziara@tfhomes.org  |
| <b>Telephone Number:</b>                    | 906-249-5437          |

| Agency-Wide PREA Coordinator Information |             |                       |                     |
|--|-------------|-----------------------|---------------------|
| <b>Name:</b>                             | Sara McNair | <b>Email Address:</b> | smcnair@tfhomes.org |

| Facility AUDIT FINDINGS   |
|---|
| <b>Summary of Audit Findings</b>  |
| The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. |

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

|                                      |  |
|--------------------------------------|--|
| <b>Number of standards exceeded:</b> |  |
| 0                                    |  |
| <b>Number of standards met:</b>      |  |
| 43                                   |  |
| <b>Number of standards not met:</b>  |  |
| 0                                    |  |

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2025-11-06 |
| 2. End date of the onsite portion of the audit:   | 2025-11-06 |

### Outreach

|   |  |
|---|--|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | Harbor House and The Women's Center                              |

## AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 6  |
| 15. Average daily population for the past 12 months:                             | 6  |
| 16. Number of inmate/resident/detainee housing units:                            | 1  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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|--|---|
| <b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 6 |
| <b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 0 |
| <b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 0 |
| <b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 0 |
| <b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 0 |
| <b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 0 |
| <b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 0 |

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| <b>31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>   | 0 |
| <b>32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>   | 0 |
| <b>33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>                        | 0 |
| <b>34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b> | 0 |

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| <b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b> | <p>A recent DOJ Memorandum to auditors to make "National PREA Standards Alignment with Executive Order 14168" requires some of the above information to cease being asked. Therefore, to comply, questions were answered with placeholder zeros.</p> <p>Executive Order 14168 states that "'Sex' shall refer to an individual's immutable biological classification as either male or female. 'Sex' is not a synonym for and does not include the concept of 'gender identity.'" The Executive Order states that "'Gender identity' reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification . . . ." It goes on to order that "Agencies shall remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual's sex shall list male or female, and shall not request gender identity. . . ."</p> |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>   |   |
| <b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>   | 11  |
| <b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>   | 0   |
| <b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>  | 3   |



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| <b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b> | No text provided.  |
| <b>INTERVIEWS</b>  |  |
| <b>Inmate/Resident/Detainee Interviews</b>   |  |
| <b>Random Inmate/Resident/Detainee Interviews</b>  |  |
| <b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 0  |
| <b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>   | <div> <input type="checkbox"/> Age         </div> <div> <input type="checkbox"/> Race         </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)         </div> <div> <input type="checkbox"/> Length of time in the facility         </div> <div> <input type="checkbox"/> Housing assignment         </div> <div> <input type="checkbox"/> Gender         </div> <div> <input type="checkbox"/> Other         </div> <div> <input checked="" type="checkbox"/> None         </div> |
| <b>If "None," explain:</b>   | All residents were interviewed. Although these factors did not cause any of them to be selected for interviews, they were considered part of the context when the information shared in the interviews was analyzed.   |
| <b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>  | All residents were interviewed.  |
| <b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>  | <div> <input checked="" type="radio"/> Yes         </div> <div> <input type="radio"/> No         </div>  |

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| <b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | All residents were interviewed.   |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |   |
| <b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 0   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| <b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 0   |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <div data-bbox="818 1467 1469 1630"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

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| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>                          | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b> | <p>0</p>  |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>                          | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | <p>0</p>  |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>                    | <p>0</p>  |

|   |   |
|---|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |
| <p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>All residents were interviewed. The facility tracks these risk factors and provided a list. However, sensitive information about such a small group of individuals will not be disclosed in this report because it may violate confidentiality.</p>  |

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| <p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p> | <p>All residents were interviewed. The software requires an answer to the above questions, so I've entered placeholder answers. The facility tracks potential risk factors and provides the Audit Team with a list as required. Although these factors are not predictive in specific individuals, the information helps the Audit Team recognize which interview information comes from residents who may potentially be of higher vulnerability to sexual abuse and sexual harassment. All of the interviews went very well and were vital to making compliance determinations.</p> <p>It has already been noted that a recent DOJ memo discourages collecting information on gender. Additionally, and unrelated to that, when a facility has only six residents, it may not be appropriate to list sensitive and confidential risk factor information on a form like this, which is released to the public. People who know the residents might easily infer (or mistakenly assume) which resident has which risk factor. The long-standing instructions from DOJ, repeated throughout these questions, remind auditors that "this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility."</p> |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>  |   |
| <p><b>Random Staff Interviews</b></p>  |   |
| <p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>   | <p>5</p>  |



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| <b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>   | <input type="checkbox"/> Length of tenure in the facility<br><input type="checkbox"/> Shift assignment<br><input type="checkbox"/> Work assignment<br><input type="checkbox"/> Rank (or equivalent)<br><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br><input checked="" type="checkbox"/> None |
| <b>If "None," explain:</b>  | All available staff were interviewed. The above listed characteristics did not result in the selection of staff for interviews, but was considered in the context of the information they provided during the interviews.   |
| <b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No text provided.   |
| <b>Specialized Staff, Volunteers, and Contractor Interviews</b>   |   |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. |   |
| <b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>   | 7   |
| <b>63. Were you able to interview the Agency Head?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |

|  |  |
|--|--|
| <b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>65. Were you able to interview the PREA Coordinator?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>66. Were you able to interview the PREA Compliance Manager?</b>                                   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><br><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

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

|   |   |
|---|---|
|   | <input type="checkbox"/> Other  |
| <b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of CONTRACTORS who were interviewed:</b>   | 1   |
| <b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input checked="" type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>   | No text provided.   |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**71. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☐ Yes

☒ No

**a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:**

There was not an admission of a new resident during the On-Site Review, therefore intake and risk screening procedures were not observed.

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

☒ Yes

☐ No

|  |  |
|--|--|
| <b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No   |
| <b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>  | Tests and observations of critical functions were all successful, and informal conversations were helpful and informative. |
| <b>Documentation Sampling</b>  |  |
| Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.   |  |
| <b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No   |
| <b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>   | All documentation was provided quickly and in a helpful organized fashion.   |
| <b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>  |  |
| <b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>  |  |
| Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited. |  |

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

#### 81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

#### 82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

|                               | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0       | 0         | 0               | 0             |
| Staff-on-inmate sexual abuse  | 0       | 0         | 0               | 0             |
| Total                         | 0       | 0         | 0               | 0             |

### Sexual Harassment Investigation Outcomes

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



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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

There were no allegations.

