

PREA Facility Audit Report: Final

Name of Facility: Sequel Transition Academy

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/30/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Stephanie Vetter	Date of Signature: 07/30/2021

AUDITOR INFORMATION	
Auditor name:	Vetter, Stephanie
Email:	stephaniejvetter@gmail.com
Start Date of On-Site Audit:	06/29/2021
End Date of On-Site Audit:	06/30/2021

FACILITY INFORMATION	
Facility name:	Sequel Transition Academy
Facility physical address:	46560 264th Street, Sioux Falls, South Dakota - 57107
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jenna Tweedy
Email Address:	jenna.tweedy@sequelyouthservices.com
Telephone Number:	605-528-3550x1006

Superintendent/Director/Administrator	
Name:	Jon St Pierre
Email Address:	jon.stpierre@sequelyouthservices.com
Telephone Number:	605-528-3550x1011

Facility PREA Compliance Manager	
Name:	Jenna Tweedy
Email Address:	jenna.tweedy@sequelyouthservices.com
Telephone Number:	O: (605) 528-3550

Facility Characteristics	
Designed facility capacity:	68
Current population of facility:	59
Average daily population for the past 12 months:	56
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:	13-21
Facility security levels/resident custody levels:	Staff Secure
Number of staff currently employed at the facility who may have contact with residents:	50
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Sequel Youth and Family Services, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	1131 Eagletree Lane, Huntsville, Alabama - 35801
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Sylvia Steger	Email Address:	sylvia.steger@sequelyouthservices.com

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.

Audit Methodology- Pre-Onsite Audit Phase:

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted for the Sequel Transition Academy (STA) located at 46560 264th Street, Sioux Falls, SD, by Stephanie Vetter, a DOJ Certified Auditor (hereafter referred to as the auditor), who was retained through a contract with Sequel Youth and Family Services of South Dakota, LLC (SYFS) in February 2021. Pre-audit activities began upon execution of the contract, and the PREA on-site review occurred on June 29th and 30th, 2021. In compliance with PREA Standard 115.403(a), the auditor has no conflict of interest with respect conducting an independent audit of the STA.

During the Pre-onsite Audit Phase, the auditor communicated with the PREA Compliance Manager/Associate Director to coordinate meetings and document requests; to review the audit logistics, purpose, and methodology; to discuss auditor access to the facility, key documents, interviews, role of the PREA Auditor, the goals and expectations of the audit, timelines, and the purpose of corrective action if required.

The auditor provided to STA, a Notice of PREA Audit in English and Spanish, which included the date and purpose of the audit and Auditor contact information. STA posted ten (10) audit signs in its buildings by May 17, 2021, six (6) weeks prior to the audit, located in Falls Boys (3), Falls Girls (3) and STA (4). Photos of the postings were submitted by the PREA Compliance Manager/Associate Director and uploaded. The auditor received no correspondence from STA residents during any phase of the audit. The PREA Compliance Manager/Associate Director reports that residents' correspondence to the auditor is protected from being opened and is treated like legal mail.

The auditor found no pending investigations or reports of abuse or civil rights violations associated with the STA in South Dakota according to an internet and media search, and contact with Disability Rights of SD. To demonstrate compliance with PREA, both websites (the SD DOC doc.sd.gov/about/PrisonRapeEliminationAct.aspx and STA sequelyouthservices.com/the-prison-rape-elimination-act/?s=prea) post agency PREA policies, how to report sexual abuse and sexual harassment, contact information for responsible agencies, clarifying that Sequel PREA programs investigates each incident of alleged or reported sexual abuse or sexual assault/rape to the fullest extent possible in cooperation with the State. The 2015 and 2018 PREA reports posted on the DOC website were also reviewed as part of this audit.

The Online Pre-Audit Questionnaire (PAQ) was completed by the PREA Compliance Manager/Associate Director. The auditor reviewed the PAQ and requested additional information including, screening forms, training logs, staff rosters, forms used by the program, additional policies, and a resident roster containing information regarding residents who have disabilities, LEP, identify as LGBTI, residents in segregated housing and isolation, residents who reported sexual abuse, residents who reported sexual victimization during risk screening. Additionally, the auditor reviewed grievances/allegations made in the 12 months preceding the audit, incident reports from the 12 months preceding the audit, all allegations of sexual abuse and harassment alleged and investigated in the 12 months preceding the audit, and a detailed list which included total number of allegations, the number determined to be Substantiated, Unsubstantiated, or Unfounded, the number of cases in progress, number of criminal cases investigations, number of administrative case investigations, number of criminal cases referred to prosecution; number indicted, number convicted or acquitted in the past 12 months.

The auditor interviewed leaders with the Disability Rights of SD and the Compass Center. Each explained their agency's role in responding to residents and staff at STA, which is detailed later in this report.

Audit Methodology On-site Audit Phase -Site- Review:

The on-site portion of the audit occurred over a period of two days: June 29-30, 2021. The first day, the auditor met with STA administration to provide an overview of the on-site portion of the audit. This meeting was followed by a tour the campus including three (3) residential dorms (Falls Boys, Falls Girls and the Transition Academy), the education building, administrative offices, and cafeteria. The auditor made program observations by talking with some of the residents, observing outdoor recreation and movement, and eating in the resident cafeteria. The auditor further interviewed higher-level staff and attended the Flash Meeting (where resident safety is discussed). On June 30th the auditor finished the remaining interviews and conducted the on-site document review.

The on-site tour was provided by the PREA Compliance Manager/Associate Director and the Program Manager and allowed the auditor access to all buildings in which residents have access, including: three (3) housing units/cottages and associated day rooms, bathrooms, showers, health and counseling service areas, cafeteria, classrooms, recreational areas, office spaces and other areas in which residents were seen or would have access. The auditor was provided unimpeded access to all parts of the facility and to the selected residents and Youth Counselors for interviews.

During the on-site portion of the audit, the auditor observed high staffing ratios (1:8) in each of the dorms, during movement, and in

classrooms. The staff supervision approach is known as Distance, Eye Sight, and Awareness (DEA) which allows for the direct supervision and interaction with residents during dorm, school, and recreational activities. Video surveillance was observed in common areas and hallways and appeared to be appropriately placed to protect the privacy of residents (no cameras were found in the bathroom/shower areas or resident rooms), yet cameras were positioned to monitor for behaviors related to PREA in all areas where youth have interior access (dayrooms, classrooms, cafeteria, recreation rooms), and exterior access (front and back of each building and recreation areas). The auditor observed that the numbers and locations of surveillance cameras appeared sufficient to reinforce STA's zero tolerance policy of any abusive behavior. There are a total of fifty-three (53) cameras throughout the program. The placement of cameras, the camera angles/views have been positioned to increase surveillance in areas that were identified as needing better surveillance based upon program data analysis, incident reviews, available resources, and staff discussions.

STA has a capacity of thirty-two (32) single occupancy rooms. Falls Boys Academy and Falls Girls Academy dorms can house a combined total of 36 residents (Boys capacity is 24 youth with six (6) multiple occupancy rooms. Girls' capacity is 16 with four (4) multiple occupancy bedrooms.) Four (4) of the 36 beds are considered "waiver beds" and can be placed on either dorm based on admission needs. Residents' doors remain unlocked throughout the night and are accessible during the day. Youth at STA are court ordered to the custody of SD DOC – Juvenile Division. More detail on Facility Characteristics can be found throughout this report.

There were no new resident intakes/admissions scheduled on the day of the PREA On-Site Review, therefore the auditor requested detailed descriptions of these processes from the Case Managers and the Quality Assurance Manager who described the steps taken during the process of screening and intake. A variety of objective screening instruments are used to measure safety and create baseline information. A portion of the screening includes a discussion with residents to inform housing placement and treatment planning. Screening and intake records are stored electronically with access protected by passwords. Resident files, HR records, and reports were reviewed by the auditor June 29th and 30th.

Cross-gender announcements were observed by the auditor throughout the tour. Residents and staff reported that residents could make a private report by telephone if they needed to. For those youth with limited English proficiency (LEP), the program uses interpreter services. There were no reported incidents of staff using resident interpreters. Staff reported that they only rarely needed language interpretive services and that this was only for parents on rare occasions. During interviews, the auditor confirmed with a resident (for whom English is his second language) that he did not need an interpreter, however his parents needed an interpreter in order to participate in case management meetings. Several staff and the resident confirmed that an interpreter is arranged for his case management meetings.

The use of isolation for punishment is prohibited by STA policy. All staff including the Executive/Facility Director and residents confirmed that seclusion/isolation is not used, however those residents who request time in their rooms alone are granted it to help regulate individual behavior.

The facility employs a part-time Nurse (this position recently became vacant), a full-time CNA, a Director of Nursing, a full-time Clinical Director, Clinical Social Worker and Clinical Specialist; all positions have dedicated offices on campus.

