

# PREA Facility Audit Report: Final

**Name of Facility:** Southern Peaks Regional Treatment Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/05/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 11/05/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	08/12/2024
<b>End Date of On-Site Audit:</b>	08/14/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Southern Peaks Regional Treatment Center
<b>Facility physical address:</b>	700 Four Mile Parkway, Cañon City, Colorado - 81212
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Laurie Billington
<b>Email Address:</b>	lbillington@abraxasyfs.org
<b>Telephone Number:</b>	719-429-0708

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Brandon Miller
<b>Email Address:</b>	bmiller@abraxasyfs.org
<b>Telephone Number:</b>	719-406-3970

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Laurie Billington
<b>Email Address:</b>	lbillington@abraxasyfs.org
<b>Telephone Number:</b>	O: (719) 429-0708

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Sally Owens
<b>Email Address:</b>	sally.owens@abraxasyfs.org
<b>Telephone Number:</b>	719-276-7500

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	136
<b>Current population of facility:</b>	41
<b>Average daily population for the past 12 months:</b>	43
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	10-18
<b>Facility security levels/resident custody levels:</b>	Staff secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	154
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	8
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

### AGENCY INFORMATION

<b>Name of agency:</b>	Abraxas Youth and Family Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2840 Liberty Avenue, Suite 300, Pittsburgh, Pennsylvania - 15222
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7172535227

### Agency Chief Executive Officer Information:

<b>Name:</b>	Jeff Giovino
<b>Email Address:</b>	jgiovino@abraxasyfs.org
<b>Telephone Number:</b>	717-599-0452

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Danny Cole	<b>Email Address:</b>	dancole@abraxasyfs.org
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# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

4

- 115.313 - Supervision and monitoring
- 115.331 - Employee training
- 115.342 - Placement of residents
- 115.378 - Interventions and disciplinary sanctions for residents

### Number of standards met:

39

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-12
2. End date of the onsite portion of the audit:	2024-08-14

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	42
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	41
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	38
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	20

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>29</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>All of the clients at the center were on what the center refers to as at risk clients. The characteristic listed above includes many of the clients that are identified as more than one of the above totals. There were no random clients at the center during the on-site audit.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>151</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>8</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor interviewed a total of 14 clients at the center. None of the clients were random in the fact that each client at the center were considered a targeted population. The audit did identify one client from each of the housing unit to include one that was 17 and one that was 13. The five also included one that had been at the center for 11 months and one that had been at the center less than 2 months. The center had 8 males and the auditor interviewed 2 males, one from each of the male housing units. The auditor interviewed 2 female clients, one from each of the female housing unit. for random interviews. However, since the client had targeted traits, the auditor also completed the targeted characteristics that each client presented.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The main barriers for interviewing random client was there were all residents met one or more of the targeted population characteristics.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></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>There was one client in a wheel chair during the on-site audit. This person was interviewed as a physically disabled client I interviewing the resident, she indicated she was on in a wheel chair part of the time because she had a wound that was not healing and she was suppose to be off of her feet. The resident was interviewed due to her history of victimization rather than as disabled. He wound was part of her mental health diagnosis. I spoke with all clients at the center and interviewed the nurse, clinical director, activity therapist, and education staff. None of the persons I spoke to knew of any other clients that had any disabilities.</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I interview the school principal, activity therapist and one special education teacher. I also interviewed the nurse and spoke to each client at the center. The special education staff indicated the center did not have anyone at the center at the time of the audit that required related services due low vision. One client that wore glasses indicated the is far sighted and is not low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I interview the school principal, activity therapist and one special education teacher. I also interviewed the nurse and spoke to each client at the center. The special education staff indicated the center did not have anyone at he center at the time of the audit that required related services due hard of hearing. All of the clients I spoke with was able to hear me and had no hearing problems.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I interview the school principal and one special education teacher. I also interviewed the clinical director (PCM), nurse and spoke to each client at the center. The special education staff indicated the center did not have anyone at he center at the time of the audit that required related services due being limited in English proficiency. All of the clients I spoke with was able to communicate with me utilizing English.</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on license as a mental health center and through agency protocol clients are never isolated. They may be placed on one on one room supervision up to two hours, however even then their room remains open. This was verified by observing a client that was in her room at the time of the on-site audit tour.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>I interviewed staff from each shift. I also interviewed staff with varying job functions. The human resources provided the auditor with a list of all staff and their start date at the center. The auditor interviewed staff that had less than 3 months and staff that had over five years. The auditor interviewed the supervising therapist that serves as the shift supervisor.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>14</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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



	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Staff responsible for mail services and the grievance coordinator. The auditor also interviewed the Education Principal and a special education teacher.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of 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 <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

Southern Peaks Regional Treatment Center has an open area concept which resembles a small college campus. There are buildings located around a large courtyard that provides free movement. The entrance of the campus is an administrative building that provides work areas, conference rooms and records areas. There is a staff member that ensures persons entering the complex are appropriately credentialed. The center has five housing units. At the present time the center is operating with four housing units. Two of the housing units houses male clients while the other two-house female clients. During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can clients shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center. The tour revealed adequate staff coverage, and physical supervision. Due to the present mission of the center, the center manages clients with levels of supervision based on their mental health diagnostic test, the intake screening and conversations with the send psychologist and community-based programs. The level of supervision ranges from one-on-one wrap around staff to client up to one on six staff to client ratios. The education program that is referred to as the Phoenix Academy provides services to the inpatient clients and a separate special education program that is presently working with autistic youth in the surrounding area. There are presently five youth attending this

education program.

Most youth at Southern Peaks Regional Treatment Center have a history of trauma and have experienced sexual or physical abuse, death of caregivers and chronic exposure to violence. All clients assigned to the program have a DSM mental health diagnosis.

Southern Peaks Regional Treatment Center uses the Sanctuary Model for Trauma Informed Care as the framework for treatment. The Sanctuary Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community.

The center has posters that include reporting to the third party away from the center, The center utilizes the Colorado Child Abuse Hotline. The auditor called the hotline and spoke with a staff member that receives reports. The staff indicated that they have received calls from Southern Peaks Regional Treatment Center, however, did not know the exact number. She indicated that most of the calls were from staff at the center making a report. The hotline is designed to provide one, easy-to-remember toll-free phone number for individuals to use statewide to report suspected child abuse and neglect. The hotline serves as a direct, immediate, and efficient route to the counties which are responsible for accepting and responding to child abuse and neglect inquiries and reports. All hotline calls are routed to the county where a child resides. All callers may remain anonymous and reports will remain confidential.

The center has an MOU with Kindred Kids Child Advocacy Program. The program provided a phone number that was accessed by the auditor while on-site. The staff member indicated they would route the call to the Colorado Child Abuse Hotline if the youth called to make a report. Otherwise, they would transfer the call to a licensed counselor that would serve as the client case managers.

The center brings youth to see their case manager, the case managers go to the center, or the center allows youth to call and speak to their case manager.

The MOU is inclusive of the local law enforcement trained investigators, hospital to provide SANE staff, advocates to work with client prior to a SANE or investigation and during the SANE and investigative process.

The MOU also includes Mental Health professionals, district attorneys' office, and SPRTC. The group meets two times a month to review community incidents and receive additional training.

### Documentation Sampling

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.

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

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

Staff: The auditor retained 6 complete background checks for new staff; 4 complete background checks for staff with over five years tenure. The auditor retained 7 contractor background checks. The auditor retained 12 promotions and yearly staff PREA reviews. The background checks are completed through APIS recruiting services and include NCIC, Child Registry and PREA questionnaire. The auditor retained 24 staff and contractor training acknowledgements and 18 medical acknowledgement of Specialized training.

Clients: The auditor retained clients file reviews that included 18 with training and Intake Screening. One for a client that was provided intake in the presence of the auditor. Twelve Intake screening and MH initial interviews with clients when the intake screening included Mental Health Referrals.

Investigations: The auditor retained 15 investigation packets that included criminal investigation, administrative investigation, retaliation monitoring, after action reports, notification to clients, referrals to the Kindred Kids Child Advocacy Center.

The auditor retained five unannounced PREA rounds.

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

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

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	12	12	12	12
<b>Staff-on-inmate sexual abuse</b>	3	3	3	3
<b>Total</b>	15	15	15	15

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	9	3	0
<b>Staff-on-inmate sexual abuse</b>	0	3	0	0
<b>Total</b>	0	12	3	0

### Sexual Harassment Investigation Outcomes

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	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**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	15
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>12</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment for the preceding 12 months.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

Yes

No

### Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Abraxas Youth and Family Services (AYFS) PREA Organizational Chart Southern Peaks Regional Treatment Center Org chart</p> <p>AYFS Policy 5.5- Sexually Abusive Behavior Prevention and Intervention Program (PREA)Prevention and Intervention (PREA)</p> <p>Southern Peaks Regional Treatment Center Org chart</p> <p>AYFS Policy 5.6- Zero Tolerance Towards Sexual Abuse and Harassment</p> <p>115.311 (a): Abraxas Youth and Family Services is committed to a zero-tolerance</p>

standard for incidents of sexual abuse and sexual harassment. The agency has developed and implemented policies to comply with PREA standards for Juvenile facilities. AYFS and other stakeholders associated with AYFS are committed to preventing, detecting, and responding to sexual abuse and sexual harassment. Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other clients. AYFS policies establishes that all facilities, staff, clients, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Clients with disabilities are afforded the same rights and will be provided with access to interpreters, presented material to effectively communicate with those clients who have intellectual disabilities, limited reading skills, blind or have low vision. Clients will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Clients with disabilities have equal opportunity to participate in and benefit from all aspects Southern Peaks Regional Treatment Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

AYFS Policy 5.6- Zero Tolerance Towards Sexual Abuse and Harassment mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers, or Contractors, and Youth regardless of consensual status is prohibited and subject to administrative as well as criminal and disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that Abraxas I strictly prohibits any type of sexual relationship with Youth. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor service and Contractor agreements. These inappropriate relationships with Client will not be tolerated.

Engaging in a romantic and/or sexual relationship with Youth may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges. Employees must take prudent measures to ensure the safety of Youth. Retaliation against Youth or Employees for filing a complaint will not be tolerated.

In accordance with this policy, all Employees, Contractors, and Volunteers have an affirmative duty to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that take place in Southern Peaks Regional Treatment Center or while a client is off grounds. All cases of alleged sexual conduct shall be thoroughly investigated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors, or Volunteers, including possible criminal prosecution.