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

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

|   |   |
|---|---|
| <b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>  |   |
| <b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                          | 0   |
| <b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>                  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b> | Since there were no allegations of sexual abuse or sexual harassment, there were no files to review.  |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☒ Yes

☐ No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

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

☐ The audited facility or its parent agency

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

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

☒ Other

**Identify the entity by name:**

PREA America, LLC. I own the company.

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator   |
|---------|--|
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>Teaching Family Homes (TFH) of Upper Michigan operates the Lakes Area Residential Group Home (LARGH). TFH has a contract with MDHHS to provide residential services for selected MDHHS youth. This Standard requires that agencies and facilities have policies outlining how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies must include definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those who have participated in prohibited behaviors. The policy must include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The PREA Coordinator (PC) is the Residential Director who answers directly to the President of the Board of Directors. PREA information is available to the public at <a href="https://www.teachingfamilyhomes.org/services/res-group-homes/prea">https://www.teachingfamilyhomes.org/services/res-group-homes/prea</a>. The facility Director functions as the PREA Compliance Manager (PCM).</p> <p>Analysis: During the Pre-Audit process, the Auditor reviews the Pre-Audit Questionnaire (PAQ) and the documents provided by the agency/facility to support the answers they provided in the PAQ. Also, the Audit Team reviews the agency</p> |

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|  | <p>website and other records and information from other sources. In this audit, the Auditor found that the wording of some policies was not consistent with the relevant PREA Standards. Fortunately, the forms used, procedures, and training materials were all consistent with the Standards. The agency's approach was to issue a new PREA policy closely aligned with the Standards, including improvements beyond what the Auditor requested. Before the On-Site Review, the agency had already issued and distributed the new policy and informed staff. This report will reference the new policy since it has replaced the old policy in its entirety, including on the agency website. Interviews conducted and documents reviewed did not indicate that the poorly worded sections of policy have caused confusion. Staff have primarily relied on their training and other PREA materials for guidance. These sources have been reliable and compliant with the Standards. Evidence used to determine compliance with this Standard includes interviews with administrators, staff, and residents; LATFH PREA Policy Section 115.311-115.318 Prevention Planning PREA, and related definitions, training, and documentation; and the organizational chart. The facility appropriately and actively prevents, detects, and responds to sexual abuse and sexual harassment as required by this Standard.</p> |
|--|--|

| 115.312 | Contracting with other entities for the confinement of residents   |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p>The facility does not contract with other entities for the confinement of residents. Therefore, this Standard does not apply to TFH but to Michigan DHHS Juvenile Justice Programs, which places residents at LARGH through TFH.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Contract Administrator and other administrators at MDHHS and TFH, resident logs, previous audits, and other documentation.</p> |

| 115.313 | Supervision and monitoring   |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p>LARGH has developed, documented, and done its best to comply regularly with a staffing plan that considers all relevant factors and provides adequate staffing levels and video monitoring to protect residents against abuse. Each time the staffing plan is not complied with, the facility documents and justifies all deviations. At least once every year, the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether it needs changing due to prevailing staffing patterns,</p> |

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|  | <p>the deployment of monitoring technology, or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with the staffing plan.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Director, PREA Coordinator, supervisors, and staff; Documentation of the staffing plan development process; Staffing plan; Documentation of Annual Reviews; LATFH PREA Policy Section 115.311-115.318 Prevention Planning; and documentation of unannounced rounds, and that those rounds covered all shifts. To meet the needs of their residents and licensing requirements, the facility provides line-of-sight supervision, a 1-to-3 staff-to-resident ratio, and conducts 15-minute checks when residents are in their rooms. A triangulation of evidence verifies the facility's compliance with this Standard.</p> |
|--|--|

| 115.315 | Limits to cross-gender viewing and searches   |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p> <p>Consistent with this Standard, LARGH does not conduct searches of residents by different sex* staff absent exigent circumstances. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical different sex* staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks (this includes viewing via video camera). Policies and procedures require different sex* staff to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with all residents and available staff; LATFH PREA Policy Section 115.311-115.318 Prevention Planning; training curricula and videos; and staff training logs. In the past 12 months, no searches by staff of a different sex* resident have occurred, according to the available information and interviews. If these kinds of searches were to happen, they must be documented. Documentation and interviews indicate that all staff have been trained on searches, as explicitly required by their policy, and that they understand and follow the training.</p> <p>*The PREA Standards and LARGH more accurately use the term "cross-gender." "Gender" is more germane for use in this report because the Audit Team does not view or otherwise verify anyone's actual sex status. Nevertheless, the federal government of the United States is currently officially discouraging its use. On December 2, 2025, the US DOJ instructed Certified PREA Auditors to comply with Presidential Executive Order 14168. This order states, in Section 3(c), "When administering or enforcing sex-based distinctions, every agency and all Federal employees acting in an official capacity on behalf of their agency shall use the term</p> |



|  |   |
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|  | 'sex' and not 'gender' in all applicable Federal policies and documents." Auditors are not federal employees but are asked to adapt to these federal guidelines, "effective immediately." |
|--|---|

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|----------------|--|
| <b>115.316</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>LARGH has established procedures to provide disabled residents and residents with limited English proficiency 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. LARGH policy prohibits the use of 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.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Agency Head, residents, and randomly selected staff. Policies and procedures regarding all residents, including disabled residents and residents with limited English proficiency, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are found in LATFH PREA Policy Section 115.311-115.318 Prevention Planning, Youth PREA Orientation Handbook and Acknowledgement Form, and MDHHS Policy SRM 400, 401 (specifically regarding Persons who are Deaf, Blind, or Hard of Hearing) and 402. During the On-Site review, staff acknowledged that they had not needed to utilize language translator services and would not immediately know how to utilize the services without contacting MDHHS or some other partner. For years, all of their residents have spoken English. It is possible that they might receive a resident with limited English proficiency, or they might receive a resident whose family might have limited English proficiency, thereby making it helpful to be able to utilize interpreter services. During the 30 days after the On-Site Review, this was addressed. The staff now know that they still have access to the interpreter services that are available via an MDHHS contract, and have demonstrated that they know how to immediately access a translator. For residents with reading difficulties, the staff completing the onboarding and resident education read and review the materials with the youth to ensure they understand their rights and the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policies, resources, and interviews provide a triangulation of evidence of compliance.</p> |