Audit Methodology On-site Audit Phase -Interviews:

STA is a relatively small residential program that employs a total of fifty (50) staff and one (1) intern. To complete the staff interviews, the auditor randomly selected Youth Counselors and Group Leaders from different shifts and housing units in addition to selected specialized staff (the first responders, intake/admissions screeners, case-managers, direct care staff, Clinical Director, Facility Executive Director/Executive/Facility Executive Director, Director of QA and Compliance, Associate Executive/Facility Executive Director/PREA Compliance Manager/Associate Director, PREA Compliance Coordinator at Alabama Headquarters, the Intern, and Human Resource Coordinator. The auditor conducted staff interviews between June 15 - June 30, 2021, via telephone, video, and in-person meetings. A total of twenty-one (21) staff were interviewed (12 random staff and 9 specialized), in addition to the Executive Director of the Compass Center, the Lead Investigator of Disability Rights of SD, the DOC Director, and the DOC PREA Coordinator. The PREA Interview Guides for random and specialized staff were used to gather appropriate information during interviews. Interviews with the the STA Executive/Facility Director and the PREA Compliance Manager/Associate Director confirmed the agency policy which specifies that they will conduct administrative inquiries, and all other investigations are conducted by law enforcement. The Human Resource (HR) Coordinator reported that she monitors grievances and monitors for retaliation. There were no contractors or volunteers at the facility on the day of the on-site review. A total of one (1) intern is currently on staff and was interviewed by the auditor by phone.

Every Sequel staff who was interviewed by the auditor described their role as a mandated reporter required by SD state law to report any instance where there is reasonable cause to suspect that a child under the age of 18 has been abused or neglected. The controlling law in this matter is SD Codified Law 26-8A-6, which states "Any person who has contact with a child through the performance of services as a member of a staff of a hospital or similar institution shall immediately notify the person in charge of the institution or his designee of suspected abuse or neglect. The person in charge shall report the information in accordance with the provisions of § 26-8A-8. Any person who knowingly and intentionally fails to make a required report and to submit copies of records is guilty of a Class 1 misdemeanor. Mandatory reporters must report the incident to Child Protective Services (CPS), law enforcement, and/or the state's attorney of the county in which the child is present. The state's attorney or law enforcement officers, upon receiving a report, shall immediately investigate. Any person receiving the report of suspected child abuse or neglect shall keep the report confidential unless otherwise provided."

A total of seventeen (17) out of fifty-eight (58) residents were interviewed on June 29-30. The auditor chose twelve (12) random residents from the housing list and selected five (5) residents for targeted interviews. Residents were randomly selected from each housing unit and

represented various ages and lengths of stay. Targeted resident interviews included: youth who had reported at screening a history of victimization prior to STA, those who had an Individual Education Plan (IEP), those who identified as LGBTQI, and those whose parents spoke limited English. The auditor followed CDC guidelines, as per facility protocol when interviewing residents, and practiced social distancing and masking. The resident interviews took place in the counseling and attorney meeting rooms which allowed for privacy. None of the current residents reported to the auditor any sexual abuse or sexual harassment while at the STA which was confirmed through documentation review and staff interviews.

In interviews with the auditor, staff and residents were able to describe details of resident PREA education process, the agency's zero tolerance policy, and the multiple ways (3rd party, anonymous, verbal, written) that reports of abuse can be made. Residents reported that during intake they discuss PREA, sign a PREA form acknowledging receipt of the information, and receive a Student Orientation Packet within the first several hours of arrival. Some residents reported watching a PREA DVD.

Audit Methodology On-site Audit Phase Documentation Review:

Resident files are stored electronically, secured by passcode. On June 30, the PREA Compliance Manager/Associate Director provided the auditor access to all STA resident files via computer in a private conference room. A total of thirteen resident (13) files and fifteen (15) personnel files, were reviewed during the on-site review. Some files corresponded to the residents and staff who were interviewed to verify information. As part of the file/ document review the auditor reviewed PREA training documentation/curriculum, medical and mental health screenings, intake paperwork, grievances, data reports, and administrative investigations to further validate information reported during interviews.

Additionally, the auditor reviewed human resource files, staff training curriculum, training certifications, training attendance lists and background checks, along with meeting minutes, grievances, incident reports, administrative Investigations (conducted by STA administrative staff), unannounced rounds, job descriptions, MOU's, contracts, licenses, past PREA reports, and the policies/procedures of STA, the SD Department of Corrections (DOC) and Sequel Youth and Family Services, LLC.

The 2019-2020 PREA Annual Report data contained two (2) allegations of student-to-student sexual contact; one (1) was substantiated (investigation determined it had occurred) and one (1) was unsubstantiated. There were no other allegations during that time period that would have risen to the level of sexual harassment or sexual abuse as defined in the PREA standards.

Debrief/Exit Meeting:

During the out-briefing/exit meeting on June 30th, the auditor reviewed pre-liminary findings, highlighted program strengths (which are many), and discussed areas that could be improved with the Associate Director/PREA Compliance Manager and the QA Director.

Auditor recommendations include:

- 1) Improve the visibility of the grievance system.
- 2) Increase the overall presence of PREA posters using youth artwork and messaging.
- 3) Implement more youth-based discussions on PREA policies and student rights and responsibilities.
- 4) Make the Student Orientation Packet more youth-oriented and engaging.
- 5) Engage local language services to translate the Student Orientation Packet, key documents, and signs into the languages most spoken by LEP students and their parents.

Post On-site Audit Phase:

The PREA Compliance Manager/Associate Director responded to several requests from the auditor in the post on-site audit phase by providing program details, documentation, and further clarification on medical/mental health services and job descriptions. There was no corrective action required as a result of the PREA audit, and therefore, an Interim Report was not issued. The PREA Audit Final Report will be submitted by the auditor on or before July 30, 2021.

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.

Facility Characteristics:

Located in a rural area seven (7) miles west of Sioux Falls, SD, the Sequel Transition Academy (STA) resembles a boarding school campus. It is a staff secure confinement facility with no exterior security fences. The STA campus was originally a working farm for the South Dakota State Penitentiary. The prison farming operation closed in 1997 and the state converted the buildings into a juvenile transitional care facility that opened in 1998 and closed in 2012. In June 2013, the facility reopened as the Sequel Transition Academy, a 32-bed licensed group care home. The program provides secure residential treatment and transitional services to adjudicated youth who are in the custody of the Department of Corrections (DOC). In May of 2018, Falls Academy Group Care Program opened on the same campus with a licensing capacity of 36 (split between boys/girls). Known as Falls Academy, the program serves male and female students 13-20 years of age. The length of stay is typically 3-6 months with the flexibility to extend to 6-12 months if needed. Residents in each program learn how to hold themselves and others accountable by developing the ability to confront and appropriately deal with negative behaviors. Successful completion entails advancing through each of the program phases and applying the cognitive skills. The phases of the program explore areas of victim empathy, taking responsibility for their actions, learning alternatives to their behaviors, and relapse prevention. Sequel's campus population on June 29, 2021, was 58 residents (STA: 28; Falls Academy Boys: 15; Falls Academy Girls: 15).

Sequel Youth and Family Services, LLC, which is a private for-profit organization whose corporate headquarters are in Huntsville, AL, rents the property from the state of South Dakota. Sequel's programs are licensed through the South Dakota Department of Social Services (DSS), and also accredited by The Joint Commission (meaning that the programs meet the requirements for the Behavioral Health Care Accreditation Program). STA is licensed for 32 beds for Male Community Residential for both Sex offender and non-sex offender youth ages 16-21. There is no third-party entity involvement or private contractors/operators of STA facilities. The DSS Office of Licensing and Accreditation recently reviewed the Sequel Youth and Family Services of SD application for status as a Qualified Residential Treatment Program, and approved the license on May 3, 2021 in the form of a letter signed by DSS Program Manager in the Office of Licensing and Accreditation.

Sequel's residential services include medical care, initial physical examinations, sick calls, daily medication management, and coordination of other medical needs/appointments with local physicians, hospitals and dentists. An on-site registered nurse is available for medication and medical needs. No cameras are located in the examination rooms. Education is provided by the West Central School District which employs the teachers who provide education in all core subjects. All credits earned count toward middle and high school graduation and youth can also enroll in a state approved GED program. Surveillance cameras and program staff are assigned to the classrooms to assist with supervision. Residents are provided at least one hour of large muscle activity per day. Recreation is conducted outdoors (weather permitting) and indoors in the weight training room. Behavioral health services include individual therapy, group therapy, psychiatric treatment (off-campus), and crisis intervention. The PREA Compliance Manager/Associate Director, Case Managers, medical and mental health staff work to screen youth within hours of admission in a variety of areas that include treatment history, mental health, traumatic experience, substance abuse, developmental status, suicide, and victimization risk. Initial information is used by the Case Managers to develop a treatment plan for each youth and to provide appropriate housing.

The campus comprises several different buildings, some of which have been shuttered and are not accessible to staff or youth. The program does not provide any segregated housing or isolation units. Sequel Youth and Family Services (SYFS) operates two programs for juvenile residents. The Sequel Transition Academy (STA) program is contracted by the SD DOC to provide residential treatment for juvenile males ages 16-20, and it provides transitional and independent living skills in a 24-hour supervised environment with access to education, mental health, behavioral, employment, chemical dependency and vocational services. Residents' average length of stay is six (6) to nine (9) months. The main entrance to the STA program provides access to the Administration Offices which are located in the downstairs of the building. The STA dorm (32 beds) is on the main level of this building as well as the cafeteria. The perimeter doors of all buildings are locked and accessible only when accompanied by a staff with a key fob. STA youth sleep in individual bedrooms with no roommates. The Falls Boys and Girls Academy is located next door (about 200 yards away) and has common areas (dayrooms) and classrooms in each wing in a single-story building with staff offices and group rooms located at the end of each hall near the youth bedrooms. Falls Academy youth sleep in rooms with up to four individuals in each room.