115.311 (b): Abraxas Youth & Family Services employees a PREA Coordinator that oversees the efforts to comply with the PREA standards in all Juvenile Facilities under the umbrellas of Abraxas Youth and Family Services. Abraxas Youth & Family

	<p>Services appointed a PREA coordinator that reports to the agency President, who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA coordinator ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts.</p> <p>115.311 (c): The facility has a PREA compliance manager that oversees the implementation of all PREA standards and ensures compliance with PREA standards. In the interview she indicated she had the time to conduct her duties. Further, during the on-site audit and in random discussion with the PREA Compliance Manager it was observed that she understood PREA and works closely with all stakeholders, clients, staff and the PREA coordinator to foster a culture to maintain a sexually safe environment at the facility.</p> <p>Exceed compliance was determined by review of the Abraxas Youth &amp; Family Services organizational chart and interviews with the PREA coordinator, PREA compliance manager, clients, and staff.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility does not contract with other facilities to provide supervision of residents.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Southern Peaks Regional Treatment Center Policy 103.1.09 Youth Supervision and Discipline</p> <p>Policy Staffing Plan Unannounced Tours</p> <p>Southern Peaks Regional Treatment Center Staffing Plan 2024</p> <p>Southern Peaks Regional Treatment Center Annual PREA Facility Assessment 2021 - 2023 Staff Roster</p>



PREA Unannounced Round documentation Client Daily Rosters

Rule 5122-30-21 Staffing requirements. Ohio Administrative Code 5122 Chapter 5122-30 | Licensing of Residential Facilities

115.313 (a): Each year the agency reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2023 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted detention and correctional/secure client practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or clients may be isolated). (6) The composition of the client population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did not report deviations from the staffing plan during the past 12 months. The staff to-clients vary based on the program the clients is assigned. However, the ratio never exceeds the ratio of one to eight during waking hours and a ratio of one to twelve during sleeping hours. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing and client movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. All clients are assigned a therapist that provides group and individual counseling programs. The present staffing plan is based on a population of 85 clients while the average population during the last 12 months was 136 licensed residential treatment beds.

The annual assessment was conducted on March 12, 2024. The assessment made the following recommendations that have been accepted and are in the process of adding cameras to the following areas.

- Add cameras to the Therapist, Behavior Counselor, and operational leader offices
- Add camera to the laundry rooms
- Add some additional cameras outside ( e.g., main center field, behind the school and gym)
- Add Third-Party Posters (English and Spanish) to the front Conference room and Family Center.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The center provided overtime pay and utilized management staff to meet the mandates of the staff to client ratios.

The mission of the center has been altered to serve only community based or family referrals for licensed treatment programs. The center does not provide services to adjudicated either criminally or administratively at the present time. Due to the change in mission the center now operates a staff to student ratio based on the clinical needs of the youth. This includes wrap around one on one supervision up to on staff on youth supervision.

Southern Peaks Regional Treatment Center Policy 103.1.09 Youth Supervision and Discipline provides the following requirements: Due to the nature of our youth, it is necessary at times to alter existing schedules/plans to ensure effective supervision. All staff members can initiate the modification of the clinical schedule in conjunction with a TS, when necessary, to ensure effective supervision. At the time of the on site audit there were 8 youth that were on one on one supervision.

115.313 (c): Clients and Plans/Supervision Activities of Activities mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The latest Assessment was dated March 12, 2024. Southern Peaks Regional Treatment Center meets or exceeds the requirements of the PREA standards. The present population of the center is maintained at maximum of 48 youth due to the high level of mental health overlays the present population presents.

115.313 (e): The executive director, PREA compliance manager, and Treatment Specialist supervisors conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. During PREA rounds, clients and staff are interviewed and asked to take a quiz about PREA. Each shift supervisor makes rounds several times during each shift. It is the policy of Southern Peaks Regional Treatment Center that staff are not to inform other staff when the shift supervisor, facility manager are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor had signed the logbooks on each day including weekends.

Exceed compliance was determined by review of policies, documentation and interview with staff. The center's staff - client ratio exceeds the PREA standards for staffing of juvenile facilities. Staff could not meet with the auditor until they were properly relieved to ensure the facility always had the appropriate ratio of clients to staff members. The unannounced round includes a detail review of all PREA related activities. The annual assessment identified areas of camera needs is being addressed by the center. During the tour of the education program there were 39 residents in the education building. The auditor counted 28 non education staff positioned throughout the building including classrooms, hallways, and entrance and exit point in the building.

115.315	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Southern Peaks Regional Treatment Center Policy 103.1.20 Limits to Cross Gender Viewing and Searches (PREA)</p> <p>Southern Peaks Regional Treatment Center Policy 103.4.03 Search Procedures</p> <p>Staff Training Acknowledgement</p> <p>Plans/Supervision of Activities Southern Peaks Regional Treatment</p> <p>Training Forms</p> <p>Training File Reviews PAQ</p> <p>115.315 (a): Policy 103.1.20 establishes a policy that Residents have the right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the SPRTC. They have the right to reasonable enjoyment of privacy. Strip searches, searches or pat downs of residents are prohibited. The present resident population have high levels of Mental Health needs and searching will only be conducted with need to protect the resident from self.</p> <p>115.315 (b): Policy 103.1.20 mandates the facility always refrain from conducting any cross-gender pat down. All staff interviewed indicated they have never conducted a cross-gender search. All clients interviewed stated they had never been searched for by a member of staff of the other gender. All clients interviewed indicated they have not been pat searched.</p> <p>115.315 (c): The facility did not have any transgender or intersex client at the facility. All cross-gender searches are documented. According to the PAQ there were no cross-gender searches during the last 12 months. There were two residents that identified as transgender on the at risk log. However, during interviews with residents and with interviews with the clinical director both of the residents did not present as transgender. One indicated she was gender non-conforming, however she liked boys and thought that was what a transgender meant.</p> <p>115.315 (d): A tour of the center found that all areas that are utilized for housing clients have necessary barriers to allow client to shower without being viewed by person of the opposite gender and privacy from other clients during the showering process. All clients stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the</p>

	<p>shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and clients confirm that staff announce their presence and will knock on the door prior to looking in during counts.</p> <p>115.315 (e): Agency policy prohibits searching or physically examining a transgender or intersex clients for the sole purpose of determining the clients' genital status. Policy mandates that if a client's genital status is unknown, the facility determine genital status during conversations with the client, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender screenings in a professional and respectful manner.</p> <p>Compliance was determined by review of policies, and interview with client and staff.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.316 Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program Abraxas Zero Tolerance Poster - English</p> <p>Abraxas Zero Tolerance Poster - Spanish Clients Safety Guide - English</p> <p>Clients Safety Guide -- Spanish</p> <p>115.316 (a)(c): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program mandates that facilities will ensure that Clients with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to</p>

participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

AYFS will ensure that all of its facilities provide written materials to every client in formats or through methods that ensure effective communication with clients with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on client, readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties, or the investigation of the client's allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report.

Clients receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The clients safety manual was reviewed and is a model to provide information that is child friendly.

The comprehensive education is accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the clients who have limited reading skills. If the clients report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The supervisor will notify the facility administrator who will contact the appropriate community resource services.

Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on client interpreters.

115.315 (b): The facility has a contract for language services. The facility also has access to language sign language staff. Staff would read all information required for an orientation into the facility and the comprehensive PREA training for clients that can't read. During the intake process, the auditor observed staff interacting with youth and reading the PREA comprehensive education curriculum. Interview with two youth that had intellectual disabilities indicated they talk to their team each day and they are aware of how to report sexual abuse or sexual harassment. The majority of the youth at the center have differing levels of psychiatric disabilities. The PREA compliance manager indicated that all information that is required or needed is always read to the youth either individually or as a group.

The center will reach out to local community service organizations to solicit volunteers to assist when possible. The center will purchase any specialized equipment required to assist the client or his family in communicating with the staff.

	<p>The Education Principal indicated during interview that if the client had a special need that required related services, the educational program would work with the center to provide these services.</p> <p>Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator and PREA compliance manage</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program</p> <p>10 Personnel Files PREA questionnaire</p> <p>115.315 (a): AYFS shall not hire or promote anyone who may have contact with clients and shall not enlist the services of any contractor who may have contact with clients, who.</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;</li> <li>3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.</li> <li>4. APIS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients.</li> <li>6. AYFS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with clients.</li> </ol> <p>During initial interviews, prospective employees, interns, and volunteers shall be</p>

informed of the background check procedure. AYFS shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with Southern Peaks Regional Treatment Center:

1. Criminal background or records check.
2. Sexual offender registry check; and
3. Child abuse and neglect registry check.

115.317 (b): The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients.

115.317 (c): During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. APIS shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion.

1. Criminal background or records check.
2. Sexual offender registry check; and
3. Child abuse and neglect registry check.

The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): AYFS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with clients.

115.317 (e): AYFS shall conduct background checks on all staff, volunteers, interns, and contractors every five (5) years, or sooner. This was confirmed by reviewing background checks for staff with 5 years or more tenure at the facility.

	<p>115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.</p> <p>115.317 (g): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination.</p> <p>Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. FOP states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the Facility Administrator, the evidence shows the facility follows this provision of the standard.</p> <p>115.317 (h): 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. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. Policy and FOP states the information would be provided when requested unless it is prohibited by law to provide the information.</p> <p>Southern Peaks Regional Treatment Center utilizes a private vendor, APIS to conduct background checks including work history, NCIC and Child Registry Review. The center provides the fingerprinting to the vendor. The Vendor does Child Registry Review and Colorado Bureau of Investigations conducts the NCIC reviews. During the last 12 months the facility conducted 155 employee background checks and 8 contractor background checks.</p> <p>Compliance with the standard was determined by review of policies, personnel files, and interviews with personnel supervisor, agency head, PREA coordinator and facility administrator.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.



	<p><b>SPRTC CAMERA SYSTEM ASSIGNMENT</b></p> <p>Annual PREA Assessment</p> <p>The facility has made and is making substantial upgrades to the camera system during the on-site and post site review. During the on-site tour, the video surveillance system was observed, and all cameras were pointed out by staff. The video monitoring system was assessed during the annual review of the staffing plan. The assessment recognized 30 camera location that would enhance the supervision of youth. The interview with the Facility Administrator and the Pre-Audit Questionnaire confirmed compliance with this standard.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Evidence Protocol and Forensic Medical Examination</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program</p> <p>Investigating PREA Allegations</p> <p>AYFS Policy 5.3 - Investigating PREA Allegations</p> <p>Southern Peaks Regional Treatment Center Policy RI-01 Child Abuse/Neglect Reporting</p> <p>Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan</p> <p>MOU with the Kindred Child Advocacy Center (CAC)</p> <p>PREA-Advocacy poster</p> <p>115.321 (a): The facility has incorporated an MOU with Kindred Kids Child Advocacy center, Canon City Police, Florence Police, Fremont County District Attorney's office, Fremont County Department of Human Services, St. Thomas More Hospital, and Goodneighbor LLC. to provide all services noted in a Multi discipline response to sexual abuse. Participating Agencies" desire to set forth the framework under which they will participate in a cooperative, multi-disciplinary group to deliver, to the alleged child abuse or sexual assault victim and their non-offending family members, coordinated, comprehensive services. These services may include investigative or forensic interviewing, mental health services, victim advocacy, crisis intervention, and medical forensic exams. Services are in accordance with the</p>

Kindred Kids Child Advocacy Center Multidisciplinary Team Policies and Procedures Manual.

Law Enforcement agencies shall investigate and determine whether a crime has been committed regarding cases within their jurisdiction.. Each law enforcement agency will refer all cases that meet the CAC's case criteria to the "CAC" for forensic interviews and/or medical exams. The Department of Human Services will be responsible for conducting an investigation to determine safety and risk child abuse and neglect, to ensure the safety of the children and to provide services to the family. The facility investigator conducts an administrative investigation on all allegations of sexual abuse or sexual harassment. The executive director of the Kindred Kids Child Advocacy is a trained sex abuse investigator. In interview, she indicated that the center usually brings the child to the center and she and the youth' s therapist interview the child and she advised them that she would be conducting the investigation interview. Law enforcement watch and listen from another room with a see through mirror. She indicated the law enforcement may ask her to ask additional questions or may interview the youth in the presents of an advocate.