| 115.317 | Hiring and promotion decisions  |
|---------|---|
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>Policy prohibits hiring or promoting anyone who has engaged in sexual abuse, as detailed in this Standard, if they may have contact with residents. LARGH policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. The agency's policy requires conducting criminal background record checks and consulting the child abuse registry before employing new employees who may have contact with residents. The agency must do its best 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. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff, hiring and background check policies (LATFH PREA Policy Section 115.311-115.318 Prevention Planning), and files of 4 employees and 2 contractors with background checks consistent with this Standard. While the agency is already compliant with this Standard, the HR Director is proactively implementing a form that new or prospective employees will sign, making it explicit that TFC will share administrative findings of sexual abuse and violations of THF's sexual harassment policy with potential future employers. This strengthens the agency's ability to consistently and hesitantly follow the provision of the Standard that states, "Unless prohibited by law, the agency shall 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." Also strengthening compliance with this Standard, the Michigan Division of Child Welfare Licensing requires and monitors criminal background checks and central abuse and neglect registry checks annually for all juvenile justice residential facilities. All reviewed documentation and conducted interviews were consistent with this Standard.</p> |

| 115.318 | Upgrades to facilities and technologies   |
|---------|---|
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>TFH has not acquired a new confinement facility or substantially expanded this facility, but it has updated the video monitoring system.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes:</p> |

|  |   |
|--|---|
|  | LATFH PREA Policy Section 115.311-115.318 Prevention Planning; interviews with the Agency Head and Facility Director; Documentation of video monitoring expansion; and a demonstration of the system during the on-site review. A triangulation of evidence verifies compliance with this Standard. |
|--|---|

| 115.321 | Evidence protocol and forensic medical examinations   |
|---------|---|
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>LARGH is responsible for conducting only administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Luce County Sheriff's Department and Michigan Children's Protective Services coordinate criminal investigations and follow uniform evidence protocol. The facility offers all residents who experience sexual abuse access to forensic medical examinations off-site at no financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means, and documents these efforts.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews conducted with randomly selected staff at the facility and with the SANE Nurse at the hospital. There were no allegations or investigations to review since the previous audit, but forms and the tracking system for allegations and for documenting the care provided were examined. When no investigations have been conducted or required, auditors lack proof of practice and must rely heavily on interviews with investigators and investigator training to determine compliance. Investigators demonstrated knowledge of all parts of the investigative process, know where to get help and expertise, and have completed all required training. Forensic medical exams are provided at no cost to the alleged victim. Teaching Family Homes has two MOUs with providers to offer victim-based advocates to their youth: Harbor House and The Women's Center. The Audit Team verified these agreements and services. LATFH PREA Policy Section 115.321-115.322 Responsive Planning was reviewed, along with the MOUs with the Luce County Sheriff's Office, Harbor House, and the Women's Center. LARGH is compliant with this Standard.</p> |

| 115.322 | Policies to ensure referrals of allegations for investigations |
|---------|--|
|         | <b>Auditor Overall Determination:</b> Meets Standard           |
|         | <b>Auditor Discussion</b>                                      |

|  |  |
|--|--|
|  | <p>LARGH ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published online. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Analysis: Verification of compliance with this Standard was achieved through a review of LATFH PREA Policy Section 115.321-115.322 Responsive Planning, training curriculum, and interviews conducted during the audit. Evidence used to determine compliance with this Standard includes Interviews with the Agency Head and Investigative staff. There were no allegations received during the past 12 months or in recent years, so, without proof of practice, the Auditor conducted an additional interview with an investigator to verify compliance with all Standards related to investigations. The Auditor is satisfied that a triangulation of evidence confirms that the facility is compliant with this Standard.</p> |
|--|--|

| 115.331 | Employee training  |
|---------|--|
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>LARGH trains all employees who may have contact with residents regarding all the topics required by this Standard. The training is tailored to the unique needs and attributes of the residents at the facility. Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment annually.</p> <p>Analysis: All staff have been trained in the topics required by this PREA Standard. Verification that they received the training and understood it was provided. Evidence used to determine compliance with this Standard includes: LATFH PREA Policy Section 115.331-115.335 Training and Education; PREA Boundaries Poster; interviews with randomly selected staff; staff training curricula; records documenting staff training regarding compliance with this Standard (17 files reviewed); Pat Downs Training attendance sheet; Age of Consent Training Attendance sheet; and TFH PREA Risk Factors Training and Attendance documentation. Here are some training topics covered with staff and administrators during this audit, in addition to the regularly scheduled training they have: No youth are allowed to be alone in common areas without staff present. All youth must report their whereabouts at all times. If there is an issue between youth, they are able to come to the staff and management to discuss and find a solution. Staff must continue to be diligent in their observations of the youth, so they can continue to quickly and skillfully de-escalate situations. Training on interpreter services has</p> |

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|  | <p>been updated to enable faster delivery of services for those in need of language assistance. New Third Party Reporting signs are up throughout the facility to ensure family members and other third-party members have the knowledge and ability to make reports on behalf of our residents. Confidential screenings are in a locked office to provide additional privacy for the youth's information. During the 30 days after the On-Site audit, the DOJ PREA Management Office told PREA Auditors to "immediately" cease determining compliance with the provision of this Standard that requires employees to be trained in "How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents." A triangulation of evidence demonstrates that the facility has followed all provisions and/or best practices of this Standard.</p> |
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| 115.332 | Volunteer and contractor training  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>All LARGH volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they offer and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: LATFH PREA Policy Section 115.331-115.335 Training and Education; Interview with contractor; training curriculum for volunteers and contractors who have contact with residents; training records for two contractors who have contact with residents. There are no volunteers. A triangulation of evidence verifies compliance.</p> |

| 115.333 | Resident education   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. All residents have been educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting</p> |

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|  | <p>such incidents. LARGH ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The agency provides 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.</p> <p>In addition to the standard PREA education that residents receive, these topics were reviewed with residents during the audit: All youth are to be cognizant of and demonstrate, through their actions, that reporting their whereabouts is crucial to keeping them and others safe. If there is an issue between youth, they are able to come to staff and management to discuss and find a solution. New Third Party Reporting signs are posted throughout the facility to ensure family members and other third-party individuals have the knowledge and ability to make reports on behalf of residents. The youth were educated about additional advocacy services in the area to better support them in times of need, should they request or require them. Youth were made aware of interpretation services available to those who need them.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected residents. LATFH PREA Policy Section 115.331-115.335 Training and Education. Intake records of 10 residents entering the facility in the past 12 months. Records corroborating that those residents received comprehensive age-appropriate PREA education within 10 days of intake. Education and informational materials (posters, Youth and Family Orientation Manual and Form, Youth Safety Guide, Resident Handbook, etc) in compliance with the Standard. Information received during the pre-audit process, as well as during the on-site audit and afterward, including interviews with staff and residents, indicates the residents have been well educated as required by this Standard.</p> |
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| 115.334 Specialized training: Investigations |   |
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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p>The facility investigators are trained in conducting sexual abuse investigations in confinement settings, as required by policy. The police perform criminal investigations.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with Investigative staff; LATFH PREA Policy Section 115.331-115.335 Training and Education; Investigator training curriculum; and documentation that two TFH agency Investigators have completed required training. The investigators receive their training through the NIC website. Both were interviewed. A triangulation of evidence confirms that the agency is compliant with this Standard.</p> |