Dining facilities for both programs are in the STA building. Although there is no perimeter fence to keep residents from leaving the campus area once outside, the auditor observed the program's high staffing ratios (1:8) and the direct supervision of residents during all activities including outdoor recreation and movement across campus. The number of residents on campus on June 29th was fifty-eight (58). The number of residents in the STA program was twenty-eight (28); the number of residents in the Falls Academy program was thirty (30), which is within the program's operating and staffing capacity. The ADP was confirmed from monthly STA population reports.

STA utilizes a case management model that is strength- base and trauma-informed to reduce the risk for future offending. Programming is structured to teach residents about their personal and sexual safety, to keep emotional and physical safety, and to use group time to

discuss program rules, group dynamics, and sexual safety. This programming approach raises awareness, provides opportunities to prevent and detect abuse and harassment, and reinforces the agency's zero tolerance policy. Programing includes individual and group therapy time, drug and alcohol counseling, education, and skill-building to reduce the risk of re-offense. A Case Manager works with each youth and specific emphasis is placed on individual needs, healthy relationships, relapse prevention, and taking full responsibilities for their offenses.

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:	43
Number of standards not met:	0

Summary of Audit Findings and Compliance Determination:

The PREA Auditor determines for STA there are zero (0) findings of "exceeds standard;" zero (0) findings of "does not meet standard;" and forty-three (43) findings of "meets" standards including all provisions of each standard. No corrective action is required at this time. STA meets the following PREA Juvenile Facility Standards:

- 115.311 Zero tolerance of sex abuse and harassment; PREA Coordinator
- 115.312 Contracting with other entities for the confinement of residents.
- 115.313 Supervision and monitoring.
- 115.315 Limits to cross-gender viewing and searches.
- 115.316 Residents with disabilities and residents who are limited English proficient.
- 115.317 Hiring and promotion decisions.
- 115.318 Upgrades to facilities and technologies.
- 115.321 Evidence protocol and forensic medical examinations.
- 115.322 Policies to ensure referrals of allegations for investigations.
- 115.331 Employee training.
- 115.332 Volunteer and contractor training.
- 115.333 Resident education.
- 115.334 Specialized training: Investigations.
- 115.335 Specialized training: Medical and mental health care.
- 115.341 Obtaining information from residents.
- 115.342 Placement of residents in housing, bed, program, education, and work assignments.
- 115.351 Resident reporting.
- 115.352 Exhaustion of administrative remedies.
- 115.353 Resident access to outside support services and legal representation.
- 115.354 Third-party reporting.
- 115.361 Staff and agency reporting duties.
- 115.362 Agency protection duties.
- 115.363 Reporting to other confinement facilities.
- 115.364 Staff first responder duties.

115.365 Coordinated response.

115.366 Preservation of ability to protect residents from contact with abusers.

115.367 Agency protection against retaliation.

115.368 Post-allegation protective custody.

115.371 Criminal and administrative agency investigations.

115.372 Evidentiary standard for administrative investigations.

115.373 Reporting to residents.

115.376 Disciplinary sanctions for staff.

115.377 Corrective action for contractors and volunteers.

115.378 Interventions and disciplinary sanctions for residents.

115.381 Medical and mental health screenings; history of sexual abuse.

115.382 Access to emergency medical and mental health services.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.

115.386 Sexual abuse incident reviews.

115.387 Data collection.

115.388 Data review for corrective action.

115.389 Data storage, publication, and destruction.

115.401 Frequency and scope of audits.

115.403(f) Frequency and scope of audits.

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
	<p>Auditor Discussion</p> <p>Meets : Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) STA PREA Zero Tolerance Policy b) Employee Handbook c) Student Orientation Packet d) Job Descriptions e) Training documentation f) https://doc.sd.gov/about/PrisonRapeEliminationAct.aspx g) https://www.sequelyouthservices.com/the-prison-rape-elimination-act/?s=prea h) SD DOC PREA Policy 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) Director of Juvenile Community Corrections c) Intermediate or Higher-Level Facility Staff d) PREA Compliance Manager/Associate Director e) DOC PREA Coordinator f) Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.311(a). The STA has a Zero Tolerance Policy entitled the PREA Zero Tolerance Policy. It mandates zero tolerance toward all forms of sexual abuse and sexual harassment (SA/SH) and outlines the agency's procedures to address PREA, prevention, detection and responding to this conduct. The policy on page 32 of the Employee Policy Manual states: "To establish a process where SYFSSD (STA) and Youth Counselors have zero tolerance for sexual abuse and sexual harassment of students. The process will include prevention plans that have been communicated to all staff. Employee training will include PREA related definitions and procedures that should an allegation regarding sexual abuse or harassment be made all Youth Counselors will know how to rapidly restore safety, attend to and support the victim(s) and promptly initiate the investigative process. This policy is in effect to prevent incidents of sexual abuse and/or sexual harassment and to take prompt, effective and compassionate action if allegations of sexual abuse or harassment are made. STA has a zero-tolerance policy relating to sexual assault/rape of a student and will cooperate in the investigation and prosecution of anyone involved in a sexual assault/rape of a STA student. The primary responsibility of all STA Youth Counselors is student safety. This policy shall be followed in conjunction with all Federal and State mandatory reporting requirements."</p> <p>The policy includes clear definitions of prohibited behaviors and procedures to annually train staff in all aspects of PREA to increase awareness of safe reporting mechanisms and available services to victims. In addition to the PREA Zero Tolerance Policy, the Employee Handbook states: "It is SYFS policy to provide a work environment free of sexual and other harassment. To that end, harassment of SYFS Youth Counselors by management, supervisors, coworkers, or non-Youth Counselors who are in the workplace is absolutely prohibited. Further, any retaliation against an individual who has</p>

complained about sexual or other harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated. SYFS will take all steps necessary to prevent and eliminate unlawful harassment.” The zero tolerance of such conduct is also outlined in the STA Student Orientation Packet which outlines the policy, provides age-appropriate information explaining residents’ rights to be safe and indicates multiple ways to report abuse, including the phone number for CPS.

All Youth Counselors interviewed by the Auditor described PREA Zero Tolerance Policy and their role in carrying out: prevention, detection, monitoring and first responder duties related to sexual abuse and sexual harassment. Most staff reported that they had attended PREA training within the past 6 months in some form. All staff reported that they were trained in PREA when they became employed at STA and have attended many PREA refreshers. Each described step-by-step detailed actions they would take in the event of sexual abuse and/or sexual harassment in the STA program, starting with safety for the victim, separation, evidence preservation, and reporting. All staff described a direct supervision model and staffing ratios meant to prevent and detect any abuse, neglect, or harassment in the program and confirmed the 1:8 staffing ratio.

Every employee interviewed, reported they are mandatory reporters under South Dakota Codified Law meaning Youth Counselors working with residents under age 18 are mandated to report any sexual abuse, abuse or neglect despite the residents’ personal wishes to Institutional child abuse and neglect.

Every resident interviewed by the Auditor reported an overall feeling of safety in the STA program. They demonstrated an understanding of their rights to be free from sex abuse and sexual harassment, and all were able to describe their options to report verbally, in writing, by telephone and anonymously. Each resident answered “no” that they had not experienced or witnessed sexual abuse and/or sexual harassment while in STA, and every resident reported that during the orientation phase of the STA program they were educated on their rights, program expectations, agency policies, how to file written grievances and SA/SH reports, how to report to an outside advocate, and how to report to staff in multiple ways.

Zero tolerance posters were found in the program areas including dayrooms, housing units, school, and cafeteria. The posters contained: information on youth rights to be free from SA/SH, ways to report. The Student Orientation Packet, which was reviewed by the Auditor, also contains this information.

115.311(b-c). The South Dakota Department of Corrections (DOC) employs an upper-level agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards in its facilities. The DOC has a designated PREA Coordinator who is charged with development, implementation, and oversight of the efforts to comply with the PREA standards in all SDDOC facilities, including efforts to eliminate sexual abuse and sexual harassment with all contract facilities in which the SDDOC places juvenile offenders.

The STA policy requires itself as an agency to employ a designated Facility PREA Compliance Manager/Associate Director who has sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards. The job description was reviewed by the Auditor; it states that one of the main duties of this position is to oversee and coordinate the agency’s efforts to comply with PREA. During interviews and the facility tour the PREA Compliance Manager/Associate Director described here training in PREA investigations, the Grievance System and weekly Monday meetings that are used to review any PREA allegations.

The PREA Manager accompanied the Auditor on the program tour during the on-site review of the audit, coordinated logistics and access to documents, and attends routine meetings where PREA issues are regularly discussed, all of which suggests that ample time is dedicated to PREA duties.

The policies, practices and interviews of residents and staff support the finding that STA meets standard 115.311(a-c).