115.321 (b): and (F): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for clients and as appropriate, shall be 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. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for clients and adults. The agency-based investigators conduct administrative investigations, and the Richland Sheriff's Office investigate sexual abuse allegations that are criminal in nature. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a client alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.321 (c): The agency shall offer all clients who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility does have a MOU with Kindred Kid Child Advocacy and St. Thomas More Hospital. Kindred Kids provides a child-friendly examination room for SANE and Thomas More Hospital provides SANE staff to conduct the examination. This MOU was confirmed by talking to the emergency room nurse at St. Thomas More Hospital and the Director of the Kindred Kids Child Advocacy Center.

	<p>115.321 (d): The facility does have a MOU with Kindred Kid Child Advocacy for victim advocacy services. This MOU includes advocacy services and emotional support services. The Victim's center director was contacted and provided a review of the program and services available to clients at Southern Peaks Regional Treatment Center at no cost to the client. She verbally provided qualifications of advocacy staff at the program and the services they provide to clients. The medical center staff interviewed by telephone verified that the hospital had SANE staff on duty and had a working relationship with Kindred Kid Child Advocacy. A qualified victim advocate would accompany a client for SANEs and during the law enforcement investigations. The advocate program would continue to offer emotional support, crisis intervention and referrals. The center has full time clinical therapist that would also provide crisis intervention as requested by the victim and as part of the client treatment plan.</p> <p>115.321 (g) The facility has an MOU with a Kindred Kid Child Advocacy.</p> <p>Compliance was determined through the review of This Memorandum of Understanding ("MOU") among Kindred Kids Child Advocacy Center ("CAC"), a Colorado non-profit corporation, the Canon City Police Department ("CCPD"), the Florence Police Department ("FPD"), the Fremont County District Attorney's Office 11th Judicial District ("DA"), the Fremont County Department of Human Services ("DHS"), St. Thomas More Hospital ("TMH"), Southern Peaks Regional Treatment Center ("SPRTC"), and Goodneighbor LLC (Mental Health) and interview with the facility trained Investigator.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.3 Investigating PREA Allegations</p> <p>AYFS Policy 10.3 Child Abuse Reporting -</p> <p>Kindred Kids Victim Advocate and additional stakeholders MOU</p> <p>Southern Peaks Regional Treatment Center Policy RI-01 Child Abuse/Neglect Reporting</p> <p>Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p>

	<p>PAQ</p> <p>115.322 (a &amp; b) Policy 5.3 Investigating PREA Allegations requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. A review of AYFS website included how to report and statement that all allegations will be investigated and a PREA policy including Investigating PREA Allegations. During the last 12 months there have been 15 allegations of sexual abuse or sexual harassment reported and investigated. All Allegation of sexual abuse will require that Southern Peaks Regional Treatment Center will immediately notify Canon City Police office and Colorado Human Services of any allegations of sexual abuse/ harassment of youth in placement at the Residential Center.</p> <p>These investigations will include a criminal if it is criminal in nature by Canon County Sheriff's office and administratively by facility investigator. Non-criminal allegations will be investigated by facility investigator. The Colorado Human Services may investigate any allegation of sexual abuse or client neglect.</p> <p>115.322 (c): Policy 5.3 Investigating PREA Allegations mandates that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested. The Canon City Police's office staff will report to the facility if the allegation is criminal in nature and will be responsible for gathering forensic evidence. The facility trained investigator will conduct the investigation if the incident is not criminal in nature and administrative investigations on all allegations of sexual abuse or harassment.</p> <p>Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility executive director, investigators, staff, and clients.</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS PREA Initial and Annual Training</p>

## PREA Staff Training Acknowledge

PREA reference cards

### Training Forms 1

115.331 (a): The agency policy addresses PREA-related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews supporting refresher training are also conducted and are documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training:

1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Clients' right to be free from sexual abuse and sexual harassment.
4. The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment juvenile facilities.
6. The common reactions of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between clients.
8. How to avoid inappropriate relationships with clients.
9. How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

115.331 (b): Such training shall be tailored to the unique needs and attributes of clients of juvenile facilities and to the gender of the clients at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses female and male clients to a facility that houses only female clients, or vice versa. The facility houses males and females; the training consider the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy states the training shall be tailored to the needs and attributes of the population served. Part of the staff training is a quiz that includes questions about male, females and targeted populations. The facility houses mental health which requires additional training and routine training on dealing with this population. Staff assigned to these programs receive training on how to deescalate, and how to communicate professionally with clients assigned to this programs.

115.331 (c): The agency provides each employee with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training. The agency Policy addresses PREA-related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and files of non-direct care staff confirmed that all staff working at Southern Peaks Regional Treatment Center receive the same training. All staff received initial training and then yearly refresher training. All staff indicated they had to enter preservice prior to working with any clients. Several stated they had to shadow staff for at least two weeks after receiving their preservice training.

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations, the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

	<p>The agency has incorporated PREA training in all areas of training. Staff training includes client safety plan implementation. A review of this training and review of safety plan for client included specific training on sexual abuse and sexual harassment prevention and reporting. Staff interviewed indicated they receive training at the beginning of each shift</p> <p>Exceed Compliance was determined by reviewing the preservice and in service training curriculum and a review of the training records of 12 staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy.</p>
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115.332	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Volunteer and Contractor Training Contractor Training</p> <p>AYFS PREA Training for Volunteers and Contractors</p> <p>115.332 (a): AYFS PREA Training for Volunteers and Contractors provides for all aspects of this standard. Training includes AYFS PREA policies provide written guidelines to ensure:</p> <ul style="list-style-type: none"> <li>• There is a safe, secure environment for staff, volunteers, contractors and clients.</li> <li>• Each facility has a “zero tolerance” philosophy towards sexually abusive behavior. All Volunteers and Contractors are responsible for understanding and preventing sexually abusive behavior.</li> </ul> <p>115.332 (b): All volunteers and contractors who have contact with clients shall be notified of the agency’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the</p>

	<p>signature of the participant and the date, confirming their understanding of the PREA information.</p> <p>During the last year, 8 contractors have received volunteer or contractor training. A review of the training curriculum and interviews with contracting staff and PREA compliance manager confirm that the facility has all of the required policies, procedures, training and staff to implement a volunteer and contract program.</p>
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<b>115.333</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements and interviews were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program  Southern Peaks Regional Treatment Center Policy and Procedure - 103.4.01 Client Intake</p> <p>Clients Safety Guide - English</p> <p>Clients Safety Guide - Spanish</p> <p>Acknowledgement Statements with signature Client File Reviews</p> <p>PAQ</p> <p>Interviews Conducted</p> <p>Random Staff</p> <p>Random Clients</p> <p>Targeted Clients</p> <p>Intake Staff</p> <p>Education Curriculum</p> <p>PREA Compliance Manger</p> <p>PREA Coordinator</p> <p>115.333 (a): Prior to the client's arrival, the Treatment Supervisor of his assigned treatment unit will be notified by the Clinical Director of his expected arrival and a</p>



team member will be specifically assigned by the Treatment Supervisor to complete the intake procedures and Intake Checklist. When the client arrives the assigned intake team member will be advised. The assigned intake team member will maintain supervision of the client and remain with him until intake proceedings are complete. During the intake process the Therapist assigned to the intake will provide the client with comprehensive age-appropriate information regarding the programs zero tolerance policy regarding sexual abuse and sexual harassment by reviewing the Abraxas Youth Safety Guide. The information will include the client's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and how to report sexual abuse or sexual harassment. The auditor observed an intake and was able to verify that the therapist read the comprehensive education with the client and talked to the client about each of the power points presentations to ensure she understood the PREA training. During the last 12 months 116 clients were received at the center. During the last 12 months 116 clients received an orientation and comprehensive education program at the center. A review of the clients interviews noted that all 14 client's interviewed indicated they had received the orientation and training when they first arrived at the center. A review of the client's file indicated that all 16 files reviewed included an acknowledgement of the training was provided on their day of arrival. The facility provided a copy of the training program (Guide) to the auditor that was reviewed by the auditor. The center also has multiple posters to provide additional education including zero tolerance, how to report, and how to contact the victim advocacy center.

115.333 (b): Also during the intake, staff go over the Clients Guide, discuss the purpose of the guide provides question and answers to the comprehensive education about PREA and have client sign and acknowledge form stated they have revied the training and understand how to report allegation of sexual abuse or sexual harassment, their rights to be free from sexual abuse or sexual harassment and that the center has a zero tolerance for sexual abuse or sexual harassment. The auditor watched a intake screening from the beginning to the decision on where to house the client.

Also, during the comprehensive education program, clients receive a client handbook specific to the program they are being assigned which includes additional PREA information. Within three weeks of arriving at the center the center clinical staff will meet with the client and discuss their safety plan and go over the client's guide again with the clients. Each client has an individualized treatment plan that includes a safety plan which incorporates the training clients learn during their training. This plan is reviewed by the clinical director, parents/guardians, group leader, therapist and clinical psychologist. The auditor was allowed to set in with one client that is preparing for release. During the session the parent discussed her daughters training on how to avoid inappropriate relationship in her life situations that was provided as part of the ongoing training at the center.

115.333 (c): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program requires that clients receive such education upon arrival or transfer at the facility and shall receive education upon transfer to a different AYFS center to the

extent that the policies and procedures of the client's new facility differ from those of the previous center.

115.333 (d): Southern Peaks Regional Treatment Center Policy and Procedure -Intake mandates that the center shall provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to clients who have limited reading skills. The facility has the capability to provide the PREA education in formats accessible to all clients including those who may be hearing impaired; deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the client.

Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to clients, staff, contractors, volunteers, and visitors. Staff interviews confirmed clients are not used as translators or readers for other clients. The facility staff indicated that the clinical supervisor, medical staff, education lead teacher and operations manager would work with the community resources to provide education to clients regardless of his limitations or disabilities.

