

PREA Facility Audit Report: Final

Name of Facility: Guam Youth Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 11/29/2020

Date Final Report Submitted: 06/27/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Noemi Zamacona	Date of Signature: 06/27/2021

AUDITOR INFORMATION	
Auditor name:	Zamacona, Noemi
Email:	nzamacona@oig.lacounty.gov
Start Date of On-Site Audit:	09/09/2020
End Date of On-Site Audit:	09/10/2020

FACILITY INFORMATION	
Facility name:	Guam Youth Correctional Facility
Facility physical address:	169 San Isidro Street , Hagatna, Guam - 96913
Facility Phone	
Facility mailing address:	P.O. Box 23672, GMF Barrigada, Guam - 96921

Primary Contact	
Name:	Melanie W Brennan
Email Address:	melanie.brennan@dya.guam.gov
Telephone Number:	6717355010

Superintendent/Director/Administrator	
Name:	David Afaisen
Email Address:	david.afaisen@dya.guam.gov
Telephone Number:	6717355007

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	101
Current population of facility:	35
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-18
Facility security levels/resident custody levels:	Med/high
Number of staff currently employed at the facility who may have contact with residents:	48
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Guam Department of Youth Affairs
Governing authority or parent agency (if applicable):	
Physical Address:	169 San Isidro Street , Mangilao, Puerto Rico - 96913
Mailing Address:	P.o. Box 23672, Gmf Barrigada, Puerto Rico - 96921
Telephone number:	6717355010

Agency Chief Executive Officer Information:	
Name:	Danielle J Camacho
Email Address:	danielle.camacho@dya.guam.gov
Telephone Number:	6717355010

Agency-Wide PREA Coordinator Information			
Name:	Gregorio Artero	Email Address:	gregorio.artero@dya.guam.gov

AUDIT FINDINGS

Narrative:

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

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted at Youth Correctional Facility (YCF) located in Mangilao, Guam. YCF is the only youth correctional facility operated by the Guam Department of Youth Affairs (GDYA). This audit was the first PREA audit for YCF.

The audit team consisted of Noemi Zamacona, DOJ Certified PREA Auditor (lead auditor) and Catharine Wright, DOJ Certified PREA Auditor. Additionally, Daisy Ponce assisted the audit team remotely as support staff. On August 7, 2020, the audit team signed an audit agreement to conduct PREA audits of one GDYA facility and three Guam Department of Corrections (GDYA) facilities.

On August 16, 2020, the Governor of Guam placed Guam on Pandemic Condition of Readiness (PCOR) I. The onsite portion of the audit was initially scheduled to commence on or about August 24, 2020. However, upon arrival in Guam on August 21, 2020, the audit team was unexpectedly diverted to a government quarantine facility and remained in strict quarantine for 14 days. Therefore, the onsite portion of the audit at YCF was rescheduled and conducted on September 10, 2020 and September 21, 2020.

Audit Methodology - Pre-Onsite Audit Phase

The pre-onsite audit phase began with a kick-off meeting held via video conference on June 18, 2020. Leadership and staff from GDYA, GDYA, and Guam's Bureau of Statistics and Planning were present. Subsequent video conference meetings were held weekly to discuss the audit process, establish audit goals, the purpose of corrective action, expectations, timelines, documentation required, and logistics for the audit's onsite portion. During the pre-onsite audit phase, the GDYA indicated that implementing the policies and procedures related to PREA were recent.

Audit notices in English were provided to GDYA on July 2, 2020. The audit notices included information about the upcoming audit and provided contact information for the audit team. The audit team instructed the GDYA to post the audit notice throughout YCF, in areas visible to all youth, staff, and visitors (e.g., visiting areas, recreational spaces, housing units) for six weeks before the onsite audit. The audit team also communicated to GDYA that youth shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit team did not receive any correspondence from youth or staff before the onsite audit. The audit team received an email from the Agency PREA Coordinator, advising the audit notice had been posted throughout the facility on July 6, 2020. The audit team observed bright yellow audit notices posted in all housing areas and throughout the facility in youth-accessible areas during the site review. The audit notice was also observed in areas only accessible to staff and at the entrance where visitors enter the facility. The audit notice was posted in both English and Chuukese.

Online Audit System (OAS) access was requested for the facility on July 29, 2020. Access to the OAS was granted to the facility on August 5, 2020. A copy of the audit process map was provided to the GDYA

on August 25, 2020. The facility completed and submitted the Pre-Audit Questionnaire (PAQ) on September 4, 2020. The audit team reviewed the answers and documentation submitted by the facility. On August 31, 2020, the audit team provided YCF with an issues log, which outlined information and documentation missing from the facility's PAQ. The facility responded to the audit team's issues log on September 2, 2020.

Before the onsite portion of the audit, the audit team requested the facility identify a comprehensive list of youth, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the audit. The auditor selected representative samples for interviews of youth and staff and document reviews during the onsite portion of the audit from these listings. The listings requested by the auditors in the pre-onsite audit phase included:

1. Complete youth roster based on actual population on the first day of the onsite portion of the audit.
2. Youthful youth (if any)
3. Youth with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Youth who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) youth (identify all youth in each category).
6. Youth in segregated housing
7. Youth who reported sexual abuse
8. Youth who reported sexual victimization during risk screening
9. Complete staff roster (indicating title, shift, and post assignment)
10. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate- or higher -level facility staff responsible for conducting and documenting unannounced rounds to identify and deter sexual abuse and sexual harassment
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Administrative (human resources) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with youth
 - Contractors who have contact with youth
 - Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)

- Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise youth in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse)
- First responders³, non-security staff (individuals who have responded to an incident of sexual abuse)
- Intake staff

11. All grievances made in the 12 months preceding the audit

12. All incident reports from the 12 months preceding the audit

13. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:

- Total number of allegations
- Number determined to be substantiated, unsubstantiated, or unfounded
- Number of cases in progress
- Number of criminal case investigations
- Number of administrative case investigations

14. All hotline calls made during the 12 months preceding the audit

15. Listing of all youth the facility has determined to be at heightened risk of sexual victimization

16. Listing of all youth the facility has determined to be at heightened risk of sexual abusiveness

The audit team conducted outreach to community-based organizations and advocates to gain insight into sexual safety conditions at YCF. The audit team contacted Victim's Advocates Reaching Out (VARO), the Guam Coalition Against Sexual Assault and Family Violence, West Care Foundation, Guam Police Department (GPD), and Healing Hearts Rape Crisis Center. The audit team attempted to contact the Guam Department of Public Health & Social Services but did not hear back.

The audit team conducted internet research to gain insight into relevant conditions at YCF. The audit team noted a news article dated March 12, 2019, where DYA Director Melanie Brennan reported YCF lacked proper locks and cameras. The second article noted was dated June 11, 2019, and it said that a former DYA chaplain was accused of sexual abuse of a DYA client. The article did not state when the alleged abuse occurred. The audit team asked the PCM regarding the allegations, but they were unsure about the case's circumstances. The PCM has been at DYA for 15 years and explained that the alleged perpetrator had not been a chaplain at DYA since the PCM has been employed there.

The Government of Guam's Child Protection Act requires any person who comes into contact with children in their professional or occupational capacity to report instances of suspected child abuse or neglect to Child Protective Services or GPD. The audit team explained mandatory reporting requirements to youth before interviews.

On-site Audit Phase

On September 10, 2020, the audit team began the onsite portion of the audit with an entrance briefing with Agency leadership and relevant staff. At the entrance briefing, Melanie Brennan, Director; Krisinda Aguon, Deputy Director; Danielle Camacho, PREA Compliance Manager (PCM); and David Afaisen, Superintendent; Shawn Nelson, Training Officer; Balajada, R., Social Worker. The audit team reiterated prior communication regarding unfettered access to all parts of the facility, staff, and documents requested for review. The audit team also discussed the audit process and expectations. The facility leadership and staff were very helpful, and the audit team did not encounter any issues accessing all areas of the facility or relevant documentation.

Following the entrance briefing, the audit team conducted the site review. YCF comprises five buildings that include, F-unit, which houses male youth, D-unit which houses female residents, the medical and mental health offices, the gymnasium building, and H-Unit where intake and the facility operations offices are located. The designated facility capacity is 101 youth. During the onsite portion of the audit, 15 male residents and 1 female youth were housed at the facility. The audit team visited all facility areas, including the facility superintendent's office, the operations office, video teleconference rooms, attorney-client meeting rooms, visitation areas, the galley, laundry areas, intake, classrooms, gymnasium, and outdoor recreation areas. The audit team visited the facility's two housing units, F-Unit, and D-Unit. Additionally, the audit team inspected the cells in housing locations, officer booths, bathrooms, shower areas, and medical and mental health staff offices.

During the site review, the audit team observed a mock demonstration of the facility's intake and screening process. During the mock intake demonstration, intake staff explained that they ask residents at intake if they have a history of sexual abuse or sexual harassment and whether they identify as gay, lesbian, bisexual, intersex, or transgender. Intake staff explained that if a resident answers yes to having a history of sexual abuse or sexual harassment, they offer a follow-up with mental health. If the resident answers yes to any of those questions, they notify their Youth Service Supervisor. Intake staff also explain to the resident the "PREA Intake Form" that tells residents of DYA's zero-tolerance policy and ways they could report sexual abuse and sexual harassment. After the intake paperwork is completed, residents are shown a nine-minute educational PREA video. A social worker conducts the PREA risk screening and the MAYSI-II within 72 hours of intake. Information gathered from the risk screening is forwarded to the PREA Coordinator.

The facility does not have medical or mental health staff on site. However, mental health and medical staff visit YCF to provide youth care as needed. During the site review, volunteer services and visits were suspended due to the COVID-19 pandemic. Throughout the site review, the audit team noted and documented that staff of the opposite gender diligently announced their presence when entering youth housing units. The audit team conducted interviews with staff and youth.

The audit team noted and documented several issues during the site review. First, the facility does not have an adequate video surveillance system to monitor the several blind spots throughout the linear design facility. The very limited number of cameras are not consistently working and cannot record. The audit team found blind spots in the operations office located in the second floor of H-unit. Staff reported that youth shower in the operations shower area when youth are held at intake for a delayed period. The

audit team noted the storage area as a blind spot and the two offices and a conference room that had doors without windows. The kitchen area at intake is also a blind spot. Blind spots were noted in the outdoor recreation area located in a small corridor in between the gymnasium and F-unit and the area right behind the school building. The doors inside the school buildings all had small viewing windows, but visibility was obstructed by paper placement on the windows. Several doors of offices, storage rooms, and laundry rooms throughout the facility did not have windows, including medical, mental health, and kitchen staff offices. The kitchen area contained blind spots behind the freezer area and in between the pantry shelving. Second, the audit team noted that in F-unit, the bathrooms are a blind spot. There were no privacy panels in between toilets. Some of the toilets and urinals were visible from the hallway directly outside of the area. The shower area in F-unit did not provide enough privacy for the youth showering because there was no partial door or curtain. The same shower privacy issues were noted in D-unit. In D-unit the toilet seats are visible from the hallway directly outside the bathroom and did not provide adequate privacy. These cross-gender viewing issues were addressed during the corrective action period. YCF created and installed privacy panels in the areas of concern. Residents in D and F unit do have bathrooms in their cells.

“Break the Silence” PREA reporting posters were posted throughout the facility listing multiple phone numbers to supporting agencies, including Healing Hearts, the rape crisis center. These posters were only posted in English., Residents must utilize the phone located in the staff booth to make phone calls. All calls made by youth are monitored and documented, preventing residents from reporting sexual abuse or harassment anonymously. Additionally, the posters did not include a mailing address for Healing Heart. There are also concerns about the storage and security of classification and sensitive information. The audit team observed unsecured youth files with sensitive information in the staff booth areas at both D and F-unit. Grievance boxes were observed in both housing locations. Staff indicated that caseworkers collect the grievances.

Interviews and On-site Documentation Review

The facility provided the audit team with requested information related to youth and staff rosters by the first day of the onsite audit. Interviews of staff and youth were conducted in private locations and for youth interviews, without staff present. In addition to speaking with specialized staff, the audit team interviewed the Agency Head, Melanie Brenan, Superintendent David Afasen, PREA Coordinator Greg Atero, PREA Manager Danielle Camacho, and Judicial Contractual Therapist Edward Taitano. The audit team made several unsuccessful attempts to interview the nursing staff.

From the information provided, the auditor selected and reviewed a variety of files, records and documents summarized in detail below:

Personnel and Training Files. The facility has 46 full and part-time security staff. The facility hired 8 staff in the 12 months preceding the audit. The facility did not promote any staff in the 12 months preceding the audit. Medical staff assigned to the facility are employees of the Guam Memorial Hospital (GMH). The audit team did not review any personnel files because the agency indicated they do not conduct criminal background records checks before hiring or promoting staff. The agency also indicated they do not conduct criminal background records checks of GMH staff, volunteers, or contractors. The agency also does not conduct criminal background records checks at least every five years of current employees and contractors who may have contact with youth and do not have a system for otherwise capturing such

information for current employees. The audit team reviewed training files for all security staff members.