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1129 300">Meets: Standard 115.312 Contracting with other entities for the confinement of residents.</p> <p data-bbox="242 329 1029 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 853 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 598 474" style="list-style-type: none"> a) PREA Zero Tolerance Policy 2. Interviews: <ol data-bbox="242 616 790 875" style="list-style-type: none"> a) Facility Executive Director b) QA Director c) Director of Juvenile Community Corrections d) PREA Compliance Manager/Associate Director d) Higher-Level Facility Staff 3. Site Review Observations: <ol data-bbox="242 1016 686 1046" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="242 1133 1460 1261">115.312(a). STA does not contract with other entities for the confinement their residents, which was confirmed through interviews with PREA Compliance Manager/Associate Director and STA Director. In a review of agency files, the auditor found no indication of the agency or STA contracting with other entities for the confinement of residents. The programs at STA, are residential in nature and licensed through the SD Department of Social Services (DSS).</p> <p data-bbox="242 1290 1492 1384">115.312(b). STA Inc does not contract with other entities for the confinement their residents and this was confirmed through interviews with the Director and PREA Compliance Manager/Associate Director. In a review of Agency documentation, there was no indication of the STA contracting with other entities for the confinement of residents.</p> <p data-bbox="242 1413 1284 1442">The policies, practices and interviews of staff support the finding that STA meets standard 115.312(a, b).</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.313 Supervision and monitoring.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Employee Handbook c) 2019 and 2020 Administrator’s Meeting Minutes d) PREA Staffing and Incident Review Minutes e) Remote Quality/Risk Monitoring Report 2. Interviews: <ol style="list-style-type: none"> a) PREA Compliance Manager/Associate Director b) QA Director c) Group Living Director d) Clinical Director e) Intermediate or Higher-Level Facility Staff conducting unannounced rounds f) Residents 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.313(a). STA ensures that the staffing plan is documented and provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, STA takes following into consideration as outlined in their Policy:</p> <ol style="list-style-type: none"> (1) Generally accepted juvenile detention and correctional/secure residential practices were observed by the auditor during the tour and are listed on the STA Website; services include effective juvenile detention/residential standard practices such as psychoeducation groups, cognitive behavioral therapy, objective screening and assessment, multi-disciplinary treatment planning, evidence-based programming, education and pro-social programming and individual therapy. The auditor observed residents engaged in indoor and outdoor activities during the on-site review with a ratio of one (1) staff for eight (8) residents which meets PREA standards and supports the relational approach to supervision. (2) Judicial findings of inadequacy do not exist for STA according to reports by the Director and SD Disability Rights. The auditor conducted a search of the internet and found no related media. (3) Any findings of inadequacy from Federal investigative agencies do not exist for STA, according to reports by the Director. The auditor conducted a search of the internet and found no related media. (4) Any findings of inadequacy from internal or external oversight bodies do not exist for STA according to reports by the Director and the QA Compliance Manager. The auditor conducted a search of the internet and found no related media. (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated) are taken into consideration when making program improvements. The auditor observed fifty-three (53) cameras throughout the on-site review, reviewed documentation on enhanced camera placement, interviewed the Director to confirm that cameras are incorporated into the education areas and public spaces in the dorms and around campus to address blind spots.

- (6) The composition of the resident population as reported in the 2020 Sequel Staffing Plan: STA is licensed to house 32 beds for Male Community Residential for both sex offender and non-sex offender youth ages 16-20. Falls Academy is licensed to house 36 youth, all non-sex offender youth ages 13-21, males and females.
- (7) The number and placement of supervisory staff was observed by the auditor during the on-site review phase, determined to follow standards. The Sequel Staffing Plan indicates that on every AM, PM, and overnight shift, a supervisor is present to include either a Shift Leader, Group Leader or Program Director.
- (8) Institution programs occurring on a shift, are required by policy to provide a direct supervision model for STA with a ratio of (1) staff to (8) residents during the day. For Falls Girls and Boys Academies, the ratio is 1 staff to 6 students during the day. Both program keep a ratio during sleeping hours of 1 staff to 16 students.
- (9) Any applicable State or local laws, regulations, or standards are reflected in the 3C-4 PREA. Mandatory reporting requirements are posted in the STA, on the website and Student Orientation Packet.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse is taken into consideration and documented and changes have been made because of reports. STA collects information to help reduce the risk of sexual abuse and sexual harassment occurring with STA according to PREA Zero Tolerance Policy.
- (11) Any other relevant factors. STA states it will review any other relevant factors not noted above.

115.313(b). The Director and PREA Compliance Manager/Associate Director reported no staffing shortages or instances of deviation from the staffing ratios.

115.313(c). STA PREA Zero Tolerance Policy requires STA maintaining staffing ratios of 1:8 during the day shift and 1:16 on the overnight shift. During the Auditor's on-site visit the 1:8 ratio was observed with no evidence or reports going below the PREA staffing ratios of 1:8.

115.313(d). The Executive Facility Director, the PREA Compliance Manager/Associate Director and QA Compliance Manager reported upper-level Management meets weekly on Mondays to review, assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Some of the data and information discussed at these meetings come from the Remote Quality/Risk Monitoring Report and Leadership Rounds forms. STA documents the results of their reviews in meeting minutes and the Annual PREA Review document. The 2019-2020 Annual PREA Report was reviewed by the auditor, and it contained the following information: the numbers, types and investigatory findings of PREA incidents for each of the Agency's programs and PREA Compliance activities.

115.313(e). In section I.6. of STA's PREA policy requires having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Results of these 'rounds' are noted on the LD-01 form each day and reviewed in Team Meetings, Flash meetings, and the Quality Assurance/Performance Improvement Plan Committee. This policy was reviewed by the auditor, as well as documentation of unannounced rounds. Sample of the LD-01 were reviewed

The policies, practices and interviews of residents and Youth Counselors support the finding that STA meets the standard 115.313(a, b, c, d, e).

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.315 Limits to cross-gender viewing and searches.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy and Procedures b) Searches/Contraband/Cross-Gender Viewing Policy and Procedures 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) Director of Group Living c) PREA Compliance Manager/Associate Director d) Clinical Director e) Youth Counselors f) Intermediate and Higher-Level Facility Staff g) Residents 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review b) Tour of bathroom and shower areas <p>115.315(a-f). STA Searches/Contraband/Cross-Gender Viewing Policy prohibits cross-gender viewing and cross-gender searches of any kind. Section C of Searches/Contraband/Cross-Gender Viewing Policy states, " To provide a safe environment while respecting the dignity and rights of students, a student may only be searched with significant cause and with the permission of the Director of Group Living. Students will only be searched in a private area with two members of the same sex employee, cross-gender and pat-down searches are prohibited. Students will never be asked to remove under garments. Transgender or intersex student are never to be searched for the sole purpose of determining the resident's genital status." Section D. states that at all times, students must be able to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Section E. states, "Staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing."</p> <p>In interviews, Youth Counselors, other staff, and residents reported consistently that staff do not conduct pat-down searches ever. Several staff described it as a "no-touch" policy. If students are searched it occurs during the admissions process, when there is reasonable belief, the youth is carrying contraband, or when a youth has returned from off-campus activities not supervised by STA Youth Counselors (vacations, home visits, employment, or court). Staff and residents described searches using the wand to detect any metal objects. Staff then ask students to empty their pockets, take their shoes, socks and belt off, pull up sleeves and pant legs, and show the bottoms of their feet. To conduct a search of student's clothing upon initial admission, students undress privately behind a shower curtain and place their clothes outside of the shower stall for staff to search. Residents consistently stated they are never nude in front of Youth Counselors, and they always have felt respected and safe. Both residents and staff also reported that staff of the opposite gender announce their presences when arriving in the residents' dorms and common areas. During the on-site review, the auditor observed numerous instances of female staff announcing their presence when entering STA facilities.</p> <p>The policies, practices and interviews of residents and Youth Counselors support the finding that STA meets standard</p>

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Meets: Standard 115.316 Residents with disabilities and residents who are limited English proficient.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- a) PREA Zero Tolerance Policy
- b) PREA -Equal Opportunity for Students with Disabilities

2. Interviews:

- a) Facility Executive Director
- b) Clinical Director
- c) Intake Staff
- d) Youth Counselors
- e) PREA Compliance Manager/Associate Director
- f) Intermediate and Higher-Level Facility Staff
- g) Residents

3. Site Review Observations:

- a) Informal interviews during site review

115.316(a-c). STA's policy entitled PREA -Equal Opportunity for Students with Disabilities seeks 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. It states "The information provided to students during orientation must be provided verbally and in written form. Further, the information must be in a language and format that the student can understand. Each student must sign a written acknowledgement form for the sexual assault/rape prevention portion of the orientation. The signed acknowledgement form must be filed as part of the student's case file." Additionally, the STA PREA -Equal Opportunity for Students with Disabilities Policy allows only Staff to provide information to the juveniles in a written form and in a language they understand. If a juvenile does not understand English, staff shall provide a translation into the juvenile's native language. Sequel Transition Academy will take the following measures when necessary to ensure equal opportunity for all residents:

- A. For deaf or hard of hearing students or students with limited English proficiency, Sequel Transition Academy will provide access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- B. For students with intellectual disabilities or limited reading skills, Sequel Transition Academy will provide written materials in formats that ensure effective communication with the students.
- C. For students who are blind or have low vision, Sequel Transition Academy will provide verbal explanation to ensure effective communication with the students.
- D. Sequel Transition Academy will not rely on resident interpreters, resident readers or other types of resident assistants except in limited circumstances where a delay in obtaining an effective interpreter could compromise the resident's safety or the investigation of the resident's allegation.

According to resident and employee interviews, resident Interpreters are not used and there have been no instances in which residents had been utilized in this manner. The auditor interviewed several residents who have an Individual Education Plan (IEP); they reported that their right to be free from sexual abuse and sexual harassment was explained in multiple ways by reviewing the Student Orientation Packet/PREA with staff. They told the auditor that they know how and who they could

report to and that they feel safe in the program. The PREA Compliance Manager/Associate Director, a Case Manager and the resident reported that Sequel had arranged for case management meetings on behalf the of a resident's parents who could not speak English.

The policies, practices and interviews of residents and staff support the finding that STA meets standard 115.316 (a, b, c).