115.333 (e): The agency shall maintain documentation of client participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the clients' involvement in PREA education sessions. The clients were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff were interviewed regarding PREA education for clients. Staff ensure clients' receipt of the information, including the client signing the acknowledgement form. A review of fifteen (15) client files confirmed they acknowledged they received a PREA orientation during intake and comprehensive training within 10 days of arrival at the facility. In the last 12 months 116 clients received comprehensive training as indicated in the PAQ.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to clients through posters, client handbooks, safety guide or other written formats. The PREA education materials provide clients information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each client to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims. The clients revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There was PREA educational documentation noted throughout the facility including the lobby, visitation and living units. When asked, each client was able to tell me where their guide and handbook was and offered to bring it to me to see. Several stated they have notes from staff interviews in their guides. Clients interviewed indicated that the facility goes over PREA daily and always ask if they are safe. When interviewed the clients indicated that during the monthly assessment, they talk about PREA with their therapist and are asked questions about their PREA training. The supervisory staff conduct PREA

	<p>unannounced rounds. During that time randomly clients are interviewed and asked PREA related questions.</p> <p>The auditor was allowed to set in on the intake of a new arrival. The client was escorted by a community liaison staff to the conference room at the entrance of the administrative building which is also used for client to call the victim advocate. The staff place a sign at the door leading into the building indicating no one is allowed in the conference room. The therapist introduced herself and spoke about the program. I was asked to step out while the therapist conducted a suicide screening. I returned and asked the client with permission to set in on her intake. Staff completed the initial risk assessment by explaining the purpose of the screening and assured her she did not have to answer any question that she felt uncomfortable with while I was in the room. After completing the screening she brought the client a drink and provided her with a copy of the youth safety guide. She read each of the power points and discussed each power point with the client. She the asked for the client to sign for the screening instrument and comprehensive education program.</p> <p>Sixteen files were reviewed by the auditor and 14 resident were interviewed by the auditor. All clients indicted they had received training upon arrival at the center. All files reviewed included an acknowledgement of the training they received. While the other training they receive on a daily, weekly basis is not documented it was observed and discussed during the tour and random conversations with the staff and clients.</p> <p>Compliance was determined by review of the agency policies, training curriculum, poster, and client files and by interviews with staff and client. The amount of time that is dedicated to training clients daily, weekly, and monthly is part of the way the center has developed a culture of maintaining a sexually safe environment for clients and staff.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Specialized Investigator Certificate Training Curriculum</p> <p>PREA Annual Training</p> <p>115.334 (a): The Center has an MOU that incorporates the Canon City Police to</p>

	<p>conduct criminal investigations, The MOU provides for the investigators to be trained in investigating sexual abuse in a juvenile confinement center. The center has 2 staff that have received training on conducting sexual abuse investigation in a confinement center.</p> <p>115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A copy of the training curriculum was accessible to the auditor and was reviewed for compliance with this standard.</p> <p>115.334 (c): The center provided certifications from staff that have received the specialized training. The auditor requested and received the acknowledgement that the facility investigator received annual PREA refresher training.</p> <p>Compliance was determined by review of the training curriculum, interviews with one investigator, PREA coordinator, and the facility executive director.</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 following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program Abraxas Clients and Family Services Specialized Medical and Mental Health Training Staff acknowledge statement</p> <p>115.335 (a): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program provide medical and mental health staff members receive regular PREA training. and the specialized training available developed by Abraxas Clients &amp; Family Services. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners</p>

	<p>shall inform clients at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. There were 24 medical or mental health staff that received this specialized training in the last 12 months.</p> <p>115.335 (b): Forensic medical examinations are not conducted by the facility medical staff or mental health staff.</p> <p>115.335 (c): The facility provided sign in sheets indicating that medical and mental health staff had attended medical specialized training. The agency utilizes a training program titled Abraxas Clients &amp; Family Services Specialized Medical and Mental Health Training. Participants sign in to acknowledge they have received this training.</p> <p>115.335 (d): The mental health and medical staff completed the general and refresher training provided for all staff members.</p> <p>A review of the training curriculum, acknowledgement forms and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and meets the expectations of 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>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>SPRTC Policy and Procedure – 103.4.01 Client Intake Policy</p> <p>Intake PREA Assessments</p> <p>115.341 (a) and (b): The Clinical Assessment Process requires each client to be provided with a complete and thorough assessment of his treatment needs. Information is gathered and evaluated during the assessment phase, culminating in the development of an Integrated Summary and Comprehensive Treatment Plan. Upon admission, and periodically throughout the client's stay in the program, the program will conduct screenings and use the information collected about his personal history and behavior to reduce the risk of sexual abuse by or upon the client.</p> <p>A trained employee will complete an objective screening instrument with the client. The purpose of the screening instrument will be to obtain and use information about the client's personal history and behavior to reduce the risk of sexual abuse by or</p>

upon the client. At Sothern Peaks Residential Treatment Center trained Therapist conducts all of the intake screening. Due to the center being a mental health program, client come to the center with mental health referrals that usually include suicide, predator, or victim screening from a license psychologist or social worker.

If a client has experienced prior sexual victimization or has previously perpetrated sexual abuse, he will be offered a follow-up meeting with the mental health staff within 72 hours.

The screening instrument is one of several testing, screening, and referral information that is utilized to determine room and programming assignments for the client with the goal of keeping him/her safe and free from sexual abuse. The program will not use isolated housing to protect a client who is alleged to have suffered sexual abuse.

Placement and programming assignments for each transgender or intersex client shall be reassessed at least twice a year to review any threats to safety experienced by the client.

A re-assessment will be completed within 30 days from the date of admission with each client. Clients who is identified as being "vulnerable to victimization" will be reassessed each month. Clients that are not at-risk will be reassessed quarterly thereafter, using the Vulnerable to Victimization Reassessment Questionnaire.

All clients will be reassessed quarterly using the Vulnerable to Victimization Reassessment Questionnaire.

115.341 (c): Risk of Victimization and Sexually Aggressive Behavior screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the client is or is perceived to be (LGBTQI) or gender nonconforming. At the time of the on-site audit the center housed 41 residents. All the residents were identified as being vulnerable to victimization.

115.341 (d): Clinical Assessment Process mandates that all clients will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the clients court records, suicide screening reports, family information and any other documents that are provided to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes conversation with the client in a private setting. The screening staff indicated they introduce the screening instrument to the client by explaining the purpose of the questions and acknowledges to the clients that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial

screening or prior to the screening the medical staff interviews the clients and conducts a medical screening. The nurse indicated she talks about sexual transmitted diseases and clients' perception of vulnerability. The clinical staff then interview all clients prior to determining which therapist is best suited to work with the client and also reviews the Victimization and Sexually Aggressive Behavior screening and if they have history of victimization, the therapist utilizes this time to offer additional support and sets us a time to meet with the client within 72 hours to interview them about victimization.

115.341 (e): Sensitive information obtained will not be exploited to the client's detriment by staff or other clients. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal of keeping all clients safe and free from sexual abuse and to reduce the risk of victimization.

The auditor was allowed to set in on the intake of a new arrival. The client was escorted by a community liaison staff to the conference room at the entrance of the administrative building which is also used for client to call the victim advocate. The staff place a sign at the door leading into the building indicating no one is allowed in the conference room. The therapist introduced herself and spoke about the program. I was asked to step out while the therapist conducted a suicide screening. I returned and asked the client with permission to set in on her intake. Staff completed the initial risk assessment by explaining the purpose of the screening and assured her she did not have to answer any question that she felt uncomfortable with while I was in the room. After completing the screening she brought the client a drink and provided her with a copy of the youth safety guide. She read each of the power points and discussed each power point to the client. She then asked for the client to sign for the screening instrument and comprehensive education program. Another therapist came in the room and talked to the client about the program. I followed the therapist, where she went over the clients file, mental health referral, suicide screening and risk screening. The two decided for the first few day should be on one on one supervision and housed in the unit with only four other females. When asked, the clinical director indicated based on her suicide screening, and reason for being placed in the center and her risk screening it was decided she would be at risk and needed to be on constant supervision.

Based on the review of the agency policy and procedures, observations during the intake process and information obtained through staff and client interviews, and review of 15 client files, the facility has demonstrated exceed compliance with this standard and provides a best practice program for juvenile programs.

<b>115.342</b>	<b>Placement of residents</b>
	<p data-bbox="280 188 1015 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 380 1461 456">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 497 1407 573">AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p data-bbox="280 680 1104 716">SPRTC Policy and Procedure – 103.4.01 Client Intake Policy</p> <p data-bbox="280 752 1481 1711">115.342 (a): All information obtained upon intake and periodically throughout the clients’ confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all clients safe and free from sexual abuse. The facility director, assistant facility director and clinical director review all documentation furnished prior to the arrival of the clients. The same staff review the mental health evaluation, victim screening instrument, reasons for placement and make a final decision on housing and program assignments. The clinical director and other treatment staff review the placement within 30 days after the client arrives and make adjustments in housing and programming based on the 30-day reassessment and client’s adjustment to the facility. The clinical director and administrative staff review the rescreening instrument and use this tool along with case manager notes to determine any needs for modification in housing and programming. During the intake process the therapist that completed the intake introduced the client to a mental health provider and met with the clinical director. The two staff reviewed all of the referral documentation including psychological evaluation and based on this information decided that youth would be placed on one on one supervision and housed in the smaller female cottage closer to the staff supervision. In discussion with the clinical director, she indicated they are now a mental health center and prior to taking a client they review and discuss the youth’s need with the community provider, psychologist, psychiatrist/social worker and community liaison before accepting the client. Once the client is accepted the clinical staff determine the level of supervision, housing, and appropriate therapist. The risk screening instrument is part of this process.</p> <p data-bbox="280 1747 1461 2078">115.342 (b): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program states clients may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other clients safe, and then only until an alternative means of keeping all clients safe can be arranged. During any period of isolation, Facilities will not restrict Client’s daily large muscle exercise and any legally required educational programming or special education services. Clients in isolation will receive daily visits from a medical or mental health care clinician. Clients will also have access to other programs and work</p>



opportunities to the extent possible. If a Client is isolated pursuant to paragraph (b) of this section, the facility will clearly document the following:

- The basis for the Facility's concern for the Client's safety; and
- The reason why no alternative means of separation can be arranged.

Every 30 days, the status of the Client will be reviewed to determine whether there is a continuing need for separation from the general population.

In interviews with the PREA coordinator, clinical director, and facility director, while policy would allow the placement in an isolated area, the facility would utilize one on one or two on one supervision until arrangements can be made to move the client to a safe environment. If the client needed protection from staff, the staff would be placed on administrative leave until arrangements can be made to move the client to a safe environment. During the tour of the center, the auditor did not note any room or enclosure that could be utilized for Isolation and all staff interviewed always stated they are not allowed to use isolation. There was one client on suicide watch that was housed in one cottage. She was in a single room with an open door and two female staff members. In interviews with the clinical director, she indicated that this is the method that is utilized if anyone were placed in room due to a sexual abuse or to protect clients from sexual abuse. The PAQ indicates that the center licensing require that the center does not utilize isolation.

115.342 (c): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program mandates placement of Clients precludes lesbian, gay, bi-sexual, transgender, and intersex clients from being placed in a particular housing unit and states LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex client's own view with respect to his/ her safety will be given serious consideration. The PREA Compliance Manager's interview also verified compliance with this standard. During the site tour, there were no rooms observed to be reserved for transgender or intersex clients. Staff interviews and observations revealed there is no special housing based on how a client identifies. AYFS Policy 5.5 mandates that LGBTI Clients will not be placed in housing or bed assignments solely based on their identification as LGBTI, nor will Facilities consider LGBTI identification or status as an indicator or likelihood of being sexually abusive.

115.342 (d): In deciding whether to assign a transgender or intersex client to a facility for male or female clients, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. The Policy also provides that housing and program assignments for transgender or intersex clients would be made on a case-by-case basis and these clients would not be placed a special housing which was evident from staff interviews. There were no transgender or intersex clients in the facility during the onsite visit. The clinical director confirmed the facility would consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. In interviews with the administrative team, the

staff indicated that a client's sexual status was one of several considerations for housing and programming clients. Since it is a treatment program with groups of four to eight, the center stratifies the groups based on size, maturity, age and would also utilize the client preference, sexual orientation, and perception in placing clients with therapists.