Youth Files. On the first day of the onsite phase of the audit, the youth population was 16. The audit team reviewed a total of 12 youth records. Additionally, the audit team reviewed the records of two targeted youth. One youth was interviewed with two targeted interview protocols and the second youth was interviewed with three targeted interview protocols.

Medical and Mental Health Records. As of the first day of the audit, the facility indicated in the PAQ that zero youth reported prior sexual victimization during intake screening. During the 12 months preceding the audit. While onsite, the facility indicated that one youth in custody reported prior victimization and had reported sexual abuse during a previous incarceration. The audit team reviewed the mental health records for this youth.

Grievances. In the PAQ, the facility indicated they received zero youth grievances for the 12 months preceding the audit. The facility does not electronically track grievances. The facility implemented their grievance process after the audit period. Therefore, the audit team was unable to determine the actual number of grievances. The facility did not provide the audit team with any incident reports for review. During the review of youth files, the audit team did note paper copies of grievances in youth files. During the site review, the audit team noted there were grievance boxes for youth to submit grievances, but boxes were not clearly marked. Staff indicated that grievance forms are provided to youth upon request. Youth have access to the grievance boxes to submit their grievance.

Incident Reports. The audit team requested all incident reports from the 12 months preceding the audit. The facility reported there were no incidents during the 12 months preceding the audit. During the corrective action period, the audit team expanded their audit time period to include any incidents in years prior to the current audit period. The facility provided zero incidents that fell within the expanded time period.

Investigation Files. In the PAQ, the facility indicated zero allegations of sexual abuse and sexual harassment during the 12 months preceding the audit. During the corrective action period, the audit team expanded their audit time period to include any investigations in years prior to the current audit period. The facility provided zero investigations that fell within the expanded time period.

The lead auditor randomly selected staff and youth to be interviewed and ensured that staff from both shifts and differing levels of responsibilities and assignments were selected. The lead auditor also randomly selected youth to be interviewed and ensured that both housing units were selected.

Additionally, targeted youth interviews were conducted with youth from specific categories. The audit team was provided with two rooms where auditors could interview youth and staff confidentially and safely. The audit team conducted the following number of interviews during the onsite phase of the audit:

Random Youth (Total) = 12

Targeted Youth (Total) = 5

Total Youth Interviewed = 12

The breakdown of the number of targeted youth interviews is as follows:

- Youth with a Physical Disability (0 identified – 0 interviewed)
- Youth who are Blind, Deaf, or Hard of Hearing (0 identified – 0 interviewed)
- Youth who are LEP (0 identified – 0 interviewed)
- Youth with a Cognitive Disability (1 identified – 1 interviewed)
- Youth who Identify as Lesbian, Gay, or Bisexual (1 identified – 1 interviewed)
- Youth who Identify as Transgender or Intersex (0 identified – 0 interviewed)
- Youth in Segregated Housing for High Risk of Sexual Victimization (0 identified – 0 interviewed)
- Youth Who Reported Sexual Abuse (1 identified – 1 interviewed)
- Youth Who Reported Sexual Victimization During Risk Screening (1 identified – 1 interviewed)
- Youth in Isolation (1 identified – 1 interviewed)

Total targeted youth interviews: 5 (One targeted youth fell within multiple targeted populations; therefore, the number of targeted youth interviews presented in the above exceeds the total number of youth interviewed.)

The Auditor conducted interviews with the following agency leadership (not counted in totals below):

Melanie Brennan, Agency Head Designee

David Afasen, Superintendent

Greg Atero, Agency PREA Coordinator

Danielle Camacho, Facility's PCM

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (Total) = 14

Specialized Staff (Total) = 29

Total Staff Interviewed = 14

The breakdown of the specialized staff interview is as follows:

- Agency Contract Administrator (1)
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (2)
- Medical staff (0)
- Mental Health staff (1)

- Administrative (human resources) staff (4)
- Investigative staff – Administrative investigations (1)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff who supervise youth in segregated housing (4)
- First responders, security staff (9)
- First responders, non-security staff (2)
- Intake staff (2)

Total specialized staff interviews = 26 (Five of the 21 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented exceeds the number of specialized staff interviewed.)

Additionally, the audit team spoke to staff from the following agencies:

- Healing Hearts Rape Crisis Center – Youth that experience sexual abuse are transported to the crisis center for forensic medical examinations.
- GPD - GPD conducts investigations of all allegations of criminal conduct within GDYA's facilities.
- Guam Department of Administration – Processes all hiring paperwork and clearance for GDYA.

Post-Onsite Audit Phase

The audit team documented all interviews and observations made during the onsite audit phase. The lead auditor utilized the Auditor Compliance Tool (ACT) for Youth Facilities as a guide in determining compliance with each standard. To assess compliance with each standard, the lead auditor used information and documentation provided in the PAQ and during the pre-onsite audit phase, information and documentation obtained through staff and youth interviews, and observations made during the site review. Some interviews with specialized staff that were not available during the onsite audit phase were conducted virtually.

AUDIT FINDINGS

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

YCF is a secure juvenile corrections facility. The agency reports that YCF houses female and male court-involved youth between the ages of 8-12. The designated facility capacity is 101 youth. At the time of the audit, 15 male residents and one female resident were housed at the facility.

YCF comprises five buildings that include F-unit, which houses male youth, D-unit, which houses female residents, the medical and mental health offices, the gymnasium building, and H-Unit where intake and the facility operations offices are located. There is a courtyard situated outside of in-between D-unit and F-unit, which is utilized for outdoor recreation. F-unit and D-unit are comprised of multi-person cells with a toilet and shower area located in each unit. The facility has a linear model design and does not have an operable video monitoring system. The audit team noted several blind spots down the range of both housing units and in the courtyard.

AUDIT FINDINGS

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

Number of standards exceeded:	0
Number of standards met:	15
Number of standards not met:	28

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.11</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. DYAs Pre-Audit Questionnaire Information 2. YCF PREA Policy 1.12a 01-2019 (PREA Policy) 3. DYAs Zero-Tolerance Directive dated 9-6-2019 4. DYAs Organizational Charts <p>Interviews:</p> <ol style="list-style-type: none"> 1 .Agency PREA Coordinator 2. PREA Compliance Manager (PCM) <p>Site Review Observations:</p> <p>Observations during the on-site review of the facility.</p> <p>115.311 (a).</p> <p>YCF PREA Policy 1.12a (01-2019), outlines the DYAs approach to ensure compliance with the Prison Rape Elimination Act. Section IV (Page 1) of this policy states the DYAs has zero-tolerance for sexual abuse or sexual harassment of any individual under the Departments supervision. This policy outlines the DYAs comprehensive approach to preventing, detecting, and responding to sexual abuse and sexual harassment and outlined are the DYAs protocols for prevention planning, training and education of staff and prisoners, screening for risk of sexual victimization and abusiveness, reporting, official response, and investigations. This policy applies to all residents, employees, contract service providers, visitors, volunteers, interns, and/or any individuals who have business with DYAs. This policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and disciplinary sanctions for those found to have participated in prohibited behaviors. This policy includes a description of DYAs strategies and responses to reduce and prevent sexual abuse and sexual harassment of youth, including increasing awareness through continuing education and training of staff, conducting sexual abuse incident reviews after every sexual abuse investigation, and establishing data collection systems to accurately track sexual abuse and sexual harassment. Interviews with both staff and youth indicated they are aware of the zero-tolerance policy. The facility is compliant with provision (a) of this standard.</p> <p>115.311 (b) – (c)</p> <p>The DYAs designated Gregorio Artero, Program Coordinator I, as the Agency PREA Coordinator. Mr. Artero’s position is part-time and his PREA responsibilities are assigned as a collateral duty. As a Program Coordinator I, Mr. Artero is not in the upper level of the agency hierarchy and does not have adequate authority to serve as the Agency PREA Coordinator.</p>	

Provision (b) of this standard requires that the PREA coordinator have sufficient time to oversee the agency's efforts to comply with the PREA standards. The PREA Coordinator's responsibilities cannot be a collateral duty to a part-time position.

During the Corrective Action period, DYA designated Deputy Director, Krisinda Aguon as DYA's PREA coordinator and Program Coordinator II, Michelle Quintanilla, as the PREA Compliance Manager. YCF provided an organizational chart that reflects these changes. The PREA Coordinator has sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The Program Coordinator II was newly hired as the full-time PREA coordinator to ensure sufficient time to implement and comply with the PREA standards. The facility is in compliance with provision (b) and (c) of this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YCF PAQ <p>Intreviews:</p> <ol style="list-style-type: none"> 1. PCM 2. Agency Contract Administrator <p>The facility indicated in the PAQ that it does not contract for the confinement of its inmates with other entities. The facility's PCM and Agency Contract Administrator confirmed the agency does not have any contracts with other entities for the confinement of its inmates. The agency is compliant with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. YCF PAQ 2. DYA Staffing Plan 3. YCF PREA PREA Policy 1.12a 01-2019 (PREA PREA Policy) 5. YCF Directive 2021-001 4. DYA Zero-Tolerance Directive dated 9-6-2019 (Directive) <p>Interviews:</p> <ol style="list-style-type: none"> 1..Superintendent or Designee 2. PREA Manager 3. PREA Coordinator <p>Site Review Observations:</p> <p>Observations during the onsite review of the facility.</p> <p>115.313 (a) – (d)</p> <p>The PREA policy adequately addresses the requirements of provisions (a) – (d). The PREA Policy outlines the factors the staffing plan should consider as required by provision (a) of this standard. The PREA Policy states that the DYA shall comply with the staffing plan except during limited and discrete circumstances and requires that deviation be documented as required by provision (b). The facility reported in the PAQ that in the last 12 months, YCF had not encountered circumstances where it has deviated from the ratios or staffing plan because their population has remained low[ZN1] . The PREA Policy requires the facility to maintain security staff ratios of a minimum of 1:8 during waking hours and 1:16 during sleeping hours as required by provision (c). Any deviation from the ratios are required to be documented. The Superintendent explained that he checks for compliance with the staffing plan by reviewing shift reports daily to ensure the facility is adequately staffed. According to the Superintendent, deviations from the staffing plan are documented in shift reports and the daily log books at each unit.</p> <p>The PREA Policy requires that at least once a year, DYA and the PREA Coordinator conduct an assessment to determine whether adjustments to the staffing plan are needed as required by provision (d). These assessments' intend is to determine whether physical barriers may have enabled abuse, determine the adequacy of staffing levels in those areas during different shifts, and determine if there is a need to monitor technology to supplement custody supervision. DYA implemented the staffing plan in April of 2020. The staffing plan has been implemented for less than a year, and DYA has not conducted an annual review.</p>

At the time of the staffing plan, the population was 27 residents. The facility indicated in the PAQ that their average daily population is 30 residents. The audit team reviewed the staffing plan and confirmed that the staffing plan is based on an average population count of 30 residents. At the time of the onsite audit, the facility's population was 25 residents. The audit team noted that the staffing plan did not sufficiently address blind spots and staffing levels in the physical plant section. The facility mentioned in the PAQ that the video monitoring system has been inoperable since February 2020. The monitoring system was inoperable at the time of the onsite review. During the site review, the audit team noticed areas of concern. Some of these areas included:

- The kitchen's dry food storage room does not have video coverage. The area behind the freezer and onside of the freezer is a blind spot.
- The medical and mental health offices and day room.
- The rooms in the gymnasium.
- The classroom building.

Additional blindspots are mentioned in the Site Review section of this report.

115.313 (e)

The PREA policy states, "The Superintendent, Youth Service Supervisor or their designee, will conduct and document unannounced rounds" covering all shifts and areas of the facility. The PREA policy also prohibits alerting staff members that the rounds are occurring. This language is inconsistent with the requirements of provision (e). The standard requires that unannounced rounds be conducted by intermediate-level staff or higher-level staff. The intent of this standard is not for designees to complete the unannounced rounds. Interviews with Youth Service Supervisors indicated that sometimes they designate someone to conduct unannounced rounds, consistent with YCF's current policy. The audit team conducted spot checks of the unannounced rounds and confirmed that while unannounced rounds are occurring daily and across shifts, they are not always conducted by intermediate-level or higher-level staff.

During the corrective action period, DYA issued YCF Directive 2021-001, which states that only Youth Service Supervisors are to conduct unannounced rounds. The directive prohibits Youth Service Supervisor from designating anyone else to complete the rounds. Although this policy is consistent with the requirements of this provision, it must be institutionalized. Future PREA audit will determine if this practice has been institutionalized. YCF has not demonstrated compliance with provision (e).

The facility has demonstrated compliance with provision (b) and (c) of this provision. It is not in compliance with provision (a), (d), and (e) of this standard.

Corrective Action:

1. YCF shall revise the PREA policy (page 6) and remove the language "or their designee" from paragraph 1 of section B.
2. YCF shall amend the existing staffing plan to include a narrative of how the 11 elements required by provision (a) of this standard are considered and how sexual safety is considered

in determining adequate staffing.