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| <b>115.335</b> | <b>Specialized training: Medical and mental health care</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The agency has a policy for training medical and mental health practitioners who regularly work in the facility. They do not perform forensic exams. The agency maintains documentation showing that medical and mental health practitioners have completed required training. The training teaches how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; LATFH PREA Policy Section 115.331-115.335 Training and Education; and documentation showing that all have received the training. Interviews indicate that staff understand these tasks and responsibilities and are available to residents. Additionally, the residents have positive impressions regarding the care they receive. A triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.341</b> | <b>Obtaining information from residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>LARGH has routines in place that require screening within 72 hours of admission, for risk of sexual abuse victimization or sexual abusiveness toward other residents, using an objective screening instrument. Usually, these screenings are completed much sooner. They reassess all residents' risk levels monthly throughout their confinement. The screenings and reassessments attempt to gather information related to all areas required by this Standard and other information important in determining risk. A therapist completes the screening and assesses how these risk factors interrelate within the family's social history and functioning, and supports the information collected with context and narrative detail.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews that were conducted with Risk Screening staff, with all residents, and with the PREA Coordinator. LATFH PREA Policy Section 115.341-115.342 Screening for Risk of Sexual Victimization and Abusiveness was reviewed, along with the screening instrument used to determine risk of victimization or abusiveness. The completed screening forms for each youth in the facility were reviewed, along with some from the previous year. During the 30 days after the On-Site audit, the DOJ PREA Management Office ordered PREA Auditors to "immediately" cease</p> |



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|  | <p>determining compliance with the provision of this Standard that requires facilities to 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." Therefore, this PREA Audit Final Report does not make an official determination regarding that provision. However, any information that sheds light on whether a resident might be vulnerable to sexual abuse is of interest to those who are trying to increase sexual safety. By a triangulation of evidence, it is found that the agency complies with all applicable provisions of this Standard.</p> |
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| <b>115.342</b> | <b>Placement of residents</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>This Standard sets out how agencies are to use the information collected in accordance with the previous Standard, 115.341. To review, 115.341 requires agencies to "attempt" to gather information that will support the safety of each resident. 115.341 states, "This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files." Additionally, 115.341 requires the information be updated "periodically." 115.342 is about how all this information is to be used. It states, "The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse."</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with the PREA Coordinator, Risk Screening Staff, and all residents. Documentation was reviewed of the use of screening information to inform housing, bed, education, and program assignments. LATFH PREA Policy Section 115.341-115.342 Screening for Risk of Sexual Victimization and Abusiveness was reviewed. Documentation of reassessments was examined for compliance with the Standard. Policy and interviews indicate appropriate controls have been implemented on the dissemination of sensitive information obtained during the screening, reassessment, and therapeutic process, in order to ensure that the information is not exploited to the resident's detriment by staff or other residents. In fact, during the On-Site Review, when a door was left unlocked to an office where screening information is located, their protocols were reviewed and reinforced to increase security to the point there the information is always under lock and key, with access limited only to those with both the need and right to access the information to keep all residents safe from sexual abuse. In the 30 days after the On-Site Review, the reinforced protocols remained workable.</p> <p>During the 30 days after the On-Site audit, the DOJ PREA Management Office</p> |



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|  | <p>ordered PREA Auditors to "immediately" cease determining compliance with provisions "c" through "g" of this Standard. Provisions "c" through "g" state: "(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. (d) In deciding whether to assign a transgender or intersex resident to a facility 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. (e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents." As requested by the DOJ PREA Management Office, this PREA Audit Final Report does not make any official determinations regarding these quoted provisions. However, information that sheds light on whether a resident might be vulnerable to sexual abuse remains of interest to those trying to make decisions that increase safety. Through triangulation of evidence, it is found that the agency follows all applicable provisions and best practices in this Standard.</p> |
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| 115.351 | Resident reporting   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report verbally, through the grievance process, or by calling the Protective Services toll-free report line. The staff who work the Protective Services hotline have been trained to receive and forward these reports in accordance with their agency's policy and the PREA standards, including harassment cases not normally investigated by their agency and anonymous reports. LARGH does not house any residents detained solely for civil immigration purposes. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports by the end of their shift. Residents are provided with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that</p> |

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|  | <p>may have contributed to such incidents. TFH has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff and anyone else can also report anonymously through the Protective Services number. Staff are informed of these procedures through training, policy reviews, and posted notices.</p> <p>Analysis: In order to determine compliance with this Standard, interviews were conducted with all staff and residents. Additionally, several agency staff were interviewed at TFH and at MDHHS. LATFH PREA Policy Section 115.351-115.354 Reporting, Resident Handbook, posters, staff training, refresher training, resident education, and documentation regarding the outside entity responsible for taking reports were reviewed. The reporting system was tested. Education and reminders regarding reporting, including third-party reporting, and the availability of advocacy services are provided to residents and their families upon their initial arrival and periodically during their stay. A triangulation of evidence verifies compliance with this Standard.</p> |
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| 115.352 | Exhaustion of administrative remedies   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH has an administrative procedure for dealing with resident grievances regarding sexual abuse, which allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint, and it requires that an initial decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made immediately, as it is considered an emergency, as with any allegation of sexual abuse or harassment. The final decision must be made within 90 days. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes:</p> |

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|  | interviews with all residents, including some who had first-hand familiarity with the grievance system; interviews with staff who process and investigate grievances; LATFH PREA Policy Section 115.351-115.354 Reporting regarding resident grievances of sexual abuse; Resident Handbook; Grievance Box; grievance forms; training received by staff; and education received by residents regarding grievances. Grievances can be made online through <a href="http://www.teachingfamily-homes.org/services/res-group-homes/prea">http://www.teachingfamily-homes.org/services/res-group-homes/prea</a> . A triangulation of evidence indicates that the agency is compliant with this Standard. |
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| <b>115.353</b> | <b>Resident access to outside confidential support services and legal representation</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Residents are provided access to outside victim advocates for emotional support services related to sexual abuse. They are provided with phone numbers in their Orientation Packets, as well as by postings around the building. They are assisted in communicating with these organizations, in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, the extent to which a call might be monitored, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The facility maintains memoranda of understanding (MOUs) and other agreements with community service providers that can provide residents with emotional support services related to sexual abuse, and the facility maintains copies of those agreements. The facility has MOUs with the Women’s Center and Harbor House for emotional support services and advocacy, as well as to coordinate sexual abuse exams and related care when needed. The facility also provides residents with reasonable and confidential access to their attorneys or other legal representation, and with reasonable access to parents or legal guardians.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with all residents, with the agency PREA Coordinator, and with staff and the facility Director; LATFH PREA Policy Section 115.351-115.354 Reporting; Resident handbooks, posters, and written materials prepared for residents pertinent to reporting sexual abuse and access to support services; MOUs with the Women’s Center and Harbor House; and verification of the services available. During the audit, residents received additional education on advocacy services that are available to them in the area to better support them in times of need, should they request or require these services. The facility has demonstrated compliance with this Standard.</p> |