115.342 (e): Placement and programming assignments for each transgender or intersex client shall be reassessed at least twice each year to review any threats to safety experienced by the client. The Policy states placement and programming assignments for each transgender or intersex client shall be reassessed at least twice each year. The Clinical Director confirmed each transgender or intersex client would be reassessed at least twice each year to review any threats to safety experienced by the client by policy, however in reality, clients are reassessed on an ongoing basis. Based on the review of the Pre-audit Questionnaire and interview with the Intake staff, the evidence shows the facility follows this provision of the standard.

115.342 (f): A transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration. The client's concern for his own safety is taken into account through the administration of the Vulnerability Assessment and this applies to every client. The clients confirmed in the interviews, they are asked about their safety concerns. A review of the PREA Education & Screening Log demonstrated the additional documentation of the screening assessments and re-assessments completed for each client. The staff interviews revealed staff members are aware of the Policy which requires the provision of the standard to be followed.

115.342 (g): Policy mandates that transgender and intersex clients shall be given the opportunity to shower separately from other clients. All staff interviewed were aware of that requirement, however most staff indicated that all clients are required to shower by themselves.

115.342 (h): If a client is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the client's safety; and (2) The reason why no alternative means of separation can be arranged. The policy states if a client is isolated pursuant to part (B.2.) of this section, the facility shall document a. The basis for the facility's concern for the client's safety; and b. The reason why is no alternative means of separation can be arranged. No clients at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator and PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The Isolation/separation would be documented according to the provisions of the Policy and standard.

115.342 (i): Policy mandate that every 30 days, the facility shall afford each client described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. The policy states every thirty (30) days, staff shall afford each client described in provision (b) of this

	<p>section a review to determine whether there is a continuing need for separation from the general population. No clients at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the facility executive director, PREA compliance manager, PREA coordinator confirmed the facility has not used isolation for this purpose or any other purpose in the last 12 months.</p> <p>There were two clients that had indicated to staff that they were transgender. Each was interviewed. One resident preferred to be called by his transgender name, however he stated he was not transgender. When asked for clarification, he stated that he was not sure what a transgender was, and he wasn't sure what he wanted to be when he got to that age. The client was assigned a one-on-one supervisor due to his mental health needs. The second client was a female that indicated she was gender non-conforming and not a transgender. She indicated that she understood what gender non-conforming was and had related that to her therapist the prior week. Both client are allowed to shower by themselves and are housed in the appropriate cottage due to the mental health diagnosis. Both of the client indicated they were pleased with where they were housed and are asked about their safety weekly.</p> <p>Based on review of the agency policy and interviews with agency director, PREA coordinator, PREA compliance manager, facility executive director, clinical director, and random staff the facility exceeds compliance with this standard.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum interviews and agency or facility supplements were reviewed for compliance with this standard.[TS1]</p> <p>Southern Peaks Regional Treatment Center Policy and Procedures - RI-03 Client and Family Grievances</p> <p>SPRTC Policy and Procedures - 101.0.13 Child Abuse</p> <p>SPRTC Policy and Procedures Policy 103.2.08 Facility PREA Response Plan</p> <p>Reporting Youth Safety Guide -</p> <p>Youth Safety Guide</p> <p>Abraxas Zero Tolerance Poster - English</p> <p>Abraxas Zero Tolerance Poster - Spanish</p> <p>844-264-5437 Colorado Statewide Child Abuse and Neglect Hotline</p>

Interview included:

Random Residents

Resident that made allegation of sexual abuse

PREA compliance manager

PREA coordinator

Facility Administrator

115.351 (a) The above policies, and external reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents. During the last 12 month 116 clients have received training on reporting allegations of sexual abuse or sexual harassment. Fourteen clients were interviewed. Each knew how to make a report of allegations of sexual abuse or sexual harassment. All knew they could report without using their names and all knew they could tell a family member and call the PREA hotline. Clients were aware that they could ask for staff to provide the telephone to make a call to the Colorado Child Abuse and Neglect Hotline. The client understood they would be provided with a private office and telephone to utilize the call the hotline. Staff will remain outside the office and supervise the client through a small window in the door. The clinical director and PREA coordinator in interviews indicated that due to the high risk of self-harm or walking away from the center, all clients are always under direct supervision of staff.

Residents can also privately report by telling their parents, filing an anonymous staff request form that is available to them. The client can request a pencil or crayon to make the report without explaining to the staff what the report is for.

All staff knew they could call the Abraxas cooperate number that is posted in the staff break room. The auditor called the number and was unable to contact the staff. There was also a number to report to the Abraxas PREA Coordinator, who serves as the agency vice president. The PREA coordinator indicated the agency had relocated and that the number had been updated on the bulletin boards. The number was called and reached the PREA coordinator's voice mail. The PREA coordinator indicated to the auditor he had received the call. The center removed the number that is no longer in operation at the time of the audit.

The client Safety guide advises clients of the following ways to make a report of sexual abuse or sexual harassment.

Talk to or send a letter or note to any of the following:

- A staff member you trust
- Write a Grievance

- Tell The PREA Compliance Manager
- Privately report to your caseworker, probation officers, or family member
- You can call the Colorado Statewide Child Abuse and Neglect Hotline

The above number was called by the auditor and was able to speak to a live person and ask how they would manage a report from the center. The Colorado Statewide Child Abuse Hotline indicated they would determine the level of the complaint and notify local law enforcement and the Colorado Human Services of the allegation. Colorado Human Services will conduct an investigation on child abuse or child neglect along with the local law enforcement. There is a phone located in a private area that has a door with small window. If the client wishes to call the Hotline, they are allowed to utilize this room.

115.351 (b): The Colorado Statewide Child Abuse Hotline is one way for clients provides one way for clients to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. Clients may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question clients about the reason for the call. If they want, the client can use the telephone in the cottage however it is monitored. According to the PREA compliance manager, the client only needs to utilize the office up front to make a private call and staff will allow him in the room and monitor him/her through the small window. A client can request writing materials to write and send a letter to one of these sources. All 14 clients interviewed were aware of the abuse hotline and were able to articulate how they could gain access. Signs are posted explaining how to report any allegation of suspicion of sexual abuse or sexual harassment and the ways to make these report . All of the PREA signs are in English and Spanish.

The facility does not detain clients solely for civil immigration purposes.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Fourteen staff interviews confirmed the methods available to clients for reporting allegations of sexual abuse and sexual harassment. The staff indicated they would notify the facility PREA compliance manager. If the allegation was of sexual abuse, they would notify the shift supervisor and implement the center's Sexual Abuse Response Plan. Each staff member was able to articulate that when be advised or suspect sexual abuse they would separate the victim from the abuser, ask each not to change clothing, wash themselves, or do anything to destroy the evidence, they would notify the shift supervisor, medical staff, facility director, PREA compliance manager and Canon City Police Department. Staff members are required to accept third-party reports and to document verbal reports. All clients interviewed revealed they are familiar with the provisions of the standard. The client interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a

third-party. The clients were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports. Third Party Posters have multicolored hands on the left side and then information about PREA on the right. There are two hands., The Poster includes THE Prison Rape Elimination Act of 2003, AYFS Zero tolerance policy; How to Report allegation of sexual abuse/Sexual Harassment of Someone in an AYFS facility or program; Employee Reporting; and Investigations. The third party reporting is located in the handbook and posted in visitation room and the lobby just after the metal detector. The auditor called the third-party reporting number and reached the office of the PREA Coordinator. These signs were located in all of the housing units, school area, food service areas, mental health area, and visitation area and front entrance to the center.

115.351 (d): The facility provides clients with access to tools necessary to make a written report. Writing materials are readily available for clients to complete the accessible form. While touring the center, the PREA compliance manager pointed out the grievance forms and drop boxes located in the school and living areas and discussed the process for gaining access to writing instruments. Based on the level of the clients, some are allowed to keep pencils while clients on suicide protocol or provided with crayons. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. Staff may privately report sexual abuse and sexual harassment of clients to their local law enforcement, state reporting agency, facility administrator or the PREA compliance manager. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the Child Abuse Hotline and the facility quality control staff. The quality control staff is responsible to notify local law enforcement, parents/legal guardian, and caseworker. The client that made and allegation of sexual abuse indicated she made a report to staff and the local police helped her in writing her statement. She indicated she did not request any assistance in making the report. She verbally reported to her Group Leader.

Compliance was determined by review of posters, policy, and interview with staff, and clients.

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements

were reviewed for compliance with this standard.

SPRTC Policy 103.2.12 Client and Family Grievances

AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program  
Grievance Posters

Youth Safety Guide

Client and Family Handbook PAQ

115.252 (a): 115.252 (a): Southern Peaks Regional Treatment Center Client and Family Grievances provides a procedure for clients to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to clients on PREA Education Manual for Clients and PREA posters. All grievances alleging sexual abuse/sexual harassment will be reported to Canon Police Office, Colorado Human Services, Quality Control and Compliance specialist and the center investigator.

115.252 (b): There is no time limit when a client can submit a grievance regarding sexual abuse. Southern Peaks Regional Treatment Center does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Clients are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict Southern Peaks Regional Treatment Center the ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.

115.252 (c): Based on facility policies, clients have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Clients may submit grievances to the Facility Director or PREA Coordinator. If a third-party file a grievance on a client's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension and date when the response should be resolved in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.

115.252 (e): Third parties such as fellow clients, family members, attorneys or outside advocates may assist clients in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of clients. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.252 (f): Clients may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Director designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In an interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.252 (g): A client can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.

Grievance forms are located in each cottage and in the education building. The auditor noted the grievance box is located in each of these areas. Staff will provide clients with writing instruments to complete the grievance form. This may include pencils or crayons as dictated by youth level of safety. If the clinical director feels the youth will harm him or herself, then a staff member will write the form directly as the client reports the information. Staff and clients interviewed were aware of the grievance system and how to access forms, pencils and were aware of the location of the grievance box. The auditor reviewed the grievance log for the last 12 months and found no grievances related to sexual abuse or sexual harassment.

Compliance was determined by review of the policies, interview with the grievance staff, PREA compliance managers, clients, and presence of grievance provides a procedure for clients to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to clients in the Clients Safety Guide and client's handbook and PREA posters.

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

Consent to Treatment

Youth Safety Guide - English Youth Safety Guide - Spanish

Southern Peaks Regional Treatment Center Zero Tolerance Poster - English Southern Peaks MOU with Kindred Kids Child Advocacy Center

Advocate-emotional support supplement file

Updated Poster

115.353 (a): AYFS Policy 5.5 mandates the facility shall provide clients with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between clients and these organizations and agencies, in as confidential a manner as possible. Southern Peaks Regional Treatment Center ensures clients are provided access to outside confidential support services. The facility has established an MOU with Kindred Kids Child Advocacy Center which provides emotional support, counselling, follow-up support, and referral for treatment after release or transfer to another facility. The staff indicated that besides providing victim advocacy, they provide a telephone number that will allow the client to talk to a trained counselor for emotional support. When contacted by phone the center's staff explained they always tell the caller that the telephone calls or confidential however, they have a responsibility to report allegations of child abuse or child neglect. The center has a private office at the front of the administrative building where client are allowed to receive calls from the Kindred Kids Child Advocacy Center. Staff dial the number and leave closing the door behind them to allow for as much privacy as possible. According to staff, usually the Center will call back and ask for the center to bring the client for a private meeting at the center which occurs on a regular basis. In interviews with the clinical director of the SPRTC and KAC, the Southern Peaks and Kindred Advocacy Center are viewed as an extension to service provide the specialized population at the center. This information is posted on the wall throughout the center and is in English and Spanish. Staff discuss these services in the therapeutics session that are conducted on a daily basis. According to the Center clinical director the clients that are discharging from the center are provided with information about the victim advocacy center and parent are encouraged to utilize these services.