3. YCF shall consult with the agency PREA coordinator during the development of the staffing plan.

4. YCF shall conduct an extensive assessment to identify blind spots that could be eliminated.

5. YCF shall address all blind spots noted by the audit team in this report's facility characteristics section.

6. YCF shall institutionalize YCF Directive 2021-001

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Department of Youth Authority Zero-Tolerance Directive dated 9-6-2019 (Directive) 4. Department of Youth Authority, Youth Correctional Facility Manual of Operations (Manual of Operations) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Random Residents 3. Site Review Observations: <p>Observations during the onsite review of the facility.</p> <p>115.315 (a)</p> <p>Paragraph (a) of section C of the PREA policy state, “DYA personnel do not conduct cross-gender strip searches” or “cross-gender visual body cavity searches except in exigent circumstances when performed by medical practitioners.” This policy is also reflected in the YCF Manual of Operations (page 24). YCF indicated in the PAQ that it has conducted zero cross-gender strip searches and cross-gender visual body searches and zero that involved exigent circumstances. This policy is also reflected in the YCF Manual of Operations (page 24). Interviews with both staff and residents indicate that in fact cross-gender strip searches are not performed by staff. YCF has achieved compliance with provision (a).</p> <p>115.315 (b)</p> <p>Paragraph (b) of section C of the PREA policy states, “DYA personnel are not permitted to conduct cross-gender pat-down searches on either male or female residents absent exigent circumstances.” YCF indicated in the PAQ that it has conducted zero cross-gender pat-down searches and zero that involved exigent circumstances. Interviews with both staff and residents indicate that in fact cross-gender strip searches are not performed by staff. YCF has achieved compliance with provision (b).</p> <p>115.315 (c)</p> <p>Paragraph (c) of section C of the PREA policy (page7) sates, “If exigent circumstance results in a cross-gender search the Officer-In-Charge (OIC) will obtain authorization from the YSS on duty and will document cucmstances.” Interviews with OICs indicated an understanding of this policy. The facility is compliant with provision (c) of this standard.</p> <p>115.315 (d)</p>

Section D of the PREA policy states that all residents shall shower, perform bodily functions, and change clothing without opposite gender viewing from staff. The policy also requires that staff of the opposite gender announce their presence when entering a resident dormitory, housing unit or area where residents are likely showering, changing, or performing bodily functions. Interviews with staff and residents indicated that these opposite gender announcements were a regular practice. While on-site, it was evident that cross-gender announcements was an institutionalized practice.

As reported in the Site Review section of this report, the audit team noted several areas of YCF that raised concerns regarding cross-gender viewing. In F-unit the bathrooms are a blind spot and there are no privacy panels in between toilets and some of the toilets and urinals are visible from the hallway directly outside of the area. The shower area in F-unit does not provide enough privacy for the youth showering because there is no partial door or curtain. The same shower privacy issues were noted in D-unit. In D-unit the toilet seats are visible from the hallway directly outside the bathroom and do not provide adequate privacy.

During the corrective action period, YCF installed privacy panels in the areas of concern in both F-unit and D-unit. These privacy panels allow for viewing of the feet and head in the toilet and shower areas. YCF provided the audit team with photos of the installations. The facility is compliant with provision (d) of this standard.

115.315 (e)

The PREA policy prohibits staff from physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status as required by provision (e) of this standard. Interviews with staff indicated an acknowledgment and clear understanding of this policy. The facility is compliant with provision (e) of this standard.

115.315 (f)

Provision (f) requires the agency to train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner. Most of the staff that was interviewed indicated they do not conduct cross-gender pat-down searches at YCF but are trained to do so if exigent circumstances arise. None of the staff reported having been trained on how to conduct searches of transgender and intersex residents. YCF submitted through the PAQ, training records indicating that one-hundred percent of DYA staff (including civilians) received National Institute of Corrections training regarding PREA from December 2019 to March 2020. Some of the topics covered were "Respectful Communication with LGBTQI Youth" and "Communicating Effectively and Professionally with LGBTQI Offender." Based on the documentation provided, the audit team was unable to determine whether staff were trained on how to conduct searches of transgender and intersex residents as required by provision (f).

During the corrective action period, YCF provided documentation and sign-in rosters that indicated the facility trained their staff in February of 2021 on how to conduct searches of transgender and intersex youth. YCF's training officer, Shawn Nelson, worked with Just Detention International to develop the training. The audit team reviewed the training materials

and determined it was compliant with the requirements of this standard.

The facility has achieved compliance with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.316</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Department of Youth Authority, Language Access Policy 2019-002 4. Department of Youth Authority, Youth Correctional Facility Manual of Operations (Manual of Operations) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Random Staff 3. Site Review Observations: <p>Observations during the onsite review of the Facility.</p> <p>15.316 (a)-(b)</p> <p>The PREA policy Section VII. Residents With Disabilities or Who Have Limited English Proficiency states that DYA “will take appropriate steps to ensure that residents with disabilities have an equal opportunity to benefit from all aspects of DYA’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” The policy also states that “DYA will reasonable steps to ensure all limited English proficiency (LEP) residents have meaningful access to all aspects of efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” DYA Language Access Policy 2019-002 establishes guidelines and procedures to provide interpretation and translation services for LEP residents.</p> <p>The Language Access Policy (page 8) directs staff to contact the Language Assistance (LA) Coordinator, Social Services Supervisor of the Youth Development Division when there is a need for language assistance for residents. If language assistance is not available, the LA Coordinator shall seek assistance from the Judiciary of Guam. If they are not available, the LA Coordinator will seek assistance from other agencies or organizations in the community. The Language Access Policy acknowledges that due to Guam being geographically isolated, interpreters and translators may be challenging to obtain. Interviews with Youth Service Workers, supervisors, and the Director indicated a clear understanding of these policies. The audit team was unable to select a sample of residents to be interviewed from any of the targeted populations, including residents who are physically disabled, cognitively disabled, blind, deaf, or hard of hearing because none were in custody at the time of the onsite review.</p> <p>While the PREA video shown to residents at intake includes closed captioning, there are no</p>

additional PREA materials provided for visually impaired youth or for inmates with learning disabilities, intellectual disabilities, LEP, or inmates who have limited reading skills. The DYA Director reported that DYA is developing resident education materials and PREA information in other languages.

115.316 (c)

The PREA policy prohibits the use of “resident interpreter, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise resident safety, the performance of first-response duties, or the investigation of a resident allegations.” Interviews with random staff indicated they would not ask a resident to interpret when dealing with allegations of sexual abuse or sexual harassment. Staff indicated they would attempt to find a staff member to translate and would only ask a resident to interpret in circumstances where an extended delay in obtaining an effective interpreter could compromise resident safety, consistent with PREA standards.

1. DYA shall develop and implement systems for tracking requests for interpreters.
2. DYA shall translate written and video PREA materials into languages commonly spoken within the resident population.
3. DYA shall make accessible PREA materials for residents who experience limited vision, developmental disability, mental illness, and low reading or comprehension levels.
4. The DYA shall provide PREA materials in formats that ensure effective communication with residents that are LEP, deaf or hard of hearing, blind or with limited vision, and developmentally disabled.
5. Explore retaining interpreter services that are available 24 hours a day

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.317</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. GDOA's Employment Application <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. GDOA human resources staff <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility. 115.317 (a) – (d)</p> <p>Section VIII. Hiring and Promotion Practices (page 9-10) of the PREA policy is consistent with the requirements of this standard. The audit team interviewed staff from the government of Guam's hiring authority, Guam Department of Administration (GDOA).</p> <p>Interviews with GDOA human resources staff, GDOC human resources staff, agency head designee, agency PREA Coordinator, and the PREA Manager indicated that Section VIII. Hiring and Promotion Practices of the PREA policy is not practiced. GDOA staff indicated that selection for a Youth Service Worker is conditional pending submission of recent local police and local court clearance. GDOA human Resources staff indicated that selected individuals are run through local and nationwide sex offender registries to ensure they are not registered sex offenders. Human Resources staff stated that selected individuals remain on probation for one year.</p> <p>YCF PREA manager is also responsible for conducting background checks for applicants. According to the PREA manager, aside from the local police and court clearance, no additional criminal background checks were being conducted for applicants by GDOA and DYA. She explained that DYA requested access to the National Crime Information Center (NCIC), which will allow DYA to conduct more extensive background checks that include federal cases. The audit team reviewed an email dated September 4, 2020 that indicated that access was granted to the NCIC database and Guam's Virtual Computerized Criminal History System (VCCH). The VCCH database contains the most recent criminal history data utilized by all law enforcement entities on Guam. While applicants are ran through national sex offender registries and the family violence registry, contractors and volunteers are not. At the time of the onsite visit, the PREA manager did not have documentation that applicants, employees, contractors, and volunteers were cleared through sex offender registries and the family</p>

violence registry.

The audit team did not review personnel files because the agency demonstrated they are not compliant with this standard.

115.317 (e)

Section VIII. Hiring and Promotion Practices (page 10) states that DYA will “make its best efforts” to conduct criminal background checks at least every five years of current employees, contractors, and volunteers who may have contact with residents. This language is inconsistent with the PREA standard, which requires that these background checks be conducted.

Interviews with human resources staff and the PREA manager indicated background records checks are not conducted at least every five years of current employees and not conducted when staff is promoted. Additionally, criminal background records checks of long-term contractors are not conducted yearly. The facility is not compliant with provision (e) of this standard.

113.317 (f) – (g)

Section VIII. Hiring and Promotion Practices (page 10) states, the DYA shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in provision (a) of this standard in written applications or interviews. DYA shall also ask about previous misconduct described in provision (a) for hiring or promotions and during interviews or in self-evaluations conducted as part of reviews of current employees. This section also imposes upon employees a continuing affirmative duty to disclose any such misconduct. The policy states, “Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination.”

The audit team reviewed the GDOA’s employment application, which is completed by GDOC applicants. The application does not ask if the applicant has:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution
2. 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.
3. Been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.

Interviews with GDOC human resource staff indicated these questions are not asked during the interview process.

113.317 (h)

The PREA policy (page 10) states, “Unless prohibited by law, DY A will provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. If DYA receives such a request, it will be forwarded to the PREA

Coordinator for review and draft response for the Director's signature." The facility is compliant with provision (h) of this standard.

During the corrective action period, DYA reported it conducted background checks of all its current employees, volunteers, contract workers, and interns using the Virtual Computerized Criminal History (VCCH) and National Crime Information Center (NCIC). DYA reported it made it mandatory for the Interview Board Chairperson to conduct the employment background check of new employees. DYA designated PCM, Michelle Quintanilla, in charge of compiling the logs of all background investigations conducted on Virtual Computerized Criminal History (VCCH) and National Crime Information Center (NCIC) database. This information should be verified and considered in future audits. There is not sufficient documentation for the audit team to determine compliance with this standard.

Corrective Action:

1. DYA shall institutionalize Section VIII. Hiring and Promotion Practices (page 9-10) of the PREA policy.
 2. Amend the PREA policy to be consistent with provision (e) of this standard.
 3. The DYA shall ensure that a criminal background records check is completed before hiring new employees, vendors, or contractors who may have contact with residents, which applies to Memorial Hospital staff, mental health staff, and any other staff assigned to work at YCF.
 4. The DYA shall make its best effort 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 and before hiring new employees who may come in contact with residents.
 5. The DYA shall conduct criminal background records checks at least every five years of current employees, vendors, or contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.
 6. The DYA shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section. This can be done in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The GDOC/HDF shall also impose upon employees a continuing affirmative duty to disclose any such misconduct
1. DYA shall maintain background investigation documentation to make available for future audits .

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.318 The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.318 (a) Provision (a) of this standard requires facilities to consider PREA when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. DYA reported in the PAQ that the layout of F-unit was modified at the end of 2015. The agency did not provide documentation the reflected that PREA was considered in the modification of F-unit.</p> <p>115.318 (b) Provisions (b) of this standard requires facilities consider PREA when installing or updating a video monitoring system, other monitoring technology. YCF reported in the PAQ that in 2013, YCF installed a video monitoring system, which included 34 cameras. The video monitoring system is currently inoperable. The agency did not provide documentation that YCF considered how the video monitoring system might enhance the facility's ability to enhance sexual safety.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYA shall document and retain details considered for decision making regarding changes or upgrades to the current video monitoring system. Documentation shall reflect PREA considerations while planning video monitoring system modifications DYA should consider including information from incident review(s), blind spot assessments, meeting minutes, etc. in their documentation.

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Manager 3. Site Review Observations: <p>Observations during the onsite review of the Facility.</p> <p>115.321 (a) – (b)</p> <p>DYA is responsible for conducting administrative sexual abuse investigations under Section X. Evidence Protocol and Forensic Exams (page 10-111) of the PREA policy. The YCF’s PREA Manager, who is also assigned to Internal Affairs Unit, is responsible for conducting the administrative sexual abuse investigation. However, all criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff misconduct) are referred to Guam Police Department (GPD) and Child Protective Services.</p> <p>Paragraph B of Section X. Evidence Protocol and Forensic Medical Exams of the PREA policy states, “DYA will use evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and preserves the crime scene for law enforcement's criminal prosecutions.”</p> <p>Although a written uniform evidence protocol was not submitted for the audit team to review, interviews with staff indicated an understanding of a uniform evidence protocol. When asked to describe the actions taken as a first responder to an allegation of sexual abuse, most staff responded by saying they would do the following: 1) Separate the victim and alleged abuser, preserve the scene until GPD arrives; 2) Request the victim not destroy evidence (such as brush teeth, shower, wash hands, and change clothes; 3) Ensure the alleged abuser does not destroy evidence and; 3) Immediately notify medical and mental health.</p> <p>The audit team interviewed GPD Domestic Assault Response Team (DART) supervisor and supervisor over the Juvenile Division, who indicated GPD is the only agency authorized to conduct criminal investigations of sexual abuse in Guam. The supervisor stated that if sexual abuse occurred within DYA’s facilities, the allegation should be immediately reported to GPD for investigation. The supervisor indicated that DYA staff should collect enough information to report the allegation to the GPD and secure the crime scene. The supervisor shared that</p>

about 4-5 DYA staff attended a training they provided for first responders on preserving evidence. This training occurred in December of 2019.