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| <b>115.354</b> | <b>Third-party reporting</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>LARGH provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Third-party reports can be made through the grievance system, through the Child Protective Services toll-free reporting line, or by verbal or written reporting to the facility. The agency and facility publicly distribute information on how to report resident sexual abuse or sexual harassment on behalf of residents. Information is provided to the resident and family. Posters list the CPS toll-free number and other reporting options.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes publicly distributed information on how to report sexual abuse or sexual harassment on behalf of residents, as well as LATFH PREA Policy Section 115.351-115.354 Reporting. All staff and residents interviewed knew that reports can be made by others, even by people outside the facility; that reports can be made anonymously; and that reports can be made through outside organizations. During the 30 days after the On-Site Audit, new Third Party Reporting signs were posted throughout the facility to ensure family members and other third-party members continue to have the latest information, knowledge, and ability to make reports on behalf of residents. Additionally, the Audit Team tested the reporting system. A triangulation or evidence verifies compliance.</p> |

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| <b>115.361</b> | <b>Staff and agency reporting duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>LARGH requires 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; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local service agencies, LARGH policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are mandated reporters and are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility will promptly report the allegation to the</p> |

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|  | <p>appropriate agency office and 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. If the alleged victim is under the guardianship of the child welfare system, the report will be made to the alleged victim's caseworker instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with all available staff, with medical staff, with mental health staff, with investigators, with the PC, and with the Facility Director/PCM. LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report covers all aspects of this Standard. These sources of information, along with the Audit Team's test of the reporting system, verify compliance with this Standard.</p> |
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| <b>115.362</b> | <b>Agency protection duties</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>When LARGH learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, the PREA Coordinator, the Facility Director, and staff; and LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report governing the agency's protection duties, when residents are subject to a substantial risk of imminent sexual abuse. According to the Pre-Audit Questionnaire and interviews, there have been no times in the past 12 months when the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse. Staff interviewed indicate that, depending on the specifics of the information received about the substantial risk of harm, they would follow as many of the First Responder Protocols as might apply to the situation. Consistent with PAQ information, staff and residents interviewed indicate they do not know of any times during the past year when a resident was at imminent risk of sexual abuse. All interviews indicated a belief that the facility would act to protect if they were made aware that a resident is subject to a substantial risk of imminent sexual abuse. A triangulation of sources shows compliance with this Standard.</p> |

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| <b>115.363</b> | <b>Reporting to other confinement facilities</b>     |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

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|  | <p><b>Auditor Discussion</b></p> <p>LARGH has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred, as soon as possible, but no later than 72 hours after receiving the allegation; and that this notification be documented. Policy also requires that the head of the facility notify the appropriate investigative agency. Allegations received from other facilities/agencies are to be investigated in accordance with the PREA standards.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, PREA Coordinator, and the Facility Director/PCM; and a review of LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report, which contains all the provisions of this Standard. These sources, along with training, add up to triangulated evidence of compliance.</p> |
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| <b>115.364</b> | <b>Staff first responder duties</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>LARGH has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim, and ensure that the alleged perpetrator, not take any actions that could destroy physical evidence. Policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with staff who would be First Responders. All these staff either know the First Responder Duties or know where to immediately locate them. Additionally, interviews indicate that training and other reminders assist staff in remaining familiar with these protocols. Documentation reviewed includes LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report, notices, training, First Responder Duties, and MDHHS requirements for the facility. The facility has demonstrated full compliance with this Standard.</p> |

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| <b>115.365</b> | <b>Coordinated response</b> |
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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p>LARGH has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Facility Director, PREA Coordinator, and staff. The Audit Team reviewed the Facility's Coordinated Response Plan and LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report. Also, the Audit Team verified the existence of the services listed in the CRP. The Auditor's interviews indicated an attitude of collaboration, cooperation, and openness to accountability that is consistent with the plan being carried out so that victims can receive any needed help, and that evidence is protected and collected. These indications, along with training curricula, indicate a triangulation of evidence of compliance.</p> |

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| <b>115.366</b> | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The agency has not entered into or renewed any collective bargaining agreement or other agreement since the previous audit. LARGH maintains the ability to protect residents from abusers.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes an interview with the Agency Head and other administrators and a review of all PAQ documentation. All indications are that the agency is fully compliant with this Standard.</p> |

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| <b>115.367</b> | <b>Agency protection against retaliation</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>LARGH has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The agency designates administrators to monitor for possible retaliation. These managers and supervisors</p> |



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|  | <p>monitor the conduct and treatment of residents or staff who reported sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days or as long as needed. LARGH acts promptly to remedy any such retaliation. No incident of retaliation is known to have occurred in the past 12 months.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with each of the following: the PREA Coordinator, the facility Director who serves as PREA Compliance Manager, other staff who will assist with retaliation monitoring, such as supervisors and HR, and residents. LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report, and the response to an incident not related to sexual abuse or harassment was reviewed. Since there were no sexual abuse or sexual harassment incidents to review, training curricula, along with forms, processes, and procedures, were double-checked. The facility has thus shown full compliance with this Standard.</p> |
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| 115.368 | Post-allegation protective custody   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH is a small non-secure group home with no protective custody options. Law enforcement is called if staff need assistance or if protection is needed. The facility does not use isolation. They can lock people out of the facility, not in.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with each of the following: the facility Director, PREA Coordinator, staff who supervise residents who have had rule violations, medical and mental health staff, and all residents; LATFH PREA Policy Section 115.361-115.368 Official Response Following a Resident Report; video monitoring systems; and examples of how rule violations are handled. A triangulation of evidence confirms compliance with this Standard.</p> |

| 115.371 | Criminal and administrative agency investigations   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH has a policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are to be referred for prosecution. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual</p> |