115.353 (b): Southern Peaks Regional Treatment Center Policy and Procedures-Clinical - Case Management - Client Rights provide provisions that the facility shall

inform clients, 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. The policy addresses confidentiality of the advocacy support services. The client receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by Kindred Kids Child Advocacy Center. When contacted by phone the center's staff explained they always tell the caller that the telephone calls or confidential however, they have a responsibility to report allegations of child abuse or child neglect. Fourteen clients were interviewed. Twelve were aware of the services that were provided and how to contact the center. Most were not sure of the whether is was a State, National or Rape Crisis Center, however, they all were able to articulate some of the services the Kindred Advocacy Center provide. There was one clients at the center that had made allegations of sexual abuse that were offered the services of the Kindred Advocacy Center, however she declined. The client was interviewed and indicated that someone had touched her but it was unfounded.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide clients with reasonable communication with the emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Client may use the phone located in a private office and push the appropriate number to gain access and speak with a victim advocate. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to clients.

115.353 (d): The facility shall also provide clients with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed clients have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where clients could meet privately with a legal representative and the visitation area for visits with family members. All clients interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Clients interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately. Clients interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA. The PREA compliance manager indicated the client can call his attorney by request to the therapist of case manager. Legal counsel can visit anytime. Clients can call their parents daily and the center has open visitation except during school and group hours. The Facility Administrator confirmed the facility provides clients with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The client can make call to their attorney and have daily calls and open visitation to parents or

legal guardian. All client interviewed were aware of the ability to call their parents daily and contact their attorney if they had one or needed one. The PREA compliance manager was contacted and added the following information.

Attorney's/Legal guardians can visit at anytime, we prefer during waking, regular business hours, but also make weekends available to them as needed. We request they schedule the visit, but do not deny visitation if they arrive unannounced. They are able to meet with the youth in private. If they are unable to come in person we provide opportunity for virtual meetings which can also be completed in private to ensure confidentiality. We do not have any circumstances that I'm aware of in which we would limit a youth's access to their legal counsel/attorney. Youth can also request to make calls to legal counsel/attorneys and these can also be confidential and vice versa. Youth are offered daily phone calls, have weekly family therapy and can set up additional virtual meetings if parents are unable to visit in person.

Visitation can also be scheduled with the behavior counselors and times/days are flexible so we can provide supervision/support during the visits. There are no circumstances in which youth wouldn't be allowed access to parents/legal guardians- as a matter of fact, parent/legal guardians can arrive on site and request a discharge in the moment if they want to (and yes this has occurred).

Let me know if you have any additional questions or need clarification for the above.

The clients interviewed were aware of the Kindred Kids Child Advocacy Center and the Support Posters that are located throughout the center. Two resident that made allegation of sexual abuse indicated they were offered the opportunity to talk to the advocate program. Each of the investigative reports included a statement offering the services of an emotional support staff that clients sign. According to the investigative work sheet one was seen the same day and the other made the report 4 days after the incident and was seen in 4 days of the request. They were advised by their therapists, who they made the reports to. There were four youth that declined to be seen by the advocacy center during the last 12 months. The majority of the clients indicated in an interview they would report allegations of sexual abuse or harassment to their therapist and if they needed emotional support they would talk to their therapist or the clinical director. The center did not include the mailing address with Kindred Kids Child Advocacy Center. A corrective action plan was implemented and the address of Kindred Kids Child Advocacy Center and the information that the call would be confidential and that the center would not listen to the call.

Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Staff of Kindred Kids Child Advocacy Center, facility executive director, PREA compliance manager, and clients. The center updated the Poster by adding Advocacy Center address and the the calls were confidential.

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Third Party Poster - English Third Party Poster - Spanish AYFS Website</p> <p>115.354 (a): PREA Reporting Posters and Abraxas website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room and lobby and is found in the client family handbook. AYFS provides information on ways for third party reporting including anonymous reporting. Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any AYFS facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Reports can be made over the phone, in person, in writing or anonymously if desired. People can also contact the Corporate PREA Office. This information is located on the Abraxas Website <a href="https://abraxasyfs.org/PREA.html">https://abraxasyfs.org/PREA.html</a>. and posted in the visitation rooms. A review of the website advises provides the following reporting. "To report an allegation of sexual abuse or sexual harassment on behalf of an individual who is in an AYFS facility, you may contact the Executive Director of the facility where the alleged incident occurred or contact our Corporate PREA Coordinator directly at 412-201-4118." The auditor contacted the corporate office and reached the voice mail of the PREA Coordinator.</p> <p>Compliance was confirmed by reviewing policies, posters and AYFS Website and by interviews agency head, facility coordinator and with clients and PCM.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Southern Peaks Regional Treatment Center Policy Zero Tolerance Towards Sexual Abuse or Sexual Harassment</p>

SPRTC Policy and Procedures – 101.0.13 Child Abuse Reporting

115.361 (a) (b): During the intake process, clients are informed of the facility's duty to report and the limitations of confidentiality.

Staff, contractor, and volunteers receive training and sign an acknowledgement that they received this training on reporting duties and ways to make a report.

Employees, Contractors, and Volunteers are required to immediately report any of the following:

- a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility.
- b. Retaliation against students or employees who reported such an incident.
- c. Any employee, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- d. Any employee, contractor, or volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to child protective services agency.
- e. Following a report, the employee, volunteer, or contractor suspecting sexual abuse or sexual harassment will immediately notify the PREA Compliance Manager or Administrator On-Duty.
- f. If an alleged crime occurs against a child or adolescent, the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities.
- g. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.
- h. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented. The center director and agency PREA coordinator indicated they would fulfill the responsibility, however, they no longer accept youth that are assigned to the center for court orders or any adjudicated criminal or administrative circumstances.

115.361 (c): Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.

115.361 (d): Medical and Mental Health staff interviewed confirmed their

	<p>responsibility to inform clients under 18 years old of their duty to report and limitations of confidentiality during the intake process.</p> <p>115.361 (e): PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities. The alleged victim’s parents/ legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim’s attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child’s attorney or receive contact information for the child’s attorney will be documented.</p> <p>115.361 (f) Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against clients or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Colorado Child Abuse or Neglect Hotline. The administrator will immediately notify the investigator with authority to investigate criminal unless it clearly not a criminal action. In these cases, the administrator will immediately notify the facility investigator. Policy and training also require reporting any third- party reports of sexual abuse, sexual harassment, staff neglect and retaliation.</p> <p>Compliance was determined by review of policies, training, and interviews with direct care staff and first responders that are not direct care staff, the facility administrator, and the agency head designee and the PREA coordinator.</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>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Vulnerability Assessments</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>115.362 (a): Facility Policy mandate if an employee determines that a resident is</p>

	<p>subject to substantial risk of imminent sexual abuse, he/she will take immediate action to protect the alleged victim. Employees should assume that all reports of sexual victimization, regardless of the source of the report (e.g., “third party”) are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident in order to respect the victim’s privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.</p> <p>All staff interviewed indicated they would take immediate action to protect the residents. All stated they would keep the resident with them and report to the shift supervisor the residents real or perceived concerns of being at risk of imminent sexual abuse. The supervisor will notify on call duty staff. The medical, mental health and administrative staff would assess the danger and make an appropriate housing plan to protect the client. During the last 12 months there were 15 instances when the center has had to take appropriate action to protect a client from sexual victimization.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>PAQ</p> <p>115.363(a-d) In the event that a Client alleges that Sexual Abuse occurred while confined at another Facility, the Facility will document those allegations on the Log for Reporting an Allegation of Abuse that Occurred at Another Confinement Facility. The Facility Director will contact the Facility Director or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The Facility will maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards. If another facility reports that a client in their care alleges that Sexual</p>

	<p>Abuse occurred while confined at an AYFS Facility, the Facility will document those allegations on the Log for Receiving Reports of Allegations of Abuse from Another Confinement Facility. The AYFS Facility will open an investigation in accordance with PREA standards including notification to the Canon City Police and Colorado Human Services Hotline. During the past 12 months, there were no allegations of sexual abuse that were received from a receiving facility.</p> <p>Compliance was determined by review of investigative files, and interviews with facility investigator, facility PREA compliance manager and facility executive director.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>SPRTC Policy and Procedures - 101.0.13 Child Abuse</p> <p>115.364 (a): Upon receipt of a report that a client was sexually abused, or if an employee sees abuse, the first staff member to respond will:</p> <ol style="list-style-type: none"> <li>a. Separate the alleged victim and abuser.</li> <li>b. Call for emergency medical care for the victim, if necessary.</li> <li>c. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel.</li> <li>d. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all clients from the room or area.</li> <li>e. Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee.</li> <li>f. If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave).</li> </ol>



	<p>g. If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).</p> <p>h. Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).</p> <p>i. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident.</p> <p>j. Document detailed description of</p> <ol style="list-style-type: none"> <li>1) Victim and abuser locations and affect (e.g., emotions, appearance)</li> <li>2) Wounds and their location</li> <li>3) Anything the victim or abuser reported to the employee</li> </ol> <p>115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a client alleges being sexually abused.</p> <p>Staff interviewed confirmed they knew their obligations when a client makes an allegation, or they suspect an incident of sexual abuse has occurred. The staff training and client’s safety manual provides directions to staff and clients that are sexually abused. Client interviewed knew to not take a bath, change clothing.</p> <p>Random interviews stated they would go directly to the medical or facility assistant director to report and understood that they would need to provide evidence for the center to prosecute the client or staff that sexually assaulted them. While this information is not germane with staff duties it is further documentation that the center trains staff and client duties in cases of sexual abuse. During the last 12 months there were 16 allegations of sexual abuse. There were none that were made in time for the center to implement the response plan for protecting usable evidence.</p> <p>Compliance was determined by a review of the center training plan, first responder flow chart and interviews with all staff including administrative support staff that do not deal directly with client, however, do go to the area where client a located.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan Following Resident Report

MOU with the Kindred Child Advocacy Center

Southern Peaks Regional Treatment Center Coordinated Response Plan Includes the following:

- Facility Protection Duties
- Staff First Responder Duties
- Supervisory Employees' Responsibilities
- Notifications required when Sexual Abuse is Alleged
- Mental Health Responsibilities
- Investigator Responsibilities
- Facility Administrators' Responsibilities
- Actions Required After Report of Sexual Harassment

The center has a coordinated response checklist that provides each of the above disciplines with their requirements to fulfill their duties in the coordinated response plan. The plan was reviewed and includes all areas of the center, agency, and MOU. The facility has incorporated an MOU with Kindred Kids Child Advocacy center, Canon City Police, Florence Police, Fremont County District Attorney's office, Fremont County Department of Human Services, St. Thomas More Hospital, and Goodneighbor LLC. to provide all services noted in a Mult discipline response to sexual abuse. In interviews with random staff and specialized staff all knew their roles as a coordinated response plan. The staff yearly refresher provides training on a coordinated response plan.