115.321 (c)-(e)

DYA does not perform Sexual Assault Medical Forensic evaluations. Paragraph C of Section X. Evidence Protocol and Forensic Medical Exams of the PREA policy (page 11) states, GPD initiates the protocol for victims of sexual abuse. The policy states that forensic medical examinations and confidential support services are provided by Healing Heart, the only rape crisis center on Guam.

The audit team interviewed Healing Hearts Crisis Center staff and confirmed that all forensic medical examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Agency PREA Manager indicated the GDOC is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center. The services Healing Hearts provides under this memorandum of understanding/agreement are forensic medical examinations and outside confidential support services to prisoners. The audit team reviewed the evidence of DYA's efforts to enter a memorandum of understanding/agreement with Healing Hearts.

If victim advocate services are needed, DYA provides victims with a qualified agency staff member. YCF provides victims with a mental health professional who is certified as a Marriage and Family Therapist, Licensed Mental Health Counselor, and a Licensed Professional Counselor.

115.321 (f)

DYA did not provide any documentation demonstrating the DYA has requested that the GPD follow the requirements of paragraphs (a) through (e) of this section.

115.321 (g).

The auditor is not required to audit provision (g)

Corrective Action:

1. DYA, in conjunction with GPD shall develop a written uniform evidence protocol consistent with the requirements of provision (b) of this standard. The protocol 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 developed after 2011. The DYA shall train all necessary staff and provide training verification.
2. Provide a copy of the signed MOU memorandum of understanding/agreement with Healing Hearts.
3. The shall request the GPD follow the requirements of paragraphs (a) through (e) of this section. The shall document the request regarding the requirements of §115.21(a) through (e) with outside investigating agencies and make it available for future audits.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 1013 201">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1273 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 470 411 504">Documents:</p> <ol data-bbox="252 548 1184 649" style="list-style-type: none"> <li data-bbox="252 548 1093 582">1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) <li data-bbox="252 616 1184 649">2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p data-bbox="252 694 395 728">Interviews:</p> <ol data-bbox="252 772 534 952" style="list-style-type: none"> <li data-bbox="252 772 502 806">1. Agency Head <li data-bbox="252 840 526 873">2. PREA Manager <li data-bbox="252 907 534 952">3. Agency Website <p data-bbox="252 985 598 1019">Site Review Observations:</p> <p data-bbox="252 1064 925 1097">Observations during the onsite review of the facility.</p> <p data-bbox="252 1131 406 1164">115.322 (a)</p> <p data-bbox="252 1209 1468 1579">Paragraph A of Section XI. Policies to Ensure Referrals of Allegations for Investigation of the PREA policy states that “DYA will ensure that an administrative investigation and a referral for criminal investigation are completed for all allegations of sexual abuse and sexual harassment.” DYA reported in the PAQ that it had received three allegations of sexual abuse and sexual harassment in the past 12 months and one of them resulted in an administrative investigation. The PREA Manager indicated these allegations were from Cottage Homes, a DYA facility not subject to PREA. The audit team expanded their audit sample period to include any investigations conducted at YCF in years before the audit period. The facility did not provide the documentation necessary for the audit team to make a compliance finding</p> <p data-bbox="252 1624 470 1657">115.322 (b) – (c)</p> <p data-bbox="252 1702 1484 2072">Provision (b) requires the agency to publish its policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation on its website. Provision (c) requires the agency to publish to their website the agency's responsibilities and the responsibility of the agency that conducts criminal investigations. The audit team reviewed the website and was unable the information required by provision (b) and (c). The audit team noted the following was posted to the agency’s page: “The Department of Youth Affairs (DYA) is committed to the safety and well-being of the residents in our care, as well as our staff, volunteers, contractors and visitors. DYA has established policy 1.12.a* as the Zero tolerance standard for any incidence of sexual abuse or sexual harassment.”</p> <p data-bbox="252 2116 1380 2150">During the corrective action period, DYA uploaded their PREA policy to their website at</p>

www.dya.guam.gov/divisions The facility is compliant with provisions (b) and (c) of this standard.

Corrective Action:

1. DYA shall investigate and document all allegations of sexual abuse and sexual harassment and make them available for future audits.

115.331	Employee training
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.331</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Inservice Training Agenda for Juvenile Correctional Officer 4. NIC PREA Training Rosters (December 2019 to March 2020) 5. PREA Training Power Point 6. PREA Training Roster dated May 24, 2021 7. PREA Training Roster dated May 27, 2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. PREA Manager 3. Training Officer <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.331 (a)</p> <p>Section XI. Training and Education of the PREA policy (page 12) establishes the agency's PREA training requirements, which are consistent with the requirements of this standard. The policy requires employees to be PREA trained at least every two years and provide employees with refresher training annually. DYA submitted in the PAQ National Institute of Corrections PREA Training Rosters for online training between December 2019 and March 2020, which indicated that most staff, but not all, were trained. According to the document provided, the Superintendent and the PREA Manager did not complete the training. The audit team also noted that the PREA Coordinator was not on the roster. DYA reported in the PAQ that the last refresher training was on July 31, 2020. The agency did not provide the curriculum for the refresher course on July 31, 2020 and what employees received this training.</p> <p>Many of the random staff interviewed indicated they received online training December 2019 and March 2020. Interviews with random staff indicated they understood the topics covered in</p>	

training, except how to communicate effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents and on how transgender and intersex residents should be searched. The audit team believes additional training related to these topics is needed. The audit team was unable to verify the content of the training because training materials were not provided. Also, adequate training verification was missing for the refresher training.

During the corrective action period, DYA provided proof of PREA refresher training that was conducted on May 24, 2021 and May 27, 2021. Training rosters were reviewed by the audit team and determined that all appropriate staff were trained. However, the facility did not include PREA training acknowledgement forms for participants. The audit team reviewed the training materials and determined the materials were consistent with the PREA standards. This should be considered for future audits.

115.331 (b) –(c)

The audit team was unable to verify the content of the training listed in the PAQ because training materials were not provided. Therefore, the audit team was unable to determine compliance specific for this Standard. Also, adequate training verification was missing for the refresher training.

115.331 (d)

Provision (d) requires that the agency documents that employees who may have contact with residents understand the training they received through employee signature or electronic verification. During the corrective action period, the facility provided a blank Training Acknowledgement that reported it was implemented, but Training Acknowledgment Forms were not provided for the May 2021 trainings. The audit team was unable to make a compliance determination based on the information provided in the PAQ for the training conducted during the audit period. While the documentation provided during the corrective action period is helpful for compliance with future audits it will not change the compliance findings for this standard.

Corrective Action:

1. DYA shall retain all training materials and make them available for future audits.
2. DYA shall ensure every employee that completes PREA training signs a PREA Acknowledgement Form indicating they have received and understand the training. Signed acknowledgments shall be kept with training records and shall be made available for future audits.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Prison Rape Elimination Act Notification and Acknowledgment Form 4. DSS YCF Directive 2020-019, PREA Notification and Acknowledgment and 5. Confidentiality Liability Agreement Forms 6. PREA Acknowledgment Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Intake Staff <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.332 (a) – (c)</p> <p>Section XI. Training and Education of the PREA policy (page 13) states that all volunteers and contractors who have contact with residents will be trained on their responsibility under DYA’s PREA policy. The policy specifies that the level and type of training provided to volunteers and contractors will be based on their services and level of contact with residents. The PREA policy states that all volunteers and contractors will be notified DYA’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents before initial entry into YCF.</p> <p>DYA provided in the PAQ YCF Directive 2020-019, PREA Notification and Acknowledgment Forms, which directs the Intake Security Office to require all visitors entering the facility to read and sign the PREA acknowledgment form. During the onsite visit, the audit team noted that the facility required the audit team to read and sign the PREA Acknowledgment form. Staff reported that the PREA acknowledgment form is given to anyone entering YCF who is not a DYA employee. The PREA Acknowledgment includes information about DYA’s zero-tolerance policy regarding sexual abuse and sexual harassment and informs how to report such incidents.</p> <p>Corrective Action:</p>

1. DYA must train all volunteers and contractors who have contact with youth on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
2. DYA must ensure that the level and type of training provided to volunteers and contractors is commensurate with their level and type of resident contact.
3. DYA must ensure that training records for volunteers and contractors are maintained and readily available for future PREA audit purposes, including signed acknowledgments confirming that volunteers and contractors understand the training they have received.

115.333	Resident education
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.333</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ)</p> <p>Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy)</p> <p>PREA Intake Video</p> <p>PREA Intake Form</p> <p>Interviews:</p> <p>PREA Manager</p> <p>Intake Staff</p> <p>Random Sample of Residents</p> <p>Intake Staff</p> <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.332 (a) – (b)</p> <p>Section XI. Training and Education of the PREA policy (page 14) requires that residents receive information explaining DYA’s zero-tolerance policy regarding sexual abuse and sexual assault harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. During the onsite review, the audit team interviewed intake staff and observed a mock intake demonstration. The audit team learned from the mock intake demonstration that residents are given and explained the PREA intake form before they are asked to sign and then are shown an educational PREA video.</p> <p>The audit team reviewed the PREA intake form, which notifies residents about DYA’s zero-tolerance policy in an age-appropriate language, advises residents on how they could report sexual abuse and sexual harassment. The audit team reviewed the nine minute and 34 second educational PREA video shown to residents at intake and determined it was age-appropriate. The video notifies residents about their right not to be free from sexual abuse and harassment and free from retaliation for reporting incident. The video also explains what the agency will do after a report is made. The Director reported that DYA adopted this video from another jurisdiction but DYA is in the process of creating their own. DYA plans to create PREA videos in languages other than English.</p>

In two days in March 2020 and in two days in June 2020, DYA provided residents with additional PREA learning activities, including a Power Presentation that asks residents true/false questions regarding PREA and two worksheets. Residents reported having attended these PREA activities.

DYA indicated in the PAQ that in the last 12 months, 362 residents were admitted and provided with the required PREA information at intake. The audit team reviewed a sample of 12 resident files and determined that all 12 residents signed the PREA Acknowledgment form and were shown the PREA video at intake.

DYA has demonstrated compliance with this provision.

115.333 (c)

The audit team reviewed a sample of resident files and determined that all residents received their PREA education the same day as their intake. The PREA policy requires residents be re-educated upon transfer to another facility.

115.333 (d)

The agency did not provide documentation that demonstrates that it provides residents education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled. DYA provides residents with limited reading skills with video format material and verbal explanation of the PREA acknowledgment form.

115.333 (f)

During the onsite, the audit team noted "Break the Silence" PREA posters displayed throughout the facility as well as DYA's zero-tolerance policy. DYA should consider making readily available written materials informing residents about DYA's PREA policy.

Corrective Action:

1. DYA shall provide resident education in formats accessible to all residents, including those who are LEP, visually impaired, and otherwise disabled.
2. Make readily available more written PREA materials in housing locations that inform residents of key information regarding DYA's PREA policy.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Manager/Investigative Staff <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility. 115.344 (a) – (c)</p> <p>Section XI. Training and Education of the PREA policy (page 15) requires that investigators be trained in conducting sexual abuse investigations in confinement setting and requires these training records be maintained by the training coordinator. The PREA Manager also conducts the administrative investigations for DYA. DYA provided in the PAQ the investigator’s certificates of completion of specialized training. The investigator received the following training:</p> <ol style="list-style-type: none"> 1. PREA: Investigating Sexual Abuse in a Confinement Setting, NIC dated October 3, 2019 2. PREA: Investigating Sexual Abuse in a Confinement Setting, NIC dated July 28, 2020 <p>The agency has demonstrated compliance with this standard.</p>

115.335	Specialized training: Medical and mental health care
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.335</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Mental Health Staff <p>Site Review Observations:</p> <p>Observations during the onsite review of the facility.</p> <p>115.335 (a) – (d)</p> <p>The PREA policy establishes that medical and mental health staff are not responsible for conducting forensic examinations. Therefore, provision (b) of this standard does not apply to YCF. Section XI. Training and Education of the PREA policy (page 15) requires that part-time and full-time medical and mental health be trained on the following:</p> <ul style="list-style-type: none"> · How to detect and assess signs of sexual abuse and sexual harassment; · How to preserve physical evidence of sexual abuse; · How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and · How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>Although the policy states that PREA training records must be maintained by the Training Officer and kept in personnel files as required by provision (c), not all medical and mental health staff completed the training. DYA reported in the PAQ that two medical and mental health practitioners regularly work at the facility, one nurse and one licensed therapist. DYA provided proof of training for the mental health staff but did not provide evidence of training for the nurse.</p> <p>The audit team reviewed the curriculum for the training provided to the mental health staff and determined that the training curriculum is compliant with provision (a) and (d) of this standard. The interview with the mental health staff indicated a clear understanding of the required</p>	

PREA training. Due to the COVID-19 pandemic, medical and mental health staff were teleworking at the time of the site visit. Several attempts were made to interview the nursing staff, but the audit team was unsuccessful. The nurse retired shortly after the site visit. During the corrective action period, the facility submitted proof of PREA training for their new nursing staff. However, because the nurse was not employed or trained during the audit period, the audit team cannot consider it for compliance with this audit.