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|  | <p>abuse or sexual harassment for as long as the alleged abuser is a resident or is employed by the agency, plus five years. Investigations are to be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. These administrative investigations are to include an effort to determine whether staff actions or failures to act contributed to the abuse, and the investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is to be assessed on an individual basis and not determined by the person's status as resident or staff. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. No resident who alleges sexual abuse will have to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. When outside agencies investigate sexual abuse, the facility cooperates and endeavors to remain informed about the progress of the investigation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with both investigative staff (the facility Director and the PREA Coordinator), and with other administrators; LATFH PREA Policy Section 115.371-115.373 Criminal and Administrative Agency Investigations; and training records for investigators. These sources provide a triangulation of evidence of compliance.</p> |
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| 115.372 | Evidentiary standard for administrative investigations   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>LARGH imposes a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with investigative staff verifying their understanding of this Standard; LATFH PREA Policy Section 115.371-115.373 Criminal and Administrative Agency Investigations; and documentation of this Standard being taught in investigator training curriculum. Although there were no allegations of sexual abuse or sexual harassment occurring at the facility, the fact that the investigators are among the agency and facility's top PREA administrators, and understand these principles very well, and have support from PREA administrators at MDHHS, helps assure that findings will be made according to the requirements of this Standard. A triangulation of evidence, with no evidence to the contrary, verifies that the agency and facility</p> |

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|  | are compliant with this Standard. |
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| <b>115.373</b> | <b>Reporting to residents</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Policy requires that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. If an outside entity conducts an investigation, the agency requests the relevant information from the investigative entity to inform the resident of the investigation's outcome. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation of sexual abuse by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to residents described under this Standard are documented.</p> <p>Analysis: Training, LATFH PREA Policy Section 115.371-115.373 Criminal and Administrative Agency Investigations, and interviews were especially important in determining compliance since there were no investigations to review. Interviews with the PREA Coordinator and the Facility Director, who serve as the investigators, indicated that they understood this Standard. Agency policy and training address all provisions of this Standard. A triangulation of evidence shows compliance with this Standard.</p> |

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| <b>115.376</b> | <b>Disciplinary sanctions for staff</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>LARGH staff are subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other</p> |

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|  | <p>than actually engaging in sexual abuse) are 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. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: LATFH PREA Policy Section 115.376-115.378 Discipline was reviewed regarding violations of Agency sexual abuse or sexual harassment policies. Agency hiring and onboarding protocols notify applicants regarding the possibility of discipline and termination. Interviews with HR and administrators were performed. In the past 12 months, there have been no staff members alleged to have violated agency sexual abuse or sexual harassment policies. The agency has updated forms so that, when staff are hired, they agree that any potential employers will be informed of any substantiated violations of sexual harassment policies. The agency's policies and training documentation, along with the interviews conducted, provide triangulation of evidence demonstrating compliance with this Standard.</p> |
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| 115.377 | Corrective action for contractors and volunteers   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p> <p>Any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. LATFH policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been no such allegations or reports. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were held with the facility Director, PREA Coordinator, a contractor, and those who may supervise or accompany any volunteers or contractors who may have contact with residents. LATFH PREA Policy Section 115.376-115.378 Discipline requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Currently, there are two contractors and no volunteers. Additionally, the training received by contractors and volunteers explains the requirements of this Standard. These sources culminate in a triangulation of evidence of compliance.</p> |

| 115.378 | Interventions and disciplinary sanctions for residents   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="279 264 564 293"><b>Auditor Discussion</b></p> <p data-bbox="279 338 1481 958">Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or a criminal finding of guilt. Although the agency policy is consistent with this PREA Standard regarding the isolation of residents, the facility does not practice isolation. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. Disciplinary action for making a report of sexual abuse, if the report is made in good faith based upon a reasonable belief that the alleged conduct occurred, is prohibited, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="279 996 1469 1574">Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, mental health staff, and facility administrators; LATFH PREA Policy Section 115.376-115.378 Discipline; and training curriculum. Even though there have been no allegations of sexual abuse during the timeframe covered in this audit, some residents were interviewed about their experiences with facility discipline. Residents expressed the view that the group home follows its policies consistently and does a good job of working with residents who need direction or assistance. Additionally, they have easy access to counseling. Interviews with facility administrators verify that although all sexual activity between residents is prohibited, such activity does not constitute sexual abuse unless it is determined that the activity is coerced. Although the facility may address minor issues by removing privileges, in most instances, youth subject to disciplinary sanctions would need to be moved to a higher level of care. A triangulation of evidence confirms that the facility is compliant with this Standard.</p> |

| 115.381 | Medical and mental health screenings; history of sexual abuse   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="279 1861 564 1890"><b>Auditor Discussion</b></p> <p data-bbox="279 1935 1442 2056">All residents at LARGH who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, as per the</p> |

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|  | <p>facility's written policy and procedure. All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff document their services. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, and its use is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with each of the following: residents who disclosed sexual victimization at Risk Screening; medical staff; mental health staff; and staff who perform Risk Screening. LATFH PREA Policy Section 115.381-115.383 Medical and Mental Care regarding medical and mental health screening. Medical and mental health secondary materials documenting compliance with required services. All residents at the facility receive mental health screenings and care as part of the services provided. Resident interviews verified that their care includes mental health support for any victimization they have experienced in the past. Ten screenings were provided for review, along with the Lakes Area PREA Disclosure Tracking Form. A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.382</b> | <b>Access to emergency medical and mental health services</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p> <p>Interviews and reviews of policy indicate that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical and mental health providers verifying the emergency services in the Coordinated Response Plan, interviews with residents and staff who express wholehearted confidence that the facility provides the care they need and that it would include any emergency services needed; LATFH PREA Policy Section 115.381-115.383 Medical and Mental Care regarding access to treatment services</p> |

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|  | by resident victims of sexual abuse; and documentation procedures and forms for medical and mental health services rendered to residents. A triangulation of evidence verifies compliance with this Standard. |
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| <b>115.383</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>LARGH offers 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. Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with medical and mental health providers, and with residents; LATFH PREA Policy Section 115.381-115.383 Medical and Mental Care governing ongoing medical and mental health care for sexual abuse victims and abusers; and samples of medical and mental health documentation. Interviews indicate that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 10 days of admission or of learning of such abuse history, and it offers treatment when deemed appropriate by their contract psychologist. A triangulation of evidence verifies that the facility is compliant with this Standard.</p> |

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| <b>115.386</b> | <b>Sexual abuse incident reviews</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The facility conducts a sexual abuse incident review within 30 days after the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team considers all provisions of this Standard, including whether the incident and investigation revealed any motivations, group dynamics, staffing issues, and needed</p> |

changes. They assess whether monitoring technology should be deployed or augmented. They report their findings and any recommendations for improvement to the facility head and the PREA Coordinator.