Compliance was determined by review of the Coordinated Response Plan for an Allegations of Sexual Abuse and sexual harassment. interviews with random staff, nurse, mental health staff, victim advocate executive director, shift supervisors, PREA compliance managers and PREA coordinator.

<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 following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>115.366 (a): In every case where the alleged abuser is an Employee, Contractor or Volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum will be printed and maintained as part of the related investigation file.</p> <p>According to interviews with the agency head, AYFS will not enter or renew any collective bargaining agreement or other agreement that limits a Facility’s ability to remove alleged Employee sexual abusers from contact with any Client pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Southern Peaks Regional Treatment Center does not have a collective bargaining agreement. .</p> <p>Compliance was determined by interviews with the agency head, PREA coordinator and Facility Executive Director.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Retaliation Logs</p> <p>Southern Peaks Regional Treatment Center Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p>

PAQ

115.367 (a): Facility PREA Response Plan Following Client Report establishes for protection for client against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, clients or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing clients progress reports, periodic status checks with the clients, and performance reviews or reassignments of employees involved in the initial report or investigation. AYFS has developed a company form for all facilities managed by the cooperation to document retaliation monitoring. There was no retaliation noted in the PAQ.

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy identifies measures to protect staff and clients including the following: a. Initiating housing changes or transfers for client victims or abusers; b. Removing alleged staff or client abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect clients and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Compliance Manager identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. AYFS Policy 5.5 requires the monitoring of items identified in this provision of the standard. The PREA Compliance Manager explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a client filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a

	<p>continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p>115.367 (d): In the case of clients, such monitoring shall also include periodic status checks. The PREA Compliance Manager indicated status checks would be initiated with staff and clients. The policy and procedures states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.</p> <p>115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another client or staff member, Southern Peaks Regional Treatment Center shall take appropriate measures to protect that individual against retaliation.</p> <p>The PREA compliance manager indicated she would visit the client whenever an allegation is lodged by clients or third party immediately and discuss his role to monitor for retaliation. The clinical supervisor indicated that therapist would also monitor for retaliation. The facility administrator indicated he would monitor staff that report and cooperated with any investigations.</p> <p>Compliance was determined by review of the policies, the monitoring check list and interviews with the retaliation monitor, facility administrator and Agency PREA coordinator.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>SPRTC Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>Statement of Fact</p> <p>115.368 (a) Sexually Abusive Behavior Prevention and Intervention Program addresses this standard regarding placing clients in isolation who have</p>

	<p>alleged to have suffered sexual abuse. According to policy, a client would only be placed in isolation as a last resort if less restrictive measures are inadequate and only until alternative placement could be found. Interviews with the PREA compliance manager, clinical director and facility director stated they would develop a plan to protect the client. If no other alternative is available, the client could be moved to a facility to protect the client. During any period of isolation clients shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Clients in isolation would receive daily visits from a medical or mental health care clinician. If a client who is alleged to have suffered sexual abuse is held in isolation, the facility affords each such client a review every 30 days to determine whether there is continuing need for separation from the general population. The facility has no historical record of ever utilizing segregation or isolation of a client to protect clients from others due to a threat and allegation of sexual abuse or sexual harassment.</p> <p>The PAQ provides a statement of fact that the facility can not use isolation due their Mental Health Licenses.</p> <p>Compliance was determined by review of policy and interviews with Facility Executive Director and Clinical Director.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Website</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>AYFS Policy 5.3 Investigating PREA Allegations</p> <p>MOU with Kendred Kids Youth Victim Advocacy</p> <p>Investigative Worksheets</p> <p>Investigative Files</p> <p>115.371 (a): AYFS Policy 5.3 Investigating PREA Allegations establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated, including third party reports of sexual abuse or sexual harassment. All allegations of sexual abuse is referred to Canon City Police for investigation unless the incident is</p>

not criminal in nature. When the facility conducts an investigation, it is completed by a trained investigator and is conducted promptly, thoroughly and objectively.

115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. At Southern Peaks Regional Treatment Center all investigations are conducted by staff that have received special training in sexual abuse investigations.

115.371 (c): At SPRTC staff have been trained to secure evidence including asking victims and abusers not to shower, change clothes, or otherwise destroy any possible evidence. Based on MOU with Kindred Kids Advocacy Program, the local law enforcement and SANE staff will conduct thorough investigation and gather all forensic evidence including direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d): Based on review of investigative files and policy AYFS Policy 5.3 Investigating PREA Allegations, Southern Peaks Regional Treatment Center does not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency will refer the investigation authority to the Canon City Police who shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. By policy, Southern Peaks Regional Treatment Center will wait to complete compelled interviews if the quality of evidence supports prosecution, so as not to hamper that prosecution. These practices were confirmed by Auditor interviews with the PREA investigators.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as client or staff. No agency shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

	<p>115.371 (i): Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The local district attorney is part of the MOU agreement and will work with the local law enforcement agency to prosecute any criminal activity.</p> <p>115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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 client and applicable law requires a shorter period of retention.</p> <p>115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The center PREA compliance manager indicated she was part of the MOU which includes law enforcement and prosecutor. They may meet two times a month and during these meetings she is able to question the law enforcement and district attorney's staff about ongoing investigations or criminal prosecutions.</p> <p>During the last 12 months there were 12 allegations of client-on-client sexual abuse and three allegations of staff on client sexual abuse. All allegations were referred to Canon City Police for investigation.</p> <p>Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility administrator.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.3 Investigating PREA Allegations</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p>



	<p>Investigator Training Curriculum</p> <p>The facility investigators conduct administrative investigations. The investigator may make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of child abuse or neglect by a Preponderance of Evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance of the standard was determined by reviewing the policy, investigative report and interview with the agency PREA coordinator and investigators.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.3 Investigating PREA Allegations</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>115.373 (a): At the conclusion of an investigation, the facility investigator, PREA Compliance Manager, or staff member designated by the facility administrator will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p>115.373 (b): AYFS Policy 5.3 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual.</p> <p>115.373 (c): Following a client’s allegation that a staff member has committed sexual abuse against the client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the client’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The</p>

	<p>agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a client’s allegation that he or she has been sexually abused by another client, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications to be documented. The Statewide PREA Coordinator has developed a form that for notification to clients of the outcome of investigations that includes a signature from the client.</p> <p>Based on the PAQ, review of the investigative files and interview with the facility investigator, the facility or outside agency provided 10 notice of outcome of the investigation.</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>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>AYFS policy 5.3 Investigating PREA Allegations</p> <p>115.376 (a): Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b): According to agency policy and interview with facility administrator all allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a client, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges. There was no finding of sexual abuse or sexual harassment by staff in the last 12 months.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff</p>

	<p>member.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement.</p> <p>There has been no adverse action taken against staff for violation of sexual abuse, sexual harassment, child neglect or violation of PREA standards during the last 12 months.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator and facility executive director</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>AYFS Policy 5.3 Investigating PREA Allegations</p> <p>Volunteer and Contractor Training Program PAQ</p> <p>115.377 (a) AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program provide any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients. The Policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.</p> <p>115.377 (b) The documentation and interviews with the PREA coordinator, assistant facility administrator revealed the provision of information to volunteers and contractors that sexual misconduct with a client is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with clients, however, would most likely prohibit them from further contact with clients.</p> <p>Compliance was determined by training curriculum, contractor applications and interviews with the PREA compliance manager and Facility Administrator.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
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**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

AYFS Policy 05 Zero Tolerance Towards Sexual Abuse of Harassment

AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)

SPRTC Policy Zero Tolerance Towards Sexual Abuse of Harassment

AYFS Policy 5.3 Investigating PREA Allegations

SPRTC Policy 103.2.08 PREA Response Plan following Resident Report

PREA posters

PAQ

In interviews with staff at Southern Peaks Regional Treatment Center it was noted that Southern Peaks Regional Treatment Center is a therapeutic program whose mission is to correct inappropriate behavior while keeping all clients safe from sexual abuse or sexual harassment. Therefore, the use of disciplinary action for non-criminal action would be dealt with through individual and group therapy programming. It may result in further time at the facility to correct the underlying causes of the sexual misbehavior. The center is a licensed mental health program and does not utilize traditional sanctions such as isolation. The center uses de-escalation protocols for youth that are having a psychotic episode. Youth are not punished for mental health related actions or reactions.

115.378 (a): A client may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. The youth would be subject to being removed from the program based on the level of sexual abuse. Youth are assigned to the program after a thorough review and determination if the center can meet the therapeutic needs of the residents. AYFS Policy 5.5 requires an administrative process for dealing with violations of client-on-client sexual abuse. The Facility Administrator's interview confirms the formal disciplinary process. However, clients may also be referred to law enforcement for charges regarding client- on - client sexual abuse. Sexual activity between clients is prohibited and court or administrative processes and sanctions occur after a determination the sexual activity was coerced. Clients will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact. AYFS Policy 5.5 provides anyone reporting in good faith will not receive any repercussions. The policies and interview with the mental health staff confirms counseling or other interventions will be

offered to address and correct the underlying reasons or motivations for abuse when the client remains in or returns to the facility after a sexual abuse incident. The interview also revealed any type interventions or treatment services provided are not as a condition for the client to access participation in the behavior management system, education services, or other programs. The interview with the Facility Administrator revealed the process regarding allegations of client-on-client abuse which can include the client being removed from the facility when other interventions are not effective.

115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories. In the event a disciplinary sanction results in the isolation of a client, agencies shall not deny the client daily large-muscle exercise or access to any legally required educational programming or special education services. Clients in isolation shall receive daily visits from a medical or mental health care clinician. Clients shall also have access to other programs and work opportunities to the extent possible Southern Peaks Regional Treatment Center provides that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories. In the extreme event a disciplinary sanction results in the isolation of a client, Southern Peaks Regional Treatment Center shall not deny the client daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Clients shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff.

115.378 (c): The disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Southern Peaks Regional Treatment Center provides that the disciplinary process considers whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Clinical Director.