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 820 297">Meets: Standard 115.317 Hiring and promotion decisions.</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 855 1160" style="list-style-type: none"> <li data-bbox="240 387 855 414">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 804 645" style="list-style-type: none"> <li data-bbox="240 445 804 472">a) Employee Background Checks/Credentials Policy <li data-bbox="240 504 703 530">b) Human Resources and Personnel Files <li data-bbox="240 562 539 589">c) STA Personnel Manual <li data-bbox="240 620 560 647">d) Employment applications <li data-bbox="240 730 379 757">2. Interviews: <ol data-bbox="240 788 780 987" style="list-style-type: none"> <li data-bbox="240 788 671 815">a) Executive/Facility Executive Director <li data-bbox="240 846 780 873">b) PREA Compliance Manager/Associate Director <li data-bbox="240 904 520 931">c) Group Living Director <li data-bbox="240 963 464 990">d) HR Coordinator <li data-bbox="240 1075 533 1102">3. Site Review Observations: <ol data-bbox="240 1133 684 1160" style="list-style-type: none"> <li data-bbox="240 1133 684 1160">a) Informal interviews during site review <p data-bbox="240 1247 1474 1442">115.317(a-d). The STA Employee Background Checks/Credentials Policy requires that before hiring new Youth Counselors who may have contact with juveniles, STA will: Perform a criminal records check, as well as a Child Abuse and Neglect Background Inquiry; and Consistent with federal, state and local law, make the best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation. STA procedure requires background checks for Youth Counselors prior to employment, every five years post hire, upon promotion and periodically when deemed necessary, in accordance with this policy. Procedures of this policy state:</p> <ol data-bbox="240 1473 1485 2092" style="list-style-type: none"> <li data-bbox="240 1473 1485 1536">A. "Applicants must complete an applicant statement and driving record forms authorizing Sequel Transition Academy to perform background checks. <li data-bbox="240 1565 1294 1592">B. Background check results will be stored in the employee's personnel file. These checks include: <ol data-bbox="240 1624 930 1877" style="list-style-type: none"> <li data-bbox="240 1624 715 1650">1. South Dakota Central Registry Check <li data-bbox="240 1682 887 1709">2. South Dakota Department of Corrections (DC I) search <li data-bbox="240 1740 930 1767">3. State of South Dakota Public Sex Offender Registry search <li data-bbox="240 1798 791 1825">4. National Public Sex Offender Registry search <li data-bbox="240 1856 871 1883">5. State of South Dakota Driver License Look-up search <li data-bbox="240 1915 1474 2004">6. A Central Registry Clearance letter from the State of South Dakota Department of Social Services disclosing any founded reports of child abuse that may exist on the employee will be provided by the employee and filed in the employee's personnel file. <li data-bbox="240 2036 1401 2092">7. If an applicant is not a current resident of the state of South Dakota, a criminal background check and child abuse/neglect registry check will be that in addition to initial verifications. " <p data-bbox="240 2123 1485 2150">Sequel Transition Academy will not offer employment to an applicant if a felony conviction involving harm or threatened harm</p>

for at least ten (10) years prior is found during a background check.

According to interviews with the HR Coordinator and the PREA Compliance Manager/Associate Director, STA adheres to PREA standards, prohibiting the hiring or promotion of Youth Counselors who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

It also requires contractors who fulfill any direct service role or have direct contact with the residents to adhere to these same policy and procedures.

115.317(e-f). The STA employment application requires all prospective Youth Counselors/contractors to disclose details about any past criminal history and failure to report such information subjects the employee to termination by policy. All employee files reviewed by the auditor contained written employment applications signed by applicants to disclose any criminal history.

All employee files reviewed by the auditor contained a background clearance from the following agencies in accordance with STA policy: the Federal Bureau of Prisons, the South Dakota Sex Offender Registry, the South Dakota Central Registry, South Dakota Department of Corrections (DC I), State of South Dakota Public Sex Offender Registry, the National Public Sex Offender Registry, and the State of South Dakota Driver License. These background checks for new Youth Counselors were completed prior to employment, and every five years as was reflected in the files. These documents were verified by the auditor in the personnel files, and in interviews with the HR Coordinator.

115.317(g). The Employee Background Checks/Credentials Policy states that material omissions, meaning failure to notify the supervisor immediately regarding criminal misconduct or criminal charges is grounds for termination. Youth Counselors must sign to affirm that the documents contain no misrepresentations or falsifications, omissions, or concealment of material fact, that the information given is complete and true, that statements made on this form are subject to later investigation, and that if any investigation discloses such misrepresentation, falsification, omission or concealment of material fact, it may disqualify the employee from a position with Sequel Transition Academy.

115.317(h). PREA Zero Tolerance Policy states that unless prohibited by law, STA may provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The policies, practices and interviews of residents and staff support the finding that STA meets standard 115.317(a, b, c, d, e, f, g, h).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.318 Upgrades to facilities and technologies.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) Staffing Plan b) Camera location list c) 2019-2020 PREA Annual Report Sequel Youth and Family Services 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Executive Director b) QA and Compliance Manager c) Group Living Director d) Clinical Director e) PREA Compliance Manager/Associate Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review b) Tour of facilities and locations of cameras c) Observation of monitors <p>115.318(a-b). During the on-site review, the auditor observed camera locations with the assistance of the Executive/Facility Director and PREA Compliance Manager/Associate Director. The placement of these cameras indicated that the PREA standards and review of all Incidents helped to determine camera placement. The PREA Compliance Manager/Associate Director demonstrated how to access the camera monitors using a laptop or mobile phone and explained that upper and higher-level staff have access to the monitors to watch any part of the program at any time where video cameras are located. In interviews, staff explained that Quality Assurance/Performance Improvement Plan Committee which meets monthly and includes the Clinical Director, QA Director, Executive/Facility Director, Associate Director, Group Living Director, Kitchen Manager, is the place to Identify trends from previous month. The review includes student safety, environment of care, human resources, medical, restraints, policy changes, trainings; participants and review/discuss incidents and sometimes review video footage to mitigate future issues.</p> <p>The policies, practices and interviews of staff support the finding that STA meets the standard 115.318 (a, b).</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1038 300">Meets: Standard 115.321 Evidence protocol and forensic medical examinations.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 855 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 900 703" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Child Abuse Reporting Policy c) PREA First Responder Policy d) South Dakota DOC PREA Policy e) Evidence Protocol and Forensic Medical Examinations Policy 2. Interviews: <ol data-bbox="240 904 778 1218" style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director c) QA Director d) Clinical Director e) Compass Center f) Youth Counselors 3. Site Review Observations: <ol data-bbox="240 1361 683 1388" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="240 1473 1453 1572">115.321(a). The STA PREA Zero Tolerance, the STA Child Abuse Reporting and the DOC PREA policies outline the responsible agencies for conducting administrative and criminal sexual abuse investigations. In the STA First Responder Policy section 3, states:</p> <p data-bbox="240 1603 1485 1796">“If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours, the Executive/Facility Executive Director or designee must make immediate arrangements to transport the student to the designated emergency room for a rape kit and the area where the incident occurred must be secured for evidence collection. The first security staff member to respond will preserve and protect the crime scene until steps can be taken to collect evidence. If it is believed or determined that a sexual assault/rape occurred more than 96 hours previous, the emergency room must be contacted for further instructions.”</p> <p data-bbox="240 1827 1474 1953">STA is authorized to conduct all administrative investigations, up to the point of determination that a crime may have been committed. The South Dakota Department of Social Services (DSS), the County States Attorney’s Office, and the SD Department of Criminal Investigation (DCI) are responsible for receiving referrals and conducting criminal sexual abuse and sexual harassment investigations.</p> <p data-bbox="240 1984 1474 2110">To the extent that STA is responsible for initially investigating allegations of sexual abuse, upper-level staff reported that the agency follows the PREA standards to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and they all described the process in detail, suggesting that staff have sufficient knowledge to aid responders in obtaining usable physical evidence.</p>

Youth Counselors reported that they must assure that all necessary measures are taken to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. In interviews with Youth Counselors, the procedures to protect a crime scene were described: separating the victim and alleged abuser, securing the area and evidence, posting a staff member at the scene to remain there until the area is secured or until the crime scene has been turned over to investigating authorities. If the abuse occurred within a time that still allowed for the collection of physical evidence, Youth Counselors reported that they would request the alleged victim and alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.321(b). STA does not conduct any part of criminal investigation or forensic medical examinations. However, DOC policy requires Staff at each facility to follow a uniform and accepted evidence handling protocol set in place at the facility to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Both the Executive/Facility Executive Director and PREA Compliance Manager are trained by DOC in investigative techniques for juveniles in confinement (training certificates uploaded). Youth Counselors reported in interviews how to preserve evidence to aid in collection of usable physical evidence, indicating that the safety of the residents was a top priority. Interviews with Youth Counselors suggest that there was a general knowledge that the Associate Director/PREA Compliance Manager and the Executive/Facility Executive Director oversee administrative investigations for STA.

115.321(c). STA and DOC policies outline that resident must receive victim services in timely, unimpeded access to emergency medical treatment whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. The Executive/Facility Executive Director and PREA Compliance Manager/Associate Director reported that forensic examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital, which is a nationally accredited Child Advocacy Center that provides medical evaluations for children who may be victims of abuse and neglect. The Compass Center helps residents to obtain these medical and forensic exams without financial cost, outlined in an MOU dated 2021.