YCF is complaint with provision (c) and not complaint with provisions (a) (c) and (d) of this standard.

Corrective Action:

1. DYA shall ensure all mental health and medical staff receive PREA training as required by this standard and maintain documentation in staff training records.

115.341	Obtaining information from residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.341</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. PREA Vulnerability Assessment Instrument <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager 3. Intake Staff 4. Staff who conduct risk screening <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.341 (a), (d)</p> <p>Although the facility has implemented policy consistent with provisions (a) and (d) of this standard, interviews with intake staff, file review, and onsite observations indicate the policy has not been institutionalized.</p> <p>During the onsite review, the audit team observed a mock intake, spoke to intake staff, and conducted resident file review. Both Intake staff and social work staff reported they conducted the PREA screening. The policy is silent on who is responsible for the screening. The social worker explained the PREA risk screening and the MAYSI-II should occur within 72 hours of their intake as required by the PREA policy and provision (a) of this standard. The audit team reviewed a sample of 12 resident files and noted that PREA risk assessments were not always conducted 72 hours after intake. The social worker stated that they have access to criminal history and mental health history and can verify information provided by residents during the risk screening assessment. Once the risk assessment is completed, it is forwarded to the PREA Coordinator for a housing assignment. The PREA Coordinator explained he utilizes the information in the risk screening to determine bed assignment. DYA did not provide documentation to prove the PREA risk screening form was utilized to inform bed and program assignment safely or if residents' risk levels are reassessed periodically throughout their confinement as required by provision (d) of this standard.</p>

According to the PREA manager, intake staff, and the social worker responsible for screening, the risk assessment tool was implemented in early August 2020. Therefore, DYA did not implement the PREA risk screening tool until after the period of review for this audit. The agency is not compliant with this standard.

115.341 (b) –(c)

Provision (b) of this standards requires that all PREA screen assessments be conducted using an objecting screening instrument.

The risk assessment tool used utilized by DYA is objective and attempts to ascertain all of the information required by provision (C) of this standard. Section XIII. Screening of New and Returning Residents (page 16) requires the following to be considered at minimum to assess youth for risk of sexual victimization:

- Whether the youth has a mental, physical, intellectual or developmental disability;
- The age of the youth;

- The physical build (size and stature) of the youth;
- Whether the resident has previously been incarcerated;
- Whether the youth's criminal history is exclusively nonviolent;
- Whether the youth has prior convictions for sex offenses against an adult or child;
- Whether the youth is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the youth has previously experienced sexual victimization;
- The youth's perception of his or her own vulnerability to sexual abuse or sexual harassment; and
- Any other specific information about the youth that may indicate a heightened need for supervision, additional safety precautions, or separatiomn from certain other residents.

The risk screening tool was recently implemented, and it may not be enough time to determine whether this tool is a fit for the agency. The agency should consider piloting this tool, reassess whether this particular tool is a good fit.

115.341 (e)

Section XIII. Screening of New and Returning Residents (page 17) states, “DYA will control the dissemination of the information obtained from the screening instrument and questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the residents’ detriment by staff or other residents. Controls will include but are not limited to training on ethics, confidentiality, victim advocacy and trauma-informed care.”

According to the social worker, risk screening information is locked in the social workers' office. However, the audit team reviewed a sample of 12 resident files that were unsecured behind the YSS’s booth in both F-unit and D-unit that contained sensitive resident information. The facility is not compliant with provision (e) of this standard.

Correcitive Action:

1. DYA shall institutionalize Section XIII. Screening of New and Returning Residents of the PREA policy

2. Implement a system to document and track housing, program, and assignments decisions based on residents' PREA risk screening assessments.
3. DYA should ensure that all sensitive PREA screening information is secured and only accessible to necessary staff.
4. DYA shall develop a system to track and ensure completion of initial assessments on all residents, reassessments of residents on or before 30-days, and assessments of residents periodically throughout their confinement.
5. DYA shall specify in policy who is responsible for the PREA risk screening.

115.342	Placement of residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.342</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. PREA Vulnerability Assessment Instrument <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager 3. Intake Staff 4. Staff who conduct risk screening 5. Gay Lesbian Residents <p>Site Review Observations:</p> <p>Observations during the onsite review of the facility.</p> <p>115.342 (a)</p> <p>Section XIII. Risk Screening of New and Returning Residents (page 17) of the PREA policy (page 34), outlines DYA’s requirements for using information obtained from screening as required by this standard. However, as reported in standard 115.341, the policy is not institutionalized. The risk screening tool was not during the audit period. As reported in 115.341, DYA did not provide documentation to prove the PREA risk screening form was utilized to inform housing, bed, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility is not compliant with provision (a) of this standard.</p> <p>115.342 (b)</p> <p>The PREA policy (page 17) states, “Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them, and other residents safe.” The policy does not include language stating “that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise,” as required by this provision.</p> <p>DYA reported in the PAQ that it is unable to provide the number of residents at risk of</p>

victimization that were placed in isolation in the past 12 months or residents who were in isolation who were denied daily large-muscle exercise and/or legally required education. DYA acknowledged they need to establish a way to track this information. DYA did not provide documentation to prove compliance with this provision.

115.342 (c)

Section XIII. Risk Screening of New and Returning Residents (page 17) prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification, nor will their identification be used as an indicator of being sexually abusive." Review of the risk assessment tool revealed that residents identifying as lesbian, gay, bisexual, transgender, or intersex are not indicated as sexually abusive. Interviews with the PREA Coordinator, PREA Manager, and bisexual resident indicated that the facility is compliant with standard (c) of this provision.

115.342 (d) –(f)

The PREA Policy (page 17) states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems." This policy is consistent with the requirements of provision (d) of this standard.

However, interviews with the PREA Coordinator, PREA Manager, and staff who determine housing assignments indicate that they would house a transgender female resident in the male unit (F-unit) and house a transgender male resident at the female unit (D-unit). This practice is not consistent with the standard's intent: to ensure housing and program assignments are made on a case-by-case basis, YCF shall consider a resident's own view about safety, and be reassessed twice a year to review any threats to safety experienced by the resident. The audit team could not interview a transgender resident because none were in custody at the time of the onsite review. The agency has a standardized practice of making housing determinations based on the prisoner's sex designated at birth, rather than by individualized housing determinations based on safety. The agency is not compliant with provisions (d) – (f).

115.342 (g)

The PREA policy states that transgender residents shall be allowed to shower separately from other residents. Interviews with the PREA manager and random staff indicated an understanding of this policy. The facility is compliant with provision (g) of this standard.

115.342 (h) – (i)

DYA indicated they had zero files of residents at risk of sexual victimization held in isolation in the past 12 months. The PREA risk assessment was not implemented during the audit period of this review. DYA did not provide documentation to prove compliance with this provision (h).

115.342 (i)

The PREA policy (page 18) states, "Every 30 days, the resident will be afforded an opportunity to review the arrangement to determine whether there is a continued need or desire to separate the resident from the general population." The PREA risk assessment was not implemented during the audit period of this review. DYA did not provide documentation to prove compliance with this provision (h).

Corrective Action:

1. DYA shall ensure that all residents are assessed, within 72 hours of intake, for their risk of being sexually abused by other residents or sexually abusive towards other residents.
2. When placing residents at high risk for sexual victimization in isolation, DYA shall document the basis for the facility's safety concern and why alternative arrangements to protect the resident are unavailable.
3. DYA shall implement practices to allow case-by-case determinations when deciding whether to assign transgender or intersex residents to a male or female unit. The agency shall give serious consideration to the resident's view of own safety. DYA shall document these determinations and make them available for future audits.
4. DYA shall ensure that the placement and programming for transgender and intersex inmates are reassessed and documented at least twice per year to review any threats to safety experienced by the resident.
5. DYA shall institutionalize Section XIII. Risk Screening of New and Returning Residents of the PREA policy

115.351	Resident reporting
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.351</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager 3. Random Staff 4. Random Residents <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.351 (a)</p> <p>Section XIV. Youth Reporting (page 18) establishes procedures allowing for multiple ways in which residents can privately report sexual abuse, sexual harassment and retaliation by other residents or staff. The policy states that all residents are able to report in the following ways:</p> <ol style="list-style-type: none"> 1) “ The resident may use a client request form to speak to his/her assigned social worker, contracted therapist or medical provider, a trusted adult or service provider, the Superintendent, or any other DY A employee; 2) or by using the complaint/suggestion box located in each dormitory; 3) or by requesting to use the phone and calling any hotline.” <p>As reported in standard 115.321, DY A is currently in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center to provide confidential support services to residents, including a hotline. Interviews with random staff indicated they were aware of methods 1 and 2 of the policy, but many staff was unaware of what hotlines residents or staff could call to report. Interviews with residents indicated they were aware of method 1 and 2 but like staff, most were unaware of reporting sexual abuse and harassment by calling a hotline.</p>	

115.351 (b)

Provision (b) requires that the Agency provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the Agency. As reported in 115.321, DYA is in the process of establishing a memorandum of understanding/agreement with Healing Hearts Crisis Center to provide confidential support services to residents, including a hotline. As reported above, most staff and residents were unaware of outside agencies residents could contact outside of DYA to report sexual harassment and sexual abuse

Residents reported that they did not have privacy when making phone calls because they are required to make telephone calls from inside the YSS's booth. Phone calls are logged and monitored by staff working in their unit.

Additionally, provision (b) requires the Agency have a policy that residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. DYA reported in the PAQ that they are working on establishing this policy.

115.351 (c)

The PREA policy (page 19) states that staff can accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. According to the policy, staff are required to document these reports immediately.

Interviews with staff and residents indicated that they were all aware reports of sexual abuse and harassment could be made verbally, in writing, anonymously, and from third parties. As reported, third parties required to sign a PREA acknowledgment form, which requires third parties to report any allegation of sexual abuse and sexual harassment to the DYA administration.

115.351 (d)

Provision (d) requires the YCF provide residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities may have contributed to such incidents.

Interviews with residents indicate that they are given the tools they need, such as pencil, paper, and grievance forms when requested. Residents stated that they are provided with paper and pencil when requested but could not make anonymous complaints because they must request grievance forms from staff.

115.351 (e)

Provision (e) requires DYA to establish procedures for staff to report sexual abuse and sexual harassment of residents privately. DYA reported in the PAQ DYA has not established these procedures. Most of the staff interviewed by the audit team did not know how they could report sexual abuse and sexual harassment of residents privately.

DYA is not compliant with provisions (b) and (e) of this standard.

Corrective Action:

1. DYA shall sign MOU/MOA with Healing Hearts to provide residents' confidential support services, including a hotline.
2. DYA shall include information in resident education about the different ways to report, including hotline numbers.
3. DYA shall provide a way for residents to privately report sexual harassment and sexual abuse to an agency organization outside of DYA. DYA should consider providing unmonitored telephone calls that are free of charge. DYA should use caution with whichever reporting mechanism is utilized to ensure inmates are not identified as making reports of sexual abuse. For example, suppose the phone is the reporting mechanism to the outside entity. In that case, the facility should make sure the phone can be used for other purposes in addition to reporting sexual abuse. Hence, it is not obvious that an inmate may be reporting sexual abuse.
4. DYA shall brief staff on the hotlines residents can call to report sexual abuse and sexual harassment privately.
5. DYA shall make grievance forms easily accessible without having to be requested by residents.
6. DYA shall establish procedures for staff to report sexual harassment and sexual abuse of residents privately and brief staff of these procedures. This means that the agency must enable staff to report abuse or harassment directly to an investigator, administrator, or other agency entity without the knowledge of the staff member's direct colleagues or immediate

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.352</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. PREA Grievance Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager 3. Random Staff 4. Random Residents <p>Site Review Observations:</p> <p>Observations during the onsite review of the facility.</p> <p>115.352 (a)</p> <p>Provision (a) requires the facility have an administrative procedure for dealing with resident grievances regarding sexual abuse. In assessing this standard the audit team could only rely on policy review because the facility reported not having received any grievances alleging sexual abuse or sexual harassment. DYA established a procedure for dealing with resident grievances after the audit period of this review and therefore not compliant with provision (a) of this standard.</p> <p>115.352 (b)</p> <p>Provision (b)(1) and (b)(2) of this standard requires the agency not impose a time limit on when residents may submit a grievance regarding an allegation of sexual abuse and not require residents to use an informal process to resolve allegations of sexual abuse. This is reflected in the agency's policy and confirmed by staff. This information is provided to residents through the PREA video shown at intake. Because the grievance procedure was not institutionalized during the audit period of this review, the facility cannot be compliant with provision (b) of this standard.</p> <p>115.352 (c)</p>

Provision (c) of this standard requires the agency to ensure that residents who allege sexual abuse may submit grievances without submitting it to staff member who is the subject of the complaint, and such grievance is not referred to the staff member who is the subject of the complaint. This is reflected in the agency's PREA policy (page 19) and confirmed by staff.