Analysis: Evidence used to determine compliance with this Standard includes interviews with the facility and agency administrators, and with the Incident Review Team members; and LATFH PREA Policy Section 115.386-115.389 Data Collection and Review on conducting sexual abuse Incident Reviews. There have been no incident reviews of sexual abuse or sexual harassment incidents because there have been no alleged incidents or investigations. Interviews and materials provided verify that if there is a need for an incident review in the future, the Incident Review Team is informed and ready to follow this Standard and effectively utilize the MDHHS-5818 PREA 30 Day Sexual Incident Review Form.

As with some provisions of previous Standards, Auditors have recently been ordered by the DOJ PREA Management Office to cease making compliance determinations for a provision of this Standard. The subject of the DOJ Memorandum is the "National PREA Standards Alignment with Executive Order 14168." Executive Order 14168 states that "'Sex' shall refer to an individual's immutable biological classification as either male or female. 'Sex' is not a synonym for and does not include the concept of 'gender identity.'" The Executive Order states that "'Gender identity' reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification . . . ." It goes on to order that "Agencies shall remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual's sex shall list male or female, and shall not request gender identity. . . ."

The longstanding PREA provision in Standard 115.386 that is subject to this DOJ Memorandum advises facility administrators to "Consider whether the incident or allegation [of sexual abuse] was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility." While this audit complies with the new DOJ requirement that auditors not make a compliance determination on this provision, we acknowledge that the provision remains a good practice for facilities to follow. The provision does not support any notions about what gender(s) are or ought to be. It is instead about learning whatever perceptions are part of a dynamic that gets people hurt. The provision helps facilities know if someone is identified or perceived in some way that makes them a potential target of violence. When administrators consider the background, rumors, stories, relationships, labels, insults, and slurs that are part of the context for a particular incident of violence, it does not mean that the administrators believe any of the rumors or notions that any of the parties hold about the labels. Many violence-producing interactions include sexual comments and behaviors as part of stances of power and domination. Fortunately, LARGH has non-violent residents and deals with issues before they become serious.

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|  | <p>But if violence does occur, ignoring the dynamics would be very inefficient and naive. Violence in correctional facilities must be directly and effectively addressed: it not only harms the active participants of the violence, but also the staff, families, and the public. Gang membership, or perceived membership, like gender, cannot be biologically proven but is still a significant factor in many violent incidents in other facilities, and is essential to consider when applicable.</p> <p>By a triangulation of evidence, and no evidence to the contrary, LARGH is found to be compliant with all applicable provisions of this Standard.</p> |
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| <b>115.387</b> | <b>Data collection</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Teaching Family Homes collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions, and provides this to MDHHS JJP at least annually. The facility maintains, reviews, and, when applicable, collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes the policy and definitions regarding sexual abuse data collection (LATFH PREA Policy Section 115.386-115.389 Data Collection and Review); the data collection instrument used for collecting data on sexual abuse allegations at the facility; a Memorandum from the Agency Head; and an email from the Human Resources Coordinator. These documents, along with interviews conducted with the administrators, verify compliance with this Standard.</p> |

| <b>115.388</b> | <b>Data review for corrective action</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The agency reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Comparative data on sexual abuse allegations and findings are listed on the public website. The annual report is approved by the agency head and provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its yearly report readily available to the public through its website.</p> |



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|  | <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with the Agency Head, with the PREA Coordinator, and with other administrators; documentation of corrective action plans; LATFH PREA Policy Section 115.386-115.389 Data Collection and Review; Annual Reports of findings from data reviews and any corrective actions; and the link to the website where the Annual Reports are available: <a href="https://www.teachingfamilyhomes.org/services/res-group-homes/prea">https://www.teachingfamilyhomes.org/services/res-group-homes/prea</a>. A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.389</b> | <b>Data storage, publication, and destruction</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>TFH ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data be made readily available to the public, at least annually, through its website. Before making aggregated sexual abuse data publicly available, the agency makes sure it includes no personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with PREA Coordinator; LATFH PREA Policy Section 115.386-115.389 Data Collection and Review which requires that incident-based and aggregate data be securely retained, and that aggregated sexual abuse data be made readily available to the public at least annually through the website (<a href="http://www.teachingfamilyhomes.org/services/res-group-homes/prea">http://www.teachingfamilyhomes.org/services/res-group-homes/prea</a>) and Electronic Data Storage and Procedures.</p> |

| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>The Michigan Department of Health and Human Services Juvenile Justice Services coordinates the PREA Audits of its contracted facilities, including LARGH. They initiate PREA audits every year in keeping with this Standard and remain compliant in material ways with this Standard.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes details regarding when facilities in the MDHHS group have had audits.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Annual PREA Reports and PREA Audit Final Reports are posted at: <a href="http://www.teachingfamilyhomes.org/services/res-group-homes/prea">http://www.teachingfamilyhomes.org/services/res-group-homes/prea</a>.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews, emails, Audit Reports, the website, and other documentation showing the dates, details, and publication of PREA Audit Final Reports.</p> |

| <b>Appendix: Provision Findings</b> |   |     |
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| <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>   |     |

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

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

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|                    | 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 )            | na  |
|                    | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )  | na  |
|                    | 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  | na  |

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

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| <b>115.315<br/>(f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.316<br/>(a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?                          | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?                         | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?                       | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?                        | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?                             | yes |
|                        | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
|                        | Do such steps include, when necessary, ensuring effective   | yes |



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|                    | communication with residents who are deaf or hard of hearing?  |     |
|                    | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?   | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?   | yes |
| <b>115.316 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |
| <b>115.317 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual  | yes |

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|                    | abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?            | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
|                    | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?  | yes |
| <b>115.317 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  | yes |
| <b>115.317 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry   | yes |

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|                    | maintained by the State or locality in which the employee would work?  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| <b>115.317 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
|                    | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?   | yes |
| <b>115.317 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?   | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>  |     |

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|                        | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.317<br/>(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<br/>(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<br/>(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<br/>(a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                        | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   | yes |
| <b>115.321</b>         | <b>Evidence protocol and forensic medical examinations</b>  |     |

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

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

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|                        | 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<br/>(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<br/>(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 |

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|                    | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.  | na  |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?              | yes |
|                    | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?   | yes |
| <b>115.331 (b)</b> | <b>Employee training</b>   |     |
|                    | Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  | yes |
|                    | Is such training tailored to the gender of the residents at the employee's facility?   | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?                        | yes |
| <b>115.331 (c)</b> | <b>Employee training</b>   |     |
|                    | Have all current employees who may have contact with residents received such training?   | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?                         | yes |
| <b>115.331 (d)</b> | <b>Employee training</b>   |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  | yes |
| <b>115.332 (a)</b> | <b>Volunteer and contractor training</b>   |     |
|                    | Has the agency ensured that all volunteers and contractors who   | yes |