115.321(d-e). STA provides many levels of support to victims of abuse. STA PREA First Responder policy in section 6, states that the victim of sexual assault/rape or attempted sexual assault/rape must be provided mental health assistance and counseling as determined necessary and appropriate. Additionally, the Child Abuse Policy states: There may be a need for staff to provide therapeutic interventions immediately and following the incident to address issues such as trauma experienced by the youth and to explain the reporting process. Additionally, STA has a memorandum of understanding (MOU) with the Compass Center, an agency that helps residents to obtain services without financial cost. In the MOU dated 2021. the Compass Center agrees to: 1) Provide volunteer services as a Sexual Assault Victim Advocate for youth housed at Sequel Transition Academy. 2) Provide victims with confidential emotional support, crisis intervention services, informational and practical support to victims of sexual assault. 3) As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interview and shall provide emotional support, crisis, intervention, information, and referrals. 4) Provide ongoing emotional support and referral services as requested by the victim, following the examination and the investigation process. 5) Increase victims' opportunities to participate in the justice process by working to ensure their voices are heard and assist them with safety concerns. 6) Provide training to staff and youth at Sequel Transition Academy regarding the nature and prevalence of domestic violence and sexual assault.

115.321(f). The Evidence protocol and forensic medical examinations Policy states that STA will ensure that any outside entity that participates in the investigation has been screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic exam issues in general. The DCI, states attorney and CPS as the investigating agencies follow the requirements of paragraphs (a) through (e) of this section, and the auditor reviewed associated documentation that confirmed this.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.321(a-f).

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Meets: Standard 115.322 Policies to ensure referrals of allegations for investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Child Abuse Reporting Policy and Procedure c) Incident Reports d) Documents from Administrative Inquiries e) Internal and External Investigations Policy 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) QA Director c) PREA Compliance Manager/Associate Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.322 (a-c). The STA PREA Zero Tolerance and Child Abuse policies describe in detail the role of STA and its staff to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; it defines the role of STA and outlines staff reporting, and the requirements for staff to refer allegations for investigations to the appropriate external agencies. The policy requires staff to immediately report any allegation of abuse, neglect, or sexual harassment to the next level of supervision, who then immediately informs the Executive/Facility Executive Director, appropriate supervisory staff, and the PREA Compliance Manager/Associate Director; names and phone numbers for these staff are listed in the policy. The policy names law enforcement, the state’s attorney and DSS as the agencies responsible for investigations, and further states: “The person receiving a report alleging child abuse or neglect shall ask whether or not the reporting party desires a response report. If requested by the reporting person, the Department of Social Services or the concerned law enforcement officer shall issue within thirty days, a written acknowledgment of receipt of the report and a response stating whether or not the report will be investigated.” In interviews, all Youth Counselors knew they were mandated reporters under the SD Codified Law which suggests that all allegations of sexual abuse and/or harassment are referred according to policies. The Internal and External Investigations Policy requires in cases of alleged sexual abuse that the investigation will be administered by the proper authorities (i.e.state licensing, child protection services and the local police department.)</p> <p>STA documents all allegations, referrals, and outcomes of the investigations in its annual PREA report and makes it available on the DOC and the STA websites. The 2019-2020 Annual PREA Report states that in the past year, three allegations were received by STAF that were described as having “the potential to rise to sexual harassment or sexual abuse” as defined by PREA; one (1) was substantiated (investigation determined they occurred), and two (2) were unsubstantiated. There were no other allegations during that time that would have risen to the level of sexual harassment or sexual abuse as defined in the PREA standards. The STA PREA Zero Tolerance Policy and DSS reporting requirements are posted on the its web page. DSS also posts this policy on its webpage citing SDCL Chapter 26-8A as the controlling law in this matter. https://sdlegislature.gov/Statutes/Codified_Laws/2047800</p> <p>115.322(e). There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at STA so this provision does not apply. N/a</p>

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.322.

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.331 Employee training.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Compass Center and STA Training documentation, training PowerPoints and curriculum for employee orientation c) Compass Center MOU d) HR files -PREA employee participation records and signature pages. 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director c) Group Living Director d) Youth Counselors e) QA Director f) HR Coordinator g) Executive/Facility Executive Director for Compass Center 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.331(a-d). The PREA Zero Tolerance Policy, section c. requires that all staff, contractors and volunteers who may have contact with residents “must complete initial and annual training for sexual assault/rape prevention, incident response and reporting. At the conclusion of each training session, all trainees must sign that they attended and understood the training. The signature sheet must be kept on file for a period determined by STAs ‘Record Retention Schedule’. The policy goes on to state that when a staff member transfers from the STA Program to work in a unit housing a different gender, additional training to cover gender-specific needs for female residents shall be provided to meet the unique needs, attributes, and genders of the residents. Training materials all reiterate the agency’s zero-tolerance policy regarding sexual harassment and sexual abuse.</p> <p>The auditor reviewed HR files, STA training curriculum and supporting documents, the Compass Center training curriculum, and the MOU which outlines the training agreement between the two agencies. The MOU states that the Compass Center will “Provide training to staff and youth at STA regarding the nature and prevalence of forensic violence and sexual assault.”</p> <p>The PREA training provided by STA to its Youth Counselors addresses the requirements of PREA and includes: 1) definition of terms related to sex abuse and harassment; 2) review of roles and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) resident's right to be free from sexual abuse and sexual harassment; 4) the right of residents and Youth Counselors to be free from retaliation for reporting sexual abuse and sexual harassment; 5) the dynamics of sexual abuse and sexual harassment in treatment programs; 6) the common reactions of juvenile victims of sexual abuse and sexual harassment; 7) how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8) how to avoid inappropriate relationships with residents; 9) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents; 10) how to comply with laws related to mandatory reporting of sexual abuse to outside authorities; and 11) relevant laws</p>	

regarding the applicable age of consent. All staff who were interviewed were able to describe this training in detail.

The auditor reviewed the frequency and dates of the trainings and training signature sheets to confirm that staff are being trained according to STA policies and PREA standards. Randomly selected STA employee files were reviewed for PREA training documentation, and all files contained documentation of the training as per the PREA Standards which was signed by the employee indicating they received and understood this information; training signature sheets were dated within the last six months and some as recent as June 2021. Documentation of the initial PREA training was present in the files for recently hired Youth Counselors, as well as on-going refresher trainings.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.331(a-d).

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 762 300">Standard 115.332 Volunteer and contractor training.</p> <p data-bbox="242 329 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 855 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 903 701" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA Volunteer/Contractor Notice of Zero Tolerance Policy c) Training documentation and attendance records d) Training Curriculum e) HR files 2. Interviews: <ol data-bbox="242 844 778 1043" style="list-style-type: none"> a) Executive/Facility Executive Director b) Intern c) PREA Compliance Manager/Associate Director d) QA Director 3. Site Review Observations: <ol data-bbox="242 1187 679 1216" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="242 1305 1481 1731">115.332(a-c). The PREA Zero Tolerance Policy in Section C1 states: "All STA staff, contractors and volunteers that have regular contact with students, must complete initial and annual training for sexual assault/rape prevention, incident response and reporting. At the conclusion of each training session, all trainees must sign that they attended and understood the training. This signature sheet must be kept on file for a period determined by STA's "Record Retention Schedule." The PREA Volunteer/Contractor Notice of Zero Tolerance Policy states that "volunteers/contractors fall under the same policies and procedures as staff in regard to boundaries and contact." STA has an intern who fits this policy, but currently no volunteers or contractors. According to the PREA Compliance Manager, all volunteers, interns, and contractors who have contact with juveniles are notified of the agency's[SV1] zero-tolerance policy regarding sexual abuse and sexual harassment, informed how to report such incidents and receive the same PREA training as Youth Counselors. There is a brochure specifically designated for the volunteers, interns, and contractors; they must participate in the PREA training and sign the attendance document prior to contact with juveniles. The auditor located these documents in the HR files and interviewed the intern. The PREA Compliance Manager/Associate Director and QA director reported that volunteers and interns would never be alone with residents.</p> <p data-bbox="242 1765 1315 1794">The policies, practices and interviews of staff support the finding that STA meets the standard 115.332(a-c).</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.333 Resident Education</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Resident Files c) Intake documents d) Student Orientation Packet <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director c) Residents d) Youth Counselors <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.333(a-b). By policy, there are multiple ways that residents receive an orientation to the program and PREA education that addresses the subject zero tolerance of child abuse, neglect and sexual harassment. The relevant PREA Zero Tolerance Policy procedure A.1-4 states: The new student orientation process includes policy and procedures relating to prevention of and response to reports of sexual assault/rape. This orientation must occur upon admission (or the first business day after admission). The information provided to each new student must include but is not limited to: a). STA's zero-tolerance policy. b). Self-protection including avoiding risky situations related to sexual assault prevention/intervention. c). Reporting procedures; how to report rape, sexual activity, sexual abuse or harassment. Multiple reporting options at SYFS of SD include; 1) verbally to any staff, counselor or administrator; 2) in writing to any staff, counselor or administrator; 3) in writing through the student grievance process and 4) externally by telephoning Children's Protective Services (anonymous and third-party reports must also be accepted). d. How to obtain counseling services and/or medical assistance if victimized. e. Protection against retaliation. f. Risks and potential consequences for engaging in any type of sexual activity while at STA. g. Disciplinary action(s) for making false allegations.</p> <p>By policy, the information provided to students during orientation must be provided verbally and in written form. Further, the information must be in a language and format that the student can understand. Each student must sign a written acknowledgement form for the sexual assault/rape prevention portion of the orientation. The signed acknowledgement form must be filed as part of the student's case file.</p> <p>To verify that residents receive this information in a timely manner, the auditor randomly selected resident files and compared the resident intake date with the date the PREA Education was provided. Each file reflected that residents were given this information within the first 24 hours (most within the first few hours of arriving in the program); and each file contained a resident signature.</p> <p>During the on-site review, the auditor observed several posters and other visual reminders of residents' right to be free from sexual abuse and sexual harassment in main areas and living spaces. Upon review of the Student Orientation Packet used for education of the residents, the auditor found that its information is comprehensive, age-appropriate and identifies multiple ways to report. The student orientation materials and posters could be improved upon by incorporating more age-appropriate and colorful illustrations, logos, and other youth-friendly symbols and artwork. This could be accomplished by</p>

having residents create program orientation materials and posters which educate on PREA safety and reflect the diversity of the residents.