DYA reported in the PAQ that grievance boxes were installed in August of 2020. The grievance process was not implemented within the audit period of this review and, therefore cannot be compliant with this provision. During onsite review, the audit team noted social workers, not security staff collect the grievances. Residents reported to the audit team that they felt comfortable reporting sexual abuse and sexual harassment to social workers but requested they have self-service access to the grievance form instead of having to request it from staff. The audit team reviewed the grievance form and noted the form was specific to PREA grievances. The facility should create a general grievance form so that residents feel more comfortable reporting.

115.352 (d)

Although the facility reports processing grievances consistent with the deadlines and requirements of provision (d) of this standard, the audit team could only rely on policy review because the grievance boxes were not implemented during this audit period. Therefore, the DYA could not be considered compliant with this provision. Review of section XV. Exhaustion of Administrative Remedies of the PREA policy (page 19) reflects language consistent with provision (d) of this standard.

115.352 (e)

Section XV. Exhaustion of Administrative Remedies of the PREA policy (page 19) states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of residents." The policy also requires the agency to document on the "DYA Third Party Waiver Form" if the resident declines to have the request processed. The agency policy allows parents or legal guardians of residents file grievances of sexual abuse and sexual harassment, including appeals, on behalf of residents whether or not the residents agree to have the grievance file on their behalf. DYA indicated in the PAQ that it received zero grievances alleging sexual abuse in which the resident declined third-party assistance. The agency policy is consistent with the requirements of provision (e) of this standard.

115.352 (f)

Section XV. Exhaustion of Administrative Remedies of the PREA policy (page 19) establishes procedures for filing emergency grievances. The policy states that emergency grievances are to be forwarded immediately to the Youth Services Supervisor, Superintendent, or the Director do that immediate action is taken. The policy requires the Superintendent to provide an initial response within 48 hours and a final decision within five calendar days with the Director's concurrence. DYA's policy is consistent with the requirements of this provision.

115.352 (g)

DYA's PREA policy states that it may discipline residents for filing a grievance related to sexual abuse only when the agency demonstrates the resident file the grievance in bad faith. DYA

reported they received zero grievances where the resident reported sexual abuse that resulted in disciplinary action by the agency for having filed the grievance in bad faith

Although the agency's policies for provisions (a) – (g) are consistent with the requirements of PREA, the facility did not implement the grievance process until after the audit period. Interviews with staff indicate that the grievance boxes were implemented on August 3, 2020.

During the corrective action period, YCF created a general grievance form.

Corrective Action:

- 1) YCF shall institutionalize the grievance process and the use of the general grievance.
- 2) YCF shall provide residents with self-service access to the general grievance form.
- 3) Shall implement a tracking system of all verbal and written grievances regarding sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and sexual harassment. DYA shall make this documentation available for future audits.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.353</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. PREA Pamphlet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager 3. Random Staff 4. Random Residents <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.353</p> <p>115.353 (a) – (b)</p> <p>Provision (a) requires DYA provide residents with access to outside victim advocate services for emotional support services related to sexual abuse and give access to such services by providing residents with telephone numbers and mailing addresses for victim advocacy or rape crisis organizations. It also requires the facility provide information for immigrant services for persons detained solely for civil immigration purposes. The facility must provide residents access to such services by enabling reasonable communication between residents and organizations as confidential as possible. DYA’s PREA policy (page 21) is consistent with the requirements of provision (a).</p> <p>During the onsite, the audit team noted some “Break the Silence” posters displayed in some facility areas. However, the posters did not include physical mailing addresses for outside victim advocate services for emotional support services related to sexual abuse. DYA provided in the PAQ a pamphlet that was reported to be distributed at the facility. The audit team did not observe the leaflet be distributed during the mock intake demonstration. Additionally, the leaflet does not contain mailing addresses to outside victim advocate services.</p>

As reported in 115.351 (b), Residents reported that they did not have privacy when making phone calls because they are required to make telephone calls from inside the YSS's booth. Phone calls are logged and monitored by staff working in their unit. DYA should consider installing a phone in the day room of the housing units where residents can call their attorneys and outside confidential emotional support services.

115.353 (b)

The PREA policy (page 21), states that DYA and medical/mental health shall inform residents, prior to giving them access to services, of the extent to which such communications will be monitored. The policy also requires DYA inform residents on mandatory reporting laws governing confidentiality that apply to disclosures made to outside victim advocate organizations. The PREA Policy is consistent with the requirements of provision (b).

DYA indicated in the PAQ that it informs residents via the pamphlet about mandatory reporting laws governing confidentiality that apply to disclosures made to outside victim advocate organizations. The audit team reviewed the leaflet provided in the PAQ and determined it did not include such information. Interviews with residents revealed an awareness of mandatory reporting laws governing confidentiality that apply when sharing information with mental health staff. Still, they were not aware of these laws as they relate to outside victim advocate organizations.

115.353 (c) requires the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers to render confidential emotional support services. The agency is in the process of establishing an MOU with Healing Hearts, a rape crisis center. The audit team reviewed the evidence of DYA's efforts to enter a memorandum of understanding/agreement with Healing Hearts.

115.353 (d)

Provision (d) requires DYA provide residents with reasonable and confidential access to their attorney or other legal representation and reasonable access to parents or legal guardians. DYA's policy is consistent with this requirement.

Interviews with residents indicated that they have reasonable access to both their attorneys and parents. However, residents expressed that they did not always feel like their attorneys' calls were confidential because they were monitored by staff. As reported earlier in this report, all resident telephone calls are made inside the officer booth.

Corrective Action:

1. DYA shall sign MOU/MOA with Healing Hearts to provide residents confidential support services, including a hotline.
2. Shall revise the "Break the Silence" posters to include physical mailing addresses to Healing Hearts and Victim Advocates Reaching Out (VARO). DYA should consider utilizing the template on the PREA Resource Center's website:
<https://www.prearesourcecenter.org/sites/default/files/library/preapos-85x11gray.doc>
3. DYA shall post a revised poster throughout the facility.

4. Revise “Break the Silence” pamphlet to include language that states residents can call and send confidential “legal mail” to outside victims advocates and include physical mailing addresses and phone numbers for Healing Hearts and VARO. DYA should consider making these revisions under the “What do you do if you are sexually assaulted/abused?” section of the pamphlet. DYA should include language that inform residents, prior to giving them access to outside support services, of the extent to which such communications will be monitor.
5. DYA shall implement a policy that states mail to outside confidential emotional support organizations be considered confidential and treated like legal mail.
6. Distribute the “Break the Silence” pamphlet at intake or provide self-service administration of the leaflet in the housing units.
7. DYA shall provide residents with reasonable and confidential access to their attorneys and outside emotional support agencies, such as Healing Hearts. DYA should consider installing a phone in the day room of the housing units where residents can call their attorneys and outside confidential emotional support services.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. DYA Website <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.354 (a) – (b)</p> <p>Provision (a) of this standard requires DYA provide a method to receive third-party reports of resident sexual abuse or harassment and publicly distribute such information.</p> <p>DYA has posted on its website its Youth Correctional Facility PREA Policy 1.12a 01-2019, which states, “ third- reporting of sexual abuse, sexual assault and/or sexual harassment can be submitted by using a ‘Third Party Reporting Form’ available on the facility website, at the form counter, and using the copy given to the family during the assessment process prior to the youth being admitted into the program.” However, this policy is not the most recently revised version. The recently revised PREA policy includes detailed information about third-party reporting, which includes contacting the Director or PREA coordinator directly. The revised policy also includes contact information for several organizations, including Healing Hearts and VARO.</p> <p>During the corrective action period, DYA uploaded the most recently revised version of the PREA policy. The facility is compliant with this standard.</p>

115.361	Staff and agency reporting duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Youth Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. PCM 3. Superintendent 4. Mental Health Staff <p>Site Review Observations:</p> <p>Observations during the onsite review of the facility.</p> <p>115.361 (a)</p> <p>Section XVIII. Staffing Reporting of the PREA policy (page 23) states requires staff to report immediately the following:</p> <ol style="list-style-type: none"> 1) Any incident of sexual abuse or sexual harassment; 2) retaliation against residents or staff who reported such an incident; 3) and any staff neglect that may have contributed to such incident or retaliation, <p>Interviews with random staff indicated knowledge of this policy and their responsibilities. The facility is compliant with provision (a) of this standard.</p> <p>115.361 (b)</p> <p>The PREA policy (page 25) states that staff shall report “all incidents that fall under the mandated abuse reporting requirements and confidentiality as outlined in the Guam Code Annotated Title 19 Chapter 13: Child Protective Act § 1320” Interviews with staff indicated an understating of this policy and all mandatory reporting laws. The facility is compliant with provision (b) of this standard.</p> <p>115.361 (c)</p> <p>The PREA policy (page 24) states, “DYA staff will not reveal any information related to a</p>	

sexual abuse report to anyone other than and to the extent necessary, as specified in policy, to manage, make treatment, investigation, and other security decisions, inclusive of reporting to chain of command or officials and designated local service agencies and that that staff will not reveal any information related to a sexual abuse report to anyone other than and to the extent necessary, as specified in policy, to manage, make treatment, investigation, and other security decisions, inclusive of reporting to chain of command or officials and designated local service agencies.” Interviews with random staff and mental health staff indicated an understating of this policy and all mandatory reporting laws. The facility is compliant with provision (c) of this standard.

115.361 (d)

Provision (d) requires (1) Medical and mental health practitioners 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.” The interview with the mental health staff indicated knowledge of their reporting duties. Mental health staff explained that they tell youth they are mandated to report any suspicion of physical and emotional abuse and sexual abuse or sexual harassment. They must also report when the youth express a threat to themselves or others. Interviews with youth indicated that mental health staff had explained what information could be kept confidential and what information must be reported. The audit team reviewed the mental health records of a youth who had disclosed prior sexual victimization during their mental health evaluation at intake. The documentation revealed that mental health staff made appropriate and timely reporting notifications.

115.361 (e)

Provision (e) requires the facility head or his designee to promptly report allegations to the appropriate agency and the alleged victim’s parent or legal guardian. The superintendent explained that if they were to receive an allegation of sexual abuse or harassment and the resident is under guardianship, the report will be made to Guam Police Department and the resident’s caseworker from Child Protective Services. The superintendent stated that if the resident is a ward of the court, the agency would also report the allegation to the resident’s attorney. The reporting process the superintendent described is consistent with the requirements of provision (e).

115.362 (f)

Provision (f) requires that all allegations of sexual abuse and sexual harassment, including third-party and anonymous, be reported to the facility’s designated investigators. The superintendent explained that all allegations of sexual abuse and sexual harassment are reported to the PREA Coordinator and the PREA compliance manager, who are also the investigators.

The facility is compliant with all provisions of this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. Superintdendent 3. Random Staff 4. Site Review Observations: <p>Observations during the onsite review of the Facility.</p> <p>115.362 (a)</p> <p>The PREA policy (page 24) states that when an agency learns that a resident is subject to imminent sexual abuse, DYA shall take immediate action to protect the resident. Interviews with the Director, Superintendent, and staff who work in the housing unit stated they would take immediate action to protect the resident. As reported in standard 115.321, random staff interviews indicated an understanding of their responsibilities as first responders that is consistent with the PREA standards. DYA indicated in the PAQ that there were zero times in the past 12 months that the agency determined a resident was at the subject of substantial risk.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ)</p> <p>Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy)</p> <p>Interviews:</p> <p>Director</p> <p>Superintendent</p> <p>Random Staff</p> <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.361 (a) – (b)</p> <p>Section XXX. Notifying Other Confinement Agencies (page 25) of the PREA policy states that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This policy requires that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation, the agency shall document that it has provided such notification, the facility head or agency office that receives such notification shall ensure that the allegation is investigated. During the notification, the policy requires that DYA staff tell the agency that they require them to investigate the allegation as required by PREA. The YCF indicated in the PAQ that there were zero allegations of sexual abuse received from other facilities. Interviews with the Director and Superintendent stated knowledge of DYA’s policy requirements related to this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. First Responders <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.364 (a)</p> <p>Section XXI. Staff and First Responder Duties of the PREA Policy (page 25) requires DYA security staff take the following steps when responding to a resident that has been sexually abused:</p> <ol style="list-style-type: none"> 1. Separate the resident from the alleged perpetrator; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; and 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim~ and ensure that the alleged abuser- not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders will immediately notify the appropriate medical and mental health practitioners. <p>Interviews with security staff first responders indicated they understood their responsibility as a first responder, consistent with DYA’s policy and the requirements of this standard. DYA indicated in the PAQ there were zero allegations of sexual abuse in the last 12 months.</p> <p>115.364 (b)</p> <p>The PREA policy (page 26) states, “When the first staff responder is not a security staff member, they will request that the alleged victim not take any actions that could destroy</p>

physical evidence, and then notify security staff.” Interviews with mental health staff indicated a clear understanding of this policy. DYA reported in the PAQ that there were zero instances in the last 12 months where a non-security staff was the first responder.