115.378 (d): Southern Peaks Regional Treatment Center offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the Facility will consider requiring the offending Client to participate as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378 (e): The agency may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall

	<p>not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. AYFS Policy 5.5 states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.378 (g): An agency prohibits all sexual activity between clients and may discipline clients for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. AYFS prohibits any sexual conduct between clients. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced.</p> <p>Abraxas utilizes the Sanctuary® Model in creating a trauma-informed culture. Sanctuary® is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from psychological and social traumatic experiences through the active creation of a trauma informed therapeutic community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary® Model's focus, not only on the people who seek services, but equally on the people and systems who provide those services.</p> <p>Southern Peaks Regional Treatment Center approach to care and treatment is trauma-informed, comprehensive and holistic. Our program emphasizes the enhancement of physical, social, emotional, and academic development in a safe and nurturing environment. The clinical team takes an active and collaborative approach with direct care staff and educational teams to ensure resident success throughout these environments in addressing therapeutics needs and well-being.</p> <p>The Statement of Fact indicated during this audit period this facility has not had any incidents that require intervention for clients having sexual conduct. Based on the review of the agency Policy, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p>

SPRTC Policy and Procedure – 103.4.01 Clint Intake

Assessment Tool Initial Assessments

Intake PREA Assessments

Mental Health Progress Notes

115.381 (a) If any of the intake screening forms indicates a client has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. According to the Clinical Director all clients that arrive at Southern Peaks Regional Treatment Center are seen by the clinical director within 72 hours of arrival and the same question about victimization is discussed during their initial Mental Health intake. However, the screening staff document and forward a follow up notification form. The center also conducts a reassessment within 30 days of arrival at the center and then at least quarterly thereafter. If a client is determined to be at risk of victimization based on the initial or subsequent screening, the client is rescreened monthly. (b) If any of the intake screening forms indicates a client has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the client is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the clinical staff within 72 hours of intake. However, the screening staff document and forward a follow up notification form. (c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

115.381 (d): Medical and mental health staff is required to notify clients at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from clients who are 18 years old or older before reporting information about the client’s prior sexual victimization that did not occur in an institutional setting. Clients who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

SPRTC intake staff forward any allegations of sexual victimization to the Quality Control and Compliance specialist. She coordinate with notification to the Colorado Department of Human Services hotline and the Kindred Kids advocacy center to follow-up with the youth if they youth wishes to talk to them. The center has licensed therapist that provide services for all residents and specialized services for youth that were victims of sexual abuse, exploitation, or incest.

Exceed Compliance was determined by a review of the center’s polices and interview with clients, medical and mental health staff.

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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>SPRTC Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>MOU Kindred Kids Youth Advocacy Center</p> <p>115.382 (a): Facility PREA Response Plan Following Client Report mandate clients' victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to clients and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.</p> <p>Clients are provided access to an outside victim advocacy agency for services through a MOU with Kindred Kids Youth Advocacy Center which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. Youth go to the Kindred Advocacy Center for SANE evaluations and investigations. The youth is met by an advocacy staff when they arrive at the center and the advocacy staff remain with the youth throughout the examination and investigative process. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of client encounters.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program - Access to Emergency Medical and MH requires client victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally</p>



accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting a client to the emergency room with specific documentation for the direct care staff. The facility utilizes Local Hospital for emergency medical treatment.

115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed clients have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting clients and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact numbers.

The full-time Nurse is generally on-call 24/7 as determined by the interview. Interviews with staff from Kindred Kids Youth Advocacy Center and Thomas More Hospital indicated there is an on call SANE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a client that has been sexually assaulted.

115.382(c): Client victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The PAQ and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

115.382(d): The facility PREA Response Plan Following Client Report mandates access to emergency medical and mental health services shall be 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. This was also confirmed through staff interviews. The staff at the Kindred Kids Youth Advocacy Center indicated there were no costs associated with advocacy, emotional services, and mental health services.

The policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.

Based upon the review of policies, interviews with the Medical and mental health staff and interviews with staff from the Kindred Kids Youth Advocacy Center, the facility is compliant with this standard.

<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>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Kindred Kids Youth Advocacy Center</p> <p>SPRTC Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>115.383(a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The clinical director indicated in an interview that the facility would provide treatment as indicated as prior victimization can be part of the treatment needed for recovering clients. The facility makes a referral to mental health for anyone that provides information on prior victimization or past predator behavior in order to comply with the standard. However, the clinical director indicated that all clients that go through intake at the facility are seen by mental health within 72 hours.</p> <p>115.383 (b): The Facility PREA Response Plan Following Client Report includes a provision that the evaluation and treatment of such 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. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Clients that are housed at Southern Peaks Regional Treatment Center have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the client. The Domestic Violence Shelter is part of the would provide clients with support programs when released from the center.</p> <p>115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>115.383(d)(e): Female victims of sexual abusive vaginal penetration while receiving treatment at the center are offered pregnancy tests and If pregnancy results from sexual abuse while residing at the center, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The center does not incarcerate youth and resident can leave the center if</p>

	<p>they chose to do so.</p> <p>115.383 (f) The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at the Ohio Mansfield Medical Center and follow-up services may be done at the facility, as needed.</p> <p>115.383 (g) All treatment services will be provided at no cost to the victim,</p> <p>115.383 (h) Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 14 days on all known client-on client abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.</p> <p>Based on a review of the PREA policies, and interviews with the Domestic Violence Shelter, clinical director, medical staff, PREA coordinator and Facility Administrator the facility exceeds compliance with this standard. In interviews with clients and interaction with staff it was obvious that the clients have a high level of trust with the clinical and medical staff and would feel safe in reporting an sexual abuse or sexual activity while on weekend passes. The staff interviewed were aware of the population and while they would not condone activity, they would be responsive to the needs of the clients.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program</p> <p>SPRTC Policy 103.2.08 Facility PREA Response Plan Following Resident Report</p> <p>115.386 (a) AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program requires an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The review team participants include the agency wide PREA Coordinator, the facility’s PREA Compliance Manager, facility administrator, medical and mental health staff. There were 3 allegations of</p>

sexual abuse or sexual harassment during the last 12 months that have been resolved and required a IRT meeting.

The interview with the PREA Compliance Manager and a review of the form used to document the incident review team's findings indicate the team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation unless the investigation is unfounded. There three allegation of sexual abuse that were unsubstantiated during the last 12 months.

115.386 (c): The policy mandates review team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff.

115.386 (d): The committee reviewed the following:

1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

(2) Consider whether the incident or allegation 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;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

(4) Assess the adequacy of staffing levels in that area during different shifts.

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

115.386 (e): The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the

	<p>Facility Administrator. The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.</p> <p>Compliance was determined by review of the Incident Review Team reports, policy and interviews with the incident review team members, facility administrator, PREA compliance manager and PREA Coordinator.</p>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard. AYFS Website</p> <p>AYFS 2022 Annual PREA Report</p> <p>AYFS 2022 Annual PREA Report</p> <p>Southern Peaks Regional Treatment Center 2023 Annual PREA Assessment Report</p> <p>Southern Peaks Regional Treatment Center 2024 Annual PREA Assessment Report</p> <p>115.386 (a): A review of reports confirms that AYFS collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for AYFS facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p>AYFS maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by AYFS. AYFS aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.</p> <p>115.387 (b): The facility collects and maintains data in accordance with directives by AYFS. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p>115.387 (c): The format used for AYFS facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p>115.387 (d): The facility maintains and collects various types of identified data and</p>

	<p>related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives</p> <p>115.387 (e): Southern Peaks Regional Treatment Center is a private facility that does not contract with other facilities to house clients. Presently the center only houses mental health inpatient referrals from community providers. The center no longer services clients that are referred by DJJ agencies.</p> <p>115.387 (f): AYFS policy mandates that upon request, AYFS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>Compliance was determined by reviewing data collections for preceding two years, review of AYFS Policies and interview with the PREA coordinator, PREA compliance manager, facility administrator and AYFS agency head,</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS 2022 Annual PREA Report</p> <p>AYFS 2023 Annual PREA Report</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program</p> <p>Southern Peaks Regional Treatment Center Annual PREA Assessment</p> <p>115.388 (a): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program recognizes the purpose of conducting annual reports and annual PREA assessments are to 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 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. Further 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.</p> <p>115.388 (b): A review of the annual reports for the last 2 years included a comparison of the current year’s data and corrective actions with those from prior years and provided an assessment of the agency’s progress in addressing sexual</p>

	<p>abuse.</p> <p>115.388 (c): The annual report is reviewed by the PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.</p> <p>115.388 (d): AYFS Policy 5.5 indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility’s website. There are no personal identifiers in the annual report.</p> <p>Compliance was determined by reviewing data collections for the preceding two years and review of AYFS website.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program</p> <p>AYFS 2023 Annual PREA Report</p> <p>AYFS 2022 Annual PREA Report</p> <p>115.389 (a)(b): AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)- Data Collection and Review ensures that data collected are securely retained for at least 10 years according to AYFS Policy 5.5 and interview with Abraxas PREA coordinator.</p> <p>115.289 (b): AYFS makes all aggregated sexual abuse data from all its facilities made public annually on their website <a href="http://abraxasyfs.org">abraxasyfs.org</a>. A review of the website confirmed that the agency has PREA reports from 2021 until 2022 uploaded to the above website.</p> <p>115.289 (c): Before making aggregated sexual abuse data public, AYFS removes all personal identifiers.</p> <p>115.289 (d): AYFS Policy 5.5 ensures that data collected are securely retained for at least 10 years.</p> <p>Compliance was determined by review of two (2) Annual Reports and interviews with the PREA coordinator.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a): AYFS Policy 5.5- requires that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. Southern Peaks Regional Treatment Center latest audit was conducted in September 2020 by a DOJ Certified auditor while the facility was operated by the GEO Group. The original audit was conducted in 2017 by a DOJ certified auditor. This auditor’s recertification was effective through December 2024.</p> <p>115.401 (b): According to Abraxas PREA Coordinator and the annual PREA report, during the three-year period beginning when AYFS purchased the GEO juvenile facilities, AYFS ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. According to AYFS coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of Southern Peaks Regional Treatment Center. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency’s level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documents from the previous 12 months. The facility provided the Auditor with a detailed tour of the facility in its entirety. The Auditor allowed access to all facility areas and provided an opportunity to interview staff and inmates in a private area..</p> <p>115.401 (m): I interviewed staff on duty for each shift and included direct care and support staff. and sample of clients during the onsite audit. No client declined to be interviewed and the facility did not prohibit me from interviewing clients selected for interview. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): The Auditor notified the center on June 11 and provided the center with a notice to be placed in areas as designated by the auditor handbook. During the tour of the center, the notification was not in all areas as mandated by the handbook. A corrective action plan was required. The center posted the notification in the areas required on the first day of the onsite audit and notified the clients of the posting and their ability to write the audit for the next 6 weeks. The staff responsible for client mail indicated they were aware that any mail addressed to the auditor would be confidential and they would send it without reviewing the contents of the mail. The center will be in a corrective action plan status for 60 days in order to the clients, staff, and contractor to contact the auditor. The auditor will respond by conducting interviews with clients, staff and contractors. The interviews will be confidential. Since the system at the center requires client to place their names on outgoing mail, staff will know the clients that sent mail to the auditor. The</p>



	<p>conversation will be in a private office and no staff will be allowed to listen to our conversation if there are any letters received by clients. Staff or Contractors will be called by the auditor and the conversation and notification will be anonymous.</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>The center published its prior (2017) (2021) PREA Audit reports on the agency website. A review of the AYFS website ( <a href="http://www.abraxasyfs.org">www.abraxasyfs.org</a> ) included all audits that have been completed for AYFS centers.</p>

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

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

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

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

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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



	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

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

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

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

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

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

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

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



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

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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

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



	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

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

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

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

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



	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

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

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

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

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



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

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

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

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

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

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