During interviews, every resident reported receiving PREA education during intake, or within a few hours of their arrival. Some indicated that they watched a PREA video and received a Student Orientation Packet. It was clear the residents understood their rights to be free from sexual harassment and sexual abuse and described how to report in multiple ways.

115.333(c-f). STA staff who were interviewed reported that although there were currently no residents with limited English proficiency, deafness, visually impairment, they would approach resident education on a case-by-case basis to meet this provision of the standard. They indicated that they could arrange for a translator if necessary.

Resident files reviewed demonstrated that the agency maintains documentation of resident participation in these education sessions; each containing a signed acknowledgement they understand their rights to be free from sexual abuse and harassment and how to report.

The Intake/admissions process is typically a time of heightened anxiety for new residents because they are new to the facility and are being asked a number of very personal questions by staff who are strangers; therefore, residents may not retain detailed information at intake. To support comprehension and learning among residents, the PREA information should be discussed at different times in a variety of ways during a resident's stay. Using the PREA policy and Student Orientation Packet to have routine group discussions is one example that was discussed by the auditor with the PREA Compliance Manager/Associate Director and the Director of QA and Compliance at the debrief meeting.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.333 (a-f).

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 855 300">Meets: Standard 115.334 Specialized training: Investigations.</p> <p data-bbox="242 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 855 1216" style="list-style-type: none"> <li data-bbox="242 387 855 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 794 701" style="list-style-type: none"> <li data-bbox="242 445 596 474">a) PREA Zero Tolerance Policy <li data-bbox="242 504 794 533">b) PREA Internal and External Investigations Policy <li data-bbox="242 562 667 591">c) Documents from STA Investigations <li data-bbox="242 620 700 649">d) DOC's Investigator Training Curriculum <li data-bbox="242 678 571 707">e) Personnel training records <li data-bbox="242 790 376 819">2. Interviews: <ol data-bbox="242 848 780 1046" style="list-style-type: none"> <li data-bbox="242 848 671 878">a) Executive/Facility Executive Director <li data-bbox="242 907 780 936">b) PREA Compliance Manager/Associate Director <li data-bbox="242 965 549 994">c) DOC PREA Coordinator <li data-bbox="242 1023 517 1052">d) Trained Investigators <li data-bbox="242 1135 533 1164">3. Site Review Observations: <ol data-bbox="242 1193 679 1223" style="list-style-type: none"> <li data-bbox="242 1193 679 1223">a) Informal interviews during site review <p data-bbox="242 1305 1484 1798">115.334(a-d). STA does not investigate criminal sexual abuse. However, to the extent that STA is responsible for investigating allegations of sexual abuse and sexual harassment, STA follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Specialized Training for investigators contains nine modules and includes content on PREA standards relating to investigations; case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. The Auditor found that the curriculum of Specialized Training on Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34/.134/.234/.334 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34/.134/.234/.334 and best practice in investigating incidents of sexual abuse.</p> <p data-bbox="242 1832 1461 1957">STA's documentation from recent investigations, training certificates in HR files for those staff (the PREA Compliance Manger/Associate Director and the Executive Facility Director) who have completed the PREA investigation training, were reviewed by the auditor. Interviews and documents confirmed that the Specialized Training meets the requirements of the PREA Standards of 115.334 and 115.371.</p> <p data-bbox="242 1991 1318 2020">The policies, practices and interviews of staff support the finding that STA meets the standard 115.334(a-d).</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets Standard 115.335 Specialized training: Medical and mental health care.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) HR and Employee training files c) Training Records, Certificates and Signature Sheets 2. Interviews: <ol style="list-style-type: none"> a) PREA Compliance Manager/Associate Director b) HR Coordinator c) Director of Nursing d) Clinical Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>STA requires all full and part-time medical and mental health care practitioners who work regularly with residents receive specialized training: 1) How to detect and assess signs of sexual abuse and harassment; 2) How to preserve physical evidence on sexual abuse; 3) How to respond effectively and professionally to juvenile victims; and 4) How and who to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed STA documentation including signature sheets, and HR and training files for the Clinical Director, Director of Nursing and HR Director. Each file contained evidence of participation in the training required in this standard. PREA training tests, signed PREA statements, and other training certificates for Sanctuary Safety Planning, Suicide Prevention, Child Abuse and Neglect for Mandatory Reporters were located in each file. Interviews with these staff confirmed their attendance in these trainings.</p> <p>The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.335.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.341 Screening for risk of victimization and abusiveness.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA -Pre-screening and Use of Information Policy b) Screening and Intake Assessment Tools and Intake Forms c) Resident Intake and Files d) Student Confidentiality Policy e) PREA Intake Form 2. Interviews: <ol style="list-style-type: none"> a) PREA Compliance Manager/Associate Director b) Clinical Director c) Case Manager d) QA Director e) Youth Counselors f) Residents 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.341(a-d). It is the policy of STA to reduce the risk of sexual abuse for residents by screening them to obtain information within 72 hours of each resident's admission. The process of assessment is repeated periodically throughout "a student's treatment to reflect any changes in history, treatment and behavior." The policy dictating is process is the PREA -Pre-screening and Use of Information Policy; it states that prior to or upon intake a resident shall be screened with the MAYSI, Self-Report Safety Screen, Interview Safety Screen, and PREA History Report and Safety Screen.</p> <p>The PREA Screen attempts to ascertain the following: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</p> <p>The interviews with Case Managers and Clinical Director confirmed that during the admissions/intake process, medical and mental health screenings and review of court records, case files, facility behavioral records, and other relevant documents occur. The documentation associated with the admissions process located in the resident files selected for this audit contained forms with signatures and dates, which demonstrates that the residents are screened on the same day or within 72 hours of admission to the facility. The PAQ indicates that 100% of 125 residents were screened within 72 hours of admission.</p> <p>115.341(e). The Case Managers and Clinical Director confirmed that policy and practice require confidentiality limits on the dissemination of information contained in the assessment tools. and reported that only enough information to keep all</p>

residents safe and free from sexual abuse, and to assist youth in meeting their treatment goals is shared between staff. The PREA -Pre-screening and Student Confidentiality Policy indicates that Sequel Transition Academy/Falls Academy will retain all of the above-mentioned information in students' secure files.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.341(a-e).

115.342	Placement of residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.342 Use of screening information.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA -Pre-screening and Use of Information Policy b) Completed Screening and Intake Forms c) Resident Intake and Case Management Files 2. Interviews: <ol style="list-style-type: none"> a) PREA Compliance Manager/Associate Director b) Clinical Director c) Case Managers d) Program Director e) Residents 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.342(a). The PREA -Pre-screening and Use of Information Policy, Procedure C. requires staff to use the Referral Interview and Information Questionnaire, the Sanctuary Safety Plan, documents requested by the Intake Checklist and the PREA History report and Safety Screen, medical/mental screenings, Sequel Transition Academy/Falls Academy to ascertain all pertinent information as required. Then in Procedure E. it states that "Placement in Sequel Transition Academy/Falls Academy housing units is determined according to a student's age, physical stature, offense, sexualized behaviors, and other mitigating factors as determined by the Program Director and Director of Group Living using the information obtained during the referral review process. This will be done in accordance with Federal, State and local laws and licensing. Housing placement based solely on identification or status of lesbian, gay, bisexual, transgender or intersex residents is prohibited."</p> <p>115.342(b) STA does not use isolation. The Group Living Director and Program Director indicated that residents who demonstrate potentially sexually aggressive or assaultive behavior or who are at risk for sexual victimization are assigned to single rooms and measures are taken to ensure those juveniles shower alone, dress and undress alone, and go to the bathroom alone.</p> <p>115.342(c-d). The PREA Zero Tolerance Policy prohibits the placing of residents in particular bed, programming or other assignments solely based on resident's identification of being lesbian, gay, bisexual, transgender, or intersex. The policy clarifies such determinations will be made on a case-by-case basis. It also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p>Additionally, the policy requires that considerations be made on a case-by-case basis whether assigning a transgender or intersex resident to a facility for male or female residents (and in making other housing and programming assignments) would ensure the resident's health and safety, and whether the placement would present management and security problems.</p> <p>The auditor interviewed residents, none of whom reported that they felt they had been placed into a unit based solely on sexual identity.</p> <p>115.342(e-f). The PREA Zero Tolerance Policy Procedure B.4b. requires: "Review placement and programming assignments at least twice each year to assess any threats to safety experienced by the student."</p>	

During interviews, the PREA Compliance Manager/Associate Director and QA Director, Clinical Director, Group Living Director and Youth Counselors described how they communicate regularly about resident safety, in daily and weekly meetings. Residents are reassessed on an on-going basis and every 30 days as part of their treatment plan to review any threats to safety experienced by the resident and educational and treatment progress. Residents reported that they participate in the treatment planning and evaluation monthly.