The facility is compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.365</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>Provision (a) requires the agency develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DYA did not provide in the PAQ YCF's coordinated response plan.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Provide the audit team with YCF's coordinated response plan.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Site Review Observations:</p> <p>Section XXIII. Preservation of Ability to Protect Residents from Contact with Abusers of the PREA policy (page 26), states “any other governmental body responsible for collective bargaining on DYA's behalf will not enter into or renew any collective bargaining agreement or other agreement that limits DYA's ability to remove alleged staff sex abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent.” Interview with the Superintendant confirmed complaince with this policy. The facility is compliant with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>115.367 (a)</p> <p>Section XXIV. Agency Protection From Retaliation (page 27) states that DYA will protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Superintendent and Youth Service Supervisors are responsible for monitoring any issues related to retaliation. Issues identified during retaliation monitoring are required to be forwarded to the Director. The audit team could not interview residents who alleged to have suffered sexual abuse in the facility because none were in custody during the onsite review. The facility is compliant with provision (a) of this standard.</p> <p>115.367 (b) – (e)</p> <p>PREA policy (page 27) states, “DYA will employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” Provision (c) requires that retaliation monitoring continues for at least 90 days following a report of sexual abuse, with monitoring continuing if there is a need. The PREA policy also requires weekly periodic checks of the resident to be documented in the unit log. Any updates or changes during those checks are to be reported to the Youth Service Supervisor on duty. The agency’s policy is consistent with both provisions (b) - (d) of this standard.</p> <p>Conversations with the Director and Superintendent confirmed an understanding of the measures needed to protect residents who fear retaliation consistent with DYA policy and the requirements of this standard. If staff reported the sexual abuse of a resident, the agency would monitor the staff’s treatment. The Superintendent explained that the agency would monitor the resident’s conduct or treatment by reviewing point of information/incident reports, program changes, discipline records, and having conversations with the resident personally during periodic checks that occur weekly. He added that he would also have mental health visit the resident regularly. The Superintendent would ensure that if a staff member was</p>

alleged to be involved in sexual abuse, the staff member is immediately removed from the housing unit. DYA staff explained they would take appropriate and immediate measures to protect anyone who expresses fear of retaliation for cooperating with an investigation. The Director explained that they could place staff on administrative leave pending the outcome of the investigation. However, DYA did not provide documentation of retaliation monitoring that occurred in the last 12 months, because there they reported having received zero allegations of sexual abuse or sexual harassment. The audit team questions whether the facility had zero allegations because they had not implemented their grievance process until after the audit period. While staff's understanding of the policy is consistent with the standard's requirements, the audit team questions whether the policy has been fully institutionalized.

Corrective Action:

1. DYA shall document all retaliation monitoring following allegations of sexual abuse or sexual harassment and make this readily available for future audits.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.367</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>115.368 (a)</p> <p>Section XXV. Post Allegation Protective Custody (page 27) of the PREA policy states, “Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse will be subject to the same requirements that are discussed in XIII 2. of this policy pursuant to [§115.342]” However, DYA indicated in the PAQ that it has not incorporated in the PREA policy language that states the facility requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. The facility reported being committed to correcting this during the corrective action period.</p> <p>DYA indicated in the PAQ that although they had zero residents who alleged to have suffered sexual abuse in the last 12 months, they need to develop a system to document and track when such residents are placed in isolation.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Include in the policy language that states the facility requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. 2. Develop and implement a system to track and document requirements of standard 115.342 and 115.369 3. Shall make all investigative, disciplinary, and grievance files available for future audits so auditors can determine if the 30-day reviews required by policy include assessing the risk of sexual victimization and alternatives for separation.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.371</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. DYA Internal Affairs Policy and Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>115.371</p> <p>115.371 (a)-(m)</p> <p>DYA indicated in the PAQ that the DYA Internal Affairs Policy and Procedure must be revised to be consistent with the PREA standards. DYA provided a revised Internal Affairs Policy during the corrective action period. The policy is in draft form and does not include all language consistent with the requirements of PREA. Although the PREA policy is consistent with some provisions of this standard, the agency did not provide any investigative reports for the audit team to review to determine if the policy is institutionalized. DYA did not provide investigative files because DYA reported zero allegations of sexual abuse and sexual harassment during the audit period. The audit team expanded their audit sample period to include any investigations conducted in years before the audit period. The facility did not provide the documentation necessary for the audit team to make a compliance finding.</p> <p>115.371 (b)</p> <p>Provision (b) correlates to standard 115.334. As reported in standard 115.371, the investigator has received specialized sexual abuse investigation training involving juvenile victims. The facility is compliant with provision (b) of this standard.</p> <p>115.371 (h) does not apply to DYA because they do not conduct criminal investigations.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYA shall reconcile both the PREA Policy and the DYA Internal Affairs Policy and Procedure to be consistent with the standards 115.371, 115.372, 115.373, and 115.376 when investigating allegations of sexual abuse and sexual harassment. 2. DYA shall investigate and document all allegations of sexual abuse and sexual harassment and make them available for future audits.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. DYA Internal Affairs Policy and Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>115.372 (a)</p> <p>Provision (a) requires that agency impose a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. DYA's PREA policy (page 29) is consistent with this provision. However, DYA indicated in the PAQ that this language is still in draft form in the IA policy.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYA shall revise and finalize the DYA Internal Affairs Policy and Procedure provided in the PAQ to be consistent with the standards 115.371, 115.372, 115.373, and 115.376 when investigating allegations of sexual abuse and sexual harassment. 2. DYA shall reconcile both the DYA Internals Affairs Policy and the PREA Policy.

115.373	Reporting to residents
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.373</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. DYA Internal Affairs Policy and Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>115.373 (a)-(f)</p> <p>The agency did not provide any investigative reports for the audit team to review to determine if the policy is institutionalized. DYA did not provide investigative files because DYA reported zero allegations of sexual abuse and sexual harassment during the audit period. The audit team questions whether the facility had zero allegations because they had not implemented their grievance process until after the audit period. The audit team expanded their audit sample period to include any investigations conducted in years prior the audit period. The facility did not provide the documentation necessary for the audit team to make a compliance finding.</p> <p>Although the PREA policy is consistent with provisions (a)-(f) of this standard, The Superintendent reported the agency is not consistently notifying residents of the outcome of allegations of sexual abuse or sexual harassment. The Superintendent stated the agency is working to correct this.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYA shall institutionalize Section XXVII. Reporting to Residents (page 28) of the PREA policy 2. DYA shall revise and finalize the DYA Internal Affairs Policy and Procedure provided in the PAQ to be consistent with the standards 115.371, 115.372, 115.373, and 115.376 when investigating allegations of sexual abuse and sexual harassment.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. GDOA Human Resources Staff <p>115.376 (a)</p> <p>Section XXIX. Disciplinary Sanctions for Staff (page 30) state staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This policy states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>The DYA indicated in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b)</p> <p>In the PAQ, the DYA indicated there were zero staff from the facility have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. The agency indicated zero staff from the facility have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the 12 months preceding the audit. The audit team confirmed this information with GDOA.</p> <p>115.376 (c)</p> <p>Section XXIX. Disciplinary Sanctions for Staff (page 30) state disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.</p> <p>DYA indicated in the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility indicated there were zero staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the 12 months preceding the audit.</p>

115.376 (d)

Section XXIX. Disciplinary Sanctions for Staff (page 30) state all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

DYA indicated in the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The facility indicated there were zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months.

The audit team confirmed with GDOA that there were zero resignations or terminated staff for violations of sexual abuse or sexual harassment policies in the 12 months preceding the audit.

The facility is compliant with this standard.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>115.377 (a)</p> <p>Section XXIX. Disciplinary Sanctions for Staff (page 30) states, "state any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>DYA indicated that zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months.</p> <p>The facility is compliant with provision (a) of this standard.</p> <p>115.377 (b)</p> <p>Section XXIX. Disciplinary Sanctions for Staff (page 30) states, "the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor, service provider, intern or volunteer."</p> <p>DYA indicated in the PAQ that it takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor, volunteer, service provider, or intern. The interview with the Superintendent indicated the facility would ban any contractor or volunteer for violating agency sexual harassment policies. The Superintendent also indicated any violations of sexual abuse policies would be referred to GPD for criminal investigation. The facility is compliant with provision (b) of this standard.</p> <p>The facility is compliant with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.378</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. Mental Health Staff <p>115.378 (a)</p> <p>Section XXIX. Disciplinary Sanctions for Youth (page 31) states, “Residents will be subject to disciplinary sanctions pursuant to a DYA’s disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.”</p> <p>DYA indicated in the PAQ that there were two administrative or criminal findings of guilt of resident-on-resident sexual abuse at the facility in the 12 months preceding the audit. Upon further conversation with the facility it was determined that this entry was a mistake. There have been zero administrative or criminal findings of guilt of resident-on-resident sexual abuse at YCF.</p> <p>The interview with the superintendent indicated the DYA has a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The facility is compliant with provision (a) of this standard.</p> <p>115.378 (b)</p> <p>Section XXIX. Disciplinary Sanctions for Youth (page 31) states, “Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident’s behavioral history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event there is a disciplinary administrative finding and recommendation of room restriction the resident will be afforded daily large muscle exercise; have access to any legally required educational programming or special education services; receive daily visits from a medical or mental health care worker, and will all have access to other programs and work opportunities to the extent possible.”</p> <p>DYA indicated in the PAQ that zero residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, and zero residents denied daily access to large-muscle</p>	

exercise and legally required educational programming or special education services. The superintendent stated that DYA does not use isolation as a disciplinary sanction. The facility is compliant with provision (b) of this standard.

115.378 (c)

Section XXIX. Disciplinary Sanctions for Youth (page 31) states, "The disciplinary process will consider whether a resident's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed in collaboration with a mental health worker and the assigned social worker." The superintendent stated that mental disabilities and mental illness are considered when determining sanctions. The facility is compliant with provision (c) of this standard.

115.378 (d)

Section XXIX. Disciplinary Sanctions for Youth (page 31) states, "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the disciplinary process will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits." The mental health staff stated that they utilize incentives but do not require participation in interventions as a condition to accessing general programming or education. The policy needs to be revised to be consistent with the requirements of this provision. The facility is not compliant with provision (d) of this standard.

115.378 (e)

Section XXIX. Disciplinary Sanctions for Youth (page 31) states, "DYA may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact." The policy is consistent with the requirements of provision (e).

115.378 (f)

Section XXIX. Disciplinary Sanctions for Youth (page 31) states, "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 will not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation." This language is consistent with the requirements of provision (f).

115.378 (g)

Section XXIX. Disciplinary Sanctions for Youth (page 31) states, "DYA prohibits all sexual activity between residents and may sanction a resident for such activity. DYA will not consider such activity to constitute sexual abuse if it determines that the activity is not coerced." This language is consistent with the requirements of provision (g).

Corrective Action:

1. DYA shall revise its PREA policy to be consistent with provision (d) of this provision.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.381</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) 3. Mental Health Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Disclose Sexual Victimization at Risk Screening 2. Staff Responsible for Risk Screening <p>115.381 (a)</p> <p>Section XXXII. Medical and Mental Health Care (page 31) states, if the screening required in section XIII 1. (c) indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake screening.”</p> <p>DYA indicated in the PAQ that all residents who have disclosed any prior sexual victimization during screening are offered a follow-up meeting with medical or mental health. DYA reported in the PAQ that zero percent of the resident who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health, and zero percent were offered a follow-up meeting within 14 days of the intake screening.</p> <p>Interviews with staff responsible for risk screening indicated that if a resident disclosed sexual victimization during screening, they would follow-up with their caseworker right away to ensure the resident receives counseling if needed. An interview with a resident who disclosed prior victimization indicated that DYA staff did not always offer follow-up visits with mental health. The audit team reviewed the resident file and determined that DYA did not consistently complete a Point of Information report documenting that they offered a follow-up meeting with mental health. Mental health documentation revealed that follow-up meetings were not always offered within 14-days of the intake screening.</p> <p>As reported in standard 115.341, the risk assessment tool was implemented in early August 2020. Therefore, DYA did not implement the PREA risk screening tool until after the period of review for this audit. DYA is not in compliance with provision (a).</p> <p>115.381 (b)</p>

Provision (b) of this standard requires all residents who have ever perpetrated sexual abuse and are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. DYA does not have a policy that reflects the requirements of this provision.

DYA indicated in the PAQ that all residents who have perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

DYA reported in the PAQ that zero percent of residents who have perpetrated sexual abuse, as indicated during screening, were offered a follow-up meeting with medical or mental health, and zero were offered a follow-up meeting within 14 days of the intake screening.

Interviews with staff who are responsible for risk screening stated that if the intake screening indicates that a resident has previously perpetrated sexual abuse, they are referred to their caseworker right away to ensure the resident receives counseling if they need it.

As reported in standard 115.341, the risk assessment tool was implemented in early August 2020. Therefore, DYA did not implement the PREA risk screening tool until after the period of review for this audit. DYA is not in compliance with provision (b).

115.381 (c)

Section XXXII. Medical and Mental Health Care (page 32) states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, community service, education, and program assignments.