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|                    | have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  |     |
| <b>115.332 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.332 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.333 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
|                    | Is this information presented in an age-appropriate fashion?  | yes |
| <b>115.333 (b)</b> | <b>Resident education</b>   |     |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through  | yes |

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|                    | video regarding: Agency policies and procedures for responding to such incidents?   |     |
| <b>115.333 (c)</b> | <b>Resident education</b>   |     |
|                    | Have all residents received such education?   | yes |
|                    | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?                    | yes |
| <b>115.333 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?   | yes |
| <b>115.333 (e)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.333 (f)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its                        | yes |

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|                    | investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   |     |
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>  |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>  |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
| <b>115.335 (a)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                    | Does the agency ensure that all full- and part-time medical and  | yes |

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|                    | mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)               | yes |
| <b>115.335 (b)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  | na  |
| <b>115.335 (c)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |
| <b>115.335 (d)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | yes |
|                    | Do medical and mental health care practitioners contracted by   | yes |

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|                    | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) |     |
| <b>115.341 (a)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?   | yes |
|                    | Does the agency also obtain this information periodically throughout a resident's confinement?  | yes |
| <b>115.341 (b)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?   | yes |
| <b>115.341 (c)</b> | <b>Obtaining information from residents</b>   |     |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?   | yes |
|                    | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?   | yes |

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|                        | 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<br/>(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<br/>(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<br/>(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 |

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|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?                                   | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?                                     | yes |
| <b>115.342 (b)</b> | <b>Placement of residents</b>   |     |
|                    | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?   | yes |
|                    | Do residents in isolation receive daily visits from a medical or mental health care clinician?  | yes |
|                    | Do residents also have access to other programs and work opportunities to the extent possible?  | yes |
| <b>115.342 (c)</b> | <b>Placement of residents</b>   |     |
|                    | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                    | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                    | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                    | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |

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| <b>115.342<br/>(d)</b> | <b>Placement of residents</b>  |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.  | na  |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.  | na  |
| <b>115.342<br/>(e)</b> | <b>Placement of residents</b>  |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.  | na  |
| <b>115.342<br/>(f)</b> | <b>Placement of residents</b>  |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.  | na  |
| <b>115.342<br/>(g)</b> | <b>Placement of residents</b>  |     |
|                        | This provision is no longer applicable to your compliance finding, please select N/A.  | na  |
| <b>115.342<br/>(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<br/>(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</b>         | <b>Resident reporting</b>  |     |



|                    |   |     |
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| <b>(a)</b>         |   |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?   | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |
| <b>115.351 (b)</b> | <b>Resident reporting</b>   |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?   | yes |
|                    | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| <b>115.351 (c)</b> | <b>Resident reporting</b>   |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?   | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |
| <b>115.351 (d)</b> | <b>Resident reporting</b>   |     |
|                    | Does the facility provide residents with access to tools necessary to make a written report?  | yes |
| <b>115.351 (e)</b> | <b>Resident reporting</b>   |     |

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

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|                    | standard.)  |     |
|                    | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (e)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
|                    | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)   | yes |
|                    | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.352</b>     | <b>Exhaustion of administrative remedies</b>  |     |

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| <b>(f)</b>             |   |     |
|                        | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                        | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                        | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                        | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                        | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                        | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                        | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352<br/>(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<br/>(a)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                        | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline   | yes |

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|                    | numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  |     |
|                    | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?              | 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 |

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| <b>115.361<br/>(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<br/>(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<br/>(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<br/>(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 |

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| <b>115.361<br/>(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<br/>(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<br/>(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<br/>(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 |

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| <b>115.363<br/>(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<br/>(c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                        | Does the agency document that it has provided such notification?   | yes |
| <b>115.363<br/>(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<br/>(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<br/>(b)</b> | <b>Staff first responder duties</b>  |     |



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|                        | 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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(c)</b> | <b>Agency protection against retaliation</b>   |     |

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|                        | 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<br/>(d)</b> | <b>Agency protection against retaliation</b>  |     |

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|                        | In the case of residents, does such monitoring also include periodic status checks?  | yes |
| <b>115.367<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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 |

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| <b>115.371<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | Are all substantiated allegations of conduct that appears to be  | yes |

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

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|                        | responsible for conducting administrative and criminal investigations.)  |     |
| <b>115.373<br/>(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<br/>(d)</b> | <b>Reporting to residents</b>  |     |
|                        | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?   | yes |
|                        | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse   | yes |

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|                        | within the facility?  |     |
| <b>115.373<br/>(e)</b> | <b>Reporting to residents</b>   |     |
|                        | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.376<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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 |

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|                        | 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<br/>(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<br/>(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<br/>(b)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?   | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?   | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?   | yes |
| <b>115.378</b>         | <b>Interventions and disciplinary sanctions for residents</b>  |     |



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| <b>(c)</b>             |  |     |
|                        | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  | yes |
| <b>115.378<br/>(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<br/>(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<br/>(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<br/>(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<br/>(a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>   |     |
|                        | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that   | yes |

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

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|                    | medical and mental health practitioners?   |     |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   | yes |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?   | yes |
| <b>115.383 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?   | yes |
| <b>115.383 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| <b>115.383 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?  | yes |
| <b>115.383 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)   | na  |
| <b>115.383 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | If pregnancy results from the conduct described in paragraph §   | na  |

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|                    | 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)   |     |
| <b>115.383 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  | yes |
| <b>115.383 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?   | yes |
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  | yes |
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?   | yes |
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  | yes |
| <b>115.386 (d)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the review team: Consider whether the allegation or   | yes |

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|                    | investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   |     |
|                    | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.  | na  |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?   | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?   | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?   | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?   | yes |
| <b>115.387 (a)</b> | <b>Data collection</b>   |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?   | yes |
| <b>115.387 (b)</b> | <b>Data collection</b>   |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?  | yes |
| <b>115.387 (c)</b> | <b>Data collection</b>   |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?   | yes |

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| <b>115.387<br/>(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<br/>(e)</b> | <b>Data collection</b>  |     |
|                        | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.387<br/>(f)</b> | <b>Data collection</b>  |     |
|                        | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.388<br/>(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<br/>(b)</b> | <b>Data review for corrective action</b>  |     |
|                        | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in  | yes |

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|                        | addressing sexual abuse?  |     |
| <b>115.388<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(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<br/>(a)</b> | <b>Frequency and scope of audits</b>  |     |
|                        | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?   | yes |

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



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|  | 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.) |  |
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