As reported in standard 115.341 (e), The audit team reviewed a sample of 12 resident files that contained sensitive information, including information related to sexual victimization. These files were unsecured behind the YSS's booth in both F-unit and D-unit. DYA is not in compliance with provision (c).

115.381 (d)

Section XXXII. Medical and Mental Health Care (page 32) states, "Medical and mental health practitioners will 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." Mental health staff explained that if the youth is under 18, they tell youth staff is mandated to report any suspicion of physical and emotional abuse and sexual abuse or sexual harassment. They must also report when the youth express a threat to themselves or others. Interviews with residents indicated an understanding of the extent to which the information they shared with mental health providers was confidential. The facility is compliant with provision (d) of this standard.

Corrective Action:

1. DYA shall implement a system to track residents who disclosed prior sexual victimization and whether they were offered medical or mental health within 14 days of the intake process and make documentation available for future audits.
2. DYA shall implement a system to track residents who have perpetrated in sexual abuse and whether they were offered medical or mental health within 14 days of the intake process

and make documentation available for future audits.

3. DYA shall ensure that all sensitive PREA screening information and information related to sexual victimization or abusiveness is secured and only accessible to necessary staff.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Mental Health Staff 2. Healing Hearts Crisis Center Staff <p>115.382 (a)</p> <p>Section XXXII. Access to Emergency Medical and Mental Health Services (page 32) states, “residents who are victims of sexual abuse will 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.”</p> <p>Mental health staff explained that victims of sexual abuse receive immediate treatment and services. The mental health staff make referrals for Guam Behavioral if necessary and Healing Hearts Crisis Center for medical treatment. Healing Hearts Crisis Center staff confirmed that their practitioner's professional judgment determines the nature of medical and mental health treatment. The audit team did not interview a resident who reported sexual abuse because none were in custody during the onsite review. The facility is compliant with provision (a) of this standard.</p> <p>115.382 (b)</p> <p>Section XXXII. Access to Emergency Medical and Mental Health Services (page 32) states, “If DYA's medical practitioner or mental health professional is not on duty at the time a report of recent sexual abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to § 115.362 and will take steps to immediately notify the medical and mental health professionals of the incident.”</p> <p>As reported in standards 115.321 and 115.362, random staff interviews indicated an understanding of their responsibilities as first responders consistent with the PREA standards, including notifying medical and mental health. The facility is compliant with provision (b) of this standard.</p> <p>115.382 (c)</p>

Section XXXII. Access to Emergency Medical and Mental Health Services (page 32) states, "Residents who are victims of sexual abuse while remanded to YCF or CH will be 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." Healing Hearts staff indicated that youth victims of sexual abuse have timely access to a pregnancy test, emergency contraception, and STD prophylaxis. The facility is compliant with provision (c) of this standard.

115.382 (d)

Section XXXII. Access to Emergency Medical and Mental Health Services (page 32) states, "Treatment services will be provided to the victim free of cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The facility compliant with provision (d) of this standard.

YCF is compliant with all provisions of this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.383</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Mental Health Staff 2. Staff Responsible for Risk Screening 3. Healing Hearts Crisis Center Staff <p>115.383 (a) –(b)</p> <p>Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, “The facility will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.” Interview with staff responsible for risk screening stated they offer youth who disclose prior victimization at intake. They provide a mental health evaluation and make all appropriate referrals for mental health care and other services while they are in custody and once youth are released. Youth who reported prior victimization explained that she was evaluated by mental health and received subsequent counseling.</p> <p>Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, “The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.” This language is consistent with the requirements of provision (b) of this standard.</p> <p>The facility is compliant with provisions (a) and (b) of this standard.</p> <p>115.383 (c)</p> <p>Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, “DYA will provide such victims with medical and mental health services or referrals consistent with the community level of care.” Interview with mental health staff and Healing Hearts staff indicated that services provided are consistent with the community level of care. The facility is compliant with provision (c) of this standard.</p> <p>115.383 (d)</p>

Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, "Resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests, as medically necessary." Interviews with Healing Hearts staff indicated that youth victims of sexually abusive vaginal penetration are offered pregnancy tests free of charge. The agency is compliant with provision (d) of this standard.

115.383 (e)

Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, "If pregnancy results from the conduct described in this section, victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related

medical services, such as prenatal care and access to pregnancy termination services, where available." Although the policy is consistent with the requirements of this provision, interviews with Healing Hearts staff revealed a gap in services for pregnancy termination services on Guam. Healing Heart stated there is no doctor on Guam that can assist in pregnancy termination services. The agency is not compliant with provision (e) of this standard.

115.383 (f) - 115.383 (g)

Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, "Resident victims of sexual abuse while remanded will be offered tests for sexually transmitted infections, as medically appropriate." Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, "Ongoing treatment services will be provided to the victim free of charge to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Healing Hearts confirmed that they do not charge victims for their services and their services are not contingent upon the victim's cooperation with the investigation. The audit team did not interview youth who reported sexual abuse while in custody or review their records because none were in custody during the audit period. The facility is compliant with provisions (f) and (g) of this standard.

115.383 (h)

Section XXXIV. Ongoing Medical and Mental Health Care of the PREA policy (page 33) states, "DYA will 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 a mental health practitioner." Mental health staff indicated that initial mental health evaluations are completed for resident-on-resident abusers, and referrals for follow-up treatment are made within 24 hours of being notified. The facility so complaint with provision (h) of this standard.

Corrective Action:

1. DYA shall ensure that victims have access to pregnancy termination services.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.386</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.386 (a) – (e)</p> <p>Section XXXV. Data Collection and Review of the PREA policy (page 33), states the following:</p> <ol style="list-style-type: none"> 1. DYA will 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. [§ 115 .3 86a] 2. The review will ordinarily occur within 30 days of the conclusion of the investigation. [§115.386b] 3. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. [§ 115 .3 86c] 4. The review team will: <ol style="list-style-type: none"> a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; [§I 15 .3 86d I] b) 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; [§ 1 15 .386d2] c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; [§ I I 5.386d3] d) Assess the adequacy of staffmg levels in that area during different shifts; [§ I 15.386d4]

e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and [§ 15.386d5]

f) Prepare a report of its findings, including determinations made pursuant to this section, and any recommendations for improvement and submit the report to the facility head and the PREA Compliance manager or agency PREA Coordinator. [§ 15.386d6]

5. DYA will implement the review team's recommendations for improvement, or document its reasons for not doing so.

Conversations with the Director and the PREA manager indicated that although the agency discusses incidents with staff involved, including mental health staff, nothing is documented after the review. The Director and PREA Manager report the agency is in the process of formalizing the incident review.

Corrective Action:

1. DYA shall create an Incident Review Team, which includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

2. DYA shall convene a meeting with the Incident Review Team and discuss the team's purpose as described in the PREA standards and keep the minutes of the meeting.

3. DYA shall implement a process by which the PCM completes investigative dispositions and subsequently initiates the Incident Review Team meetings. These meetings shall be held within 30 days of any investigative dispositions found to be substantiated or unsubstantiated.

4. The Incident Review Team shall consider whether the allegation or investigation indicates a need to change policy or practice to prevent better, detect, or respond to sexual abuse.

5. The Incident Review Team shall examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

6. The Incident Review Team shall 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.

7. The Incident Review Team shall assess staffing levels' adequacy in that area during different shifts.

8. The Incident Review Team shall assess whether monitoring technology should be deployed or augmented to supplement staff supervision.

9. The Incident Review Team shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to standard 115.86 (d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PCM. If the recommendations are not implemented, a memorandum shall be prepared by the facility head explaining the associated rationale for not doing so.

115.387	Data collection
Auditor Overall Determination: Does Not Meet Standard	
Auditor Discussion	
<p>115.387</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.386 (a) – (e)</p> <p>Section XXXV. Data Collection and Review of the PREA policy (page 34), outlines DYAs requirements for data collection relevant to this standard. However, the policy is not institutionalized. DYAs did not provide the audit team with aggregated data. DYAs did not demonstrate that uniform data, using a standardized instrument and definitions, was collected during the 12 months preceding the audit. The PREA Coordinator indicated the GDOC does not have a system for the collection and maintenance of data. The PREA Coordinator acknowledged the agency is not compliant with this standard.</p> <p>115.387 (e).</p> <p>The DYAs do not contract for the confinement of its inmates. Therefore, this provision of the standard does not apply to the GDOC.</p> <p>115.387 (f).</p> <p>The DYAs indicated N/A in the PAQ. Therefore, this provision of the standard does not apply to the DYAs</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The DYAs shall collect uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions. At minimum, the standardized instrument shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 2. DYAs shall aggregate this data at least annually and obtain data from all incident-based 	

documents such as reports, investigative files, and sexual abuse incident reviews.

3. DYA shall be prepared to provide the Department of Justice with data from the previous calendar year upon request.

115.388	Data review for corrective action
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.388</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.388 (a) – (e)</p> <p>Section XXXV. Data Collection and Review of the PREA policy (page 34), outlines DYAs requirements for data collection relevant to this standard. However, the policy is not institutionalized. This standard correlates to Standard 115.387. As indicated for standard 115.387, DYAs does not currently collect and aggregate sexual abuse data. Therefore, the DYAs cannot be compliant with this standard. The audit team was not provided with any aggregated data. DYAs did not demonstrate that uniform data, using a standardized instrument and definitions, was collected during the 12 months preceding the audit. DYAs noted in the PAQ that it had not posted an annual report to its website. The DYAs is not compliant with all provisions of this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYAs shall institutionalize Section XXXV. Data Collection and Review of the PREA policy. 2. DYAs shall review data collected and aggregated pursuant to Standard 115.387 to assess sexual safety and improve PREA Compliance efforts by: <ol style="list-style-type: none"> a. Identifying problem areas. b. Taking corrective action on an ongoing basis. c. Preparing an annual report of its findings and corrective actions for each facility. 3. DYAs shall compile an annual report which includes a comparison of data and corrective

action of the current year with that of previous years. The report shall be approved by the Agency Head and made available on DYA's website. DYA may redact material when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.389</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Youth Correctional Facility Pre-audit Questionnaire (YCF PAQ) 2. Youth Correctional Facility PREA Policy 1.12a 01-2019 (PREA Policy) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director 2. PREA Manager <p>Site Review Observations:</p> <p>Observations during the onsite review of the Facility.</p> <p>115.388 (a) – (c)</p> <p>Section XXXV. Data Collection and Review of the PREA policy (page 34), outlines DYA’s requirements for data collection relevant to this standard. However, the policy is not institutionalized.</p> <p>This standard correlates to Standard 115.387. As indicated for standard 115.387, the DYA does not currently collect and aggregate sexual abuse data. Therefore, the DYA cannot be compliant with this standard. DYA did not demonstrate how it plans to securely retain 10 years of data collected pursuant to standard 115.87. DYA noted in the PAQ that it had not posted an annual report to its website. DYA is not compliant with all provisions of this standard.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. DYA shall develop a secure system for retention of 10 years of data collected pursuant to standard 115.387. 2. DYA shall make all aggregated sexual abuse data readily available to the public at least annually through the DYA website. Prior to making any aggregated sexual abuse data publicly available, the DYA shall remove all personal identifiers.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.401 (a)-(b).</p> <p>Provision (a) requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The audit team determined that YCF has not been audited prior to this audit. The agency plans to continue auditing its facilities. The agency did not meet provisions (a) and (b) of this standard in the prior cycle.</p> <p>115.401 (h).</p> <p>The audit team was given full access to, and the ability to observe, all areas of the audited facility. The facility is compliant with provision (h) of this standard.</p> <p>115.401 (i).</p> <p>The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). The facility is compliant with provision (i) of this standard.</p> <p>115.401 (m).</p> <p>The audit team was permitted to conduct private interviews with residents. The facility is compliant with provision (m) of this standard.</p> <p>115.401 (n).</p> <p>Residents were be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit team observed the Notice of Audit posted in all housing units. The audit team was also provided with photos when the notices were posted. Interviews with residents indicated the notices were posted for the required length of time leading up to the audit. The facility is compliant with provision (n) of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There have been no Final Audit Reports issued in the past three years for any DYA facility. Therefore, provision (f) of this standard does not apply to DYA/YCF.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	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?	no
	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?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	no
	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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	no
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	no
	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?	no
	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?	no
	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?	no
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	no
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	no
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	no

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	no
	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?	no
	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?	no
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	no
	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.)	no
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	no
	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?	no
	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?	no
	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	no

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	no
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	no
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	no

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	no
	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?	no
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	no
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	no
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	no
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	no

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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no
	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.)	no
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	no
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	no
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	no
	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?	no
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	no
	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?	no
	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?	no
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	no
	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?	no
	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?	no
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	no

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	no
	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?	no
	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?	no
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

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

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	no
	Does the agency also obtain this information periodically throughout a resident's confinement?	no
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	no
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	no
	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?	no
	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?	no
	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?	no
	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?	no

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	no
	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?	no
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	no
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	no
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	no
	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?)	no
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	no
	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?	no
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	no

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	no
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	no
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

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

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

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	no

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no
	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).)	no
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	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?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	no
	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?	no
	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?	no
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	no
	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?	no
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no
	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?	no

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	no
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	no
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	no
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	no
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	no
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	no
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	no
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	no
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	no
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	no
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	no
	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?	no
	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?	no
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no

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

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