115.342(g). Transgender and intersex residents are be given the opportunity to shower separately from other residents by policy. The auditor observed the individual shower stalls with shower curtains in the bathroom areas during the facility tour. Each resident interviewed reported being able to shower individually and privately without being viewed by Youth Counselors or other residents.

115.342(h-i). All staff interviewed reported that isolation is not currently used for any resident. All the residents interviewed reported they had never been held in isolation ever or witnessed another resident being held in isolation.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.342(a-j).

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.351 Resident reporting.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Student Reporting of Sexual Abuse -PREA c) Grievance Form d) Student Grievance Policy e) Sample Grievance f) Student Orientation Packet 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Executive Director b) Quality Assurance Manager c) PREA Compliance Manager/Associate Director d) HR Coordinator e) Residents f) Youth Counselors 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review b) Observation of grievance boxes and tools c) Observation of PREA reporting posters <p>115.351(a-b). There are numerous ways for residents to privately report sexual abuse or sexual harassment that are detailed in the PREA Zero Tolerance Policy which states that resident reporting can be done "1) verbally to any staff, counselor, or administrator; 2) in writing to any staff, counselor or administrator; 3) in writing through the student grievance process and 4) externally by telephoning Children's Protective Service (Anonymous and third-party reports are accepted)."</p> <p>The policy states: "A student that believes that they were the victim of a sexual assault/rape, attempted assault/rape or sexual harassment or believes another student was the victim of sexual assault/rape, attempted sexual assault/rape, or sexual harassment must report this information to a staff member. Students may also write down their report and turn it into staff or use grievance process to report. If a student requests to report outside STA, the following must occur:</p> <ol style="list-style-type: none"> 1. The student may request such action in writing via the grievance procedure. The student may also request to speak with the Resident Advocate. The Resident Advocate will facilitate the call. The call is confidential. The Resident Advocate will not listen to the student's reporting but will keep the student within sight. 2. Following the completion of the call the Resident Advocate will notify the Executive/Facility Executive Director that a student made a call to the hotline. NOTE: calls to the hotline are confidential however it could occur that a student also volunteers information to staff about sexual abuse. If at any time a student discloses information about sexual abuse to any SYFSSD employee then staff must respond in accordance with the procedures listed under "Staff Response to Sexual

Abuse/Rape”.

Instructions for PREA Resident reporting are found in policy, the Student Orientation Packet, and on posters throughout the STA Facility. The Screening Policy ensures that residents receive this information within the first 72 hours of their admission.

All residents interviewed by the Auditor described the various methods they would use to report sexual harassment, neglect or abuse of any kind, as well as any retaliation, and it was clear that they understood who and how they could report. Each resident described at least one internal and one external way to report sexual abuse or sexual harassment; some of those responses included: call a parent or a lawyer, tell staff a case manager, the Group Living Director or Youth Counselors), write a confidential grievance and place it in the grievance box, or call CPS at the number listed on the posters and in the Student Orientation Packet.

STA allows the resident to remain anonymous upon request to a public or private entity or office that is not part of the agency. The Ombudsman/HR Coordinator can facilitate a call to CPS. STA policy states that this call is confidential, and the Ombudsman will not listen to the student’s report but will keep the student with sight. During interviews with the auditor, each resident reported they could make a confidential report if they needed to and described being able to use the phone in private if they asked staff STA does not house residents detained solely for civil immigration purposes, and therefore does not provide the contact information for the Department of Homeland Security.

115.351(c). The PREA Zero Tolerance Policy Section H. outlines in detail that staff must submit an Incident Report documenting the facts as known, and the victim’s statement of allegation in the victim’s own words.

115.351(d). The Grievance process is posted in the housing units and included in the Student Orientation Packet. Grievance forms are located in each living unit and are readily accessible to residents. Completed grievance forms will be placed in the box which is checked twice/week by the HR Coordinator. Residents may utilize the grievance process for other residents.

The auditor observed the grievance forms and boxes with pencils, all the tools necessary to make a written report during the on-site review.

The STA grievance system, the placement of grievance collections boxes and forms, and routines around checking for grievances were reviewed by the auditor. Grievance boxes are in a central location in each dorm and accompanied by signs that indicate how to report abuse, including contact information. The auditor observed the boxes to be small and “official” looking. The PREA Compliance Manager/Associate Director described the HR director’s role in collecting grievances twice/week which are reviewed with higher-level staff including the QA Manager, the Executive/Facility Executive Director and the PREA Compliance Manager/Associate Director, the Director of Group Living, and the HR Coordinator. Typically, grievances tend to be complaints about the program, its limitations, and the rules. During the on-site review, the auditor observed that grievance boxes and forms were available in all dorms.

The Student Grievance Policy states: “Whenever a student has a grievance or concern, the student is encouraged to discuss this issue with the person they have the immediate problem with.

If the issue is not or cannot be resolved with that person, the student can formalize the process by preparing a written grievance and place in the locked Student Grievance Box. The Student Grievance Box will be checked twice a week by Sequel Transition’s Resident Advocate (RA) (the RA is the only individual with a key to the box). Once the RA has received a grievance from the student, they will meet individually with the student and the staff involved determining if student rights have been violated.

If no rights have been violated, the RA will work with the students to help them find solutions to their grievance within the guidelines of the program.

If a student has had their rights violated, the Group Living Director (GLD) and the Executive Director (ED) will be informed.

The GLD will then work with the students Program Director (PD) to determine what occurred, how to resolve the issue, and a plan to ensure that the violation of the identified right does not occur again. This plan will be written and submitted to the ED and GLD.”

Many of the residents who were interviewed reported that they knew about the grievance box but were not certain how the process works. Most youth had never used the grievance process, and one youth reported that the reason he would never file a grievance is because he did not trust that it would be handled fairly. Another resident asked the auditor if he could complain about the cleanliness of the program using the grievance system. Since, the grievance process also handles PREA complaints, it is important that residents understand and trust the process. During the exit meeting with Sequel staff, the auditor recommended practices that would highlight the student grievance system. Strategies to improve the visibility and create a more youth-friendly grievance system were suggested by the auditor with examples such as having residents create their own artwork and signs for PREA that are colorful and can be posted across all programs and near the grievance boxes.

115.351(e). STA allows staff to make anonymous third-party reporting, however, they are all mandated reporters.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.351(a-e).

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 890 300">Meets: Standard 115.352 Exhaustion of administrative remedies.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 852 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 767 703" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Grievance Reporting form c) Student Orientation Packet d) Exhaustion of Administrative Remedies Policy e) Administration and Leadership Policy 2. Interviews: <ol data-bbox="240 846 778 1160" style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) Staff d) Residents e) Clinical Director f) HR Coordinator 3. Site Review Observations: <ol data-bbox="240 1303 676 1330" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="240 1420 1461 1482">115.352(a). The STA Zero Tolerance Policy and Student Orientation Packet indicate multiple internal ways for residents to report sexual abuse or harassment verbally and in writing.</p> <p data-bbox="240 1514 1481 1639">115.352(b-c). The PREA Compliance Manager and the HR Coordinator indicated that there is no time limit placed on filing a grievance regarding sexual abuse. STA PREA Zero Tolerance Policy J.1. states SYFSSD must issue a final decision (initial decision and appeal decision if appealed) on the merits of a grievance alleging sexual abuse or harassment within 90 calendar days of the initial filing of the grievance.</p> <p data-bbox="240 1671 1481 1930">In the Student Reporting of Sexual Abuse -PREA Policy it states that STA accepts sexual abuse reporting from third party reporters such as parents, guardian, program officers, and other workers. If a third-party reporter is someone other than a parent, written consent will be obtained the student if a complaint is filed on their behalf. STA staff are required to document the student's decision. STA provides self-addressed stamped envelope for the QA Compliance Director for students to complain. STA employees will accept, and document verbal complain in the form of a Special Incident Report, which staff must be complete by the end of the work shift. Every staff who was interviewed by the auditor identified themselves as mandated reporters of abuse and neglect; they described that they were required to take immediate action to offer the victim protection and report to a supervisor and complete the appropriate paperwork.</p> <p data-bbox="240 1962 1493 2056">The related STA Policy and Procedure states: A student may self-report in multiple ways aside from the regular grievance process regarding sexual abuse/rape, harassment or retaliation at any time regardless of when the incident is alleged to have occurred.</p> <p data-bbox="240 2087 1378 2114">A. In the instance of sexual assault/rape, harassment or retaliation, a student has the option of reporting as follow:</p>

1. Sequel Transition Academy, in coordination with the Compass Center, will allow students to file emergency grievances through the Compass Center anonymous hotline. The Compass Center will immediately report an emergency grievance to the PREA Compliance Manager within 48 hours.
2. Students are provided two sets of phone numbers and addresses, both within the agency and outside of the agency, that students are permitted to contact with a complaint.
3. Sequel Transition Academy accepts sexual abuse reporting from third party reporters such as parents, guardians, probation officers, workers, etc. as displayed in its parent handbook as well as on its website.
4. If a third party reporter is someone other than a parent or guardian, written consent will be obtained by the student if a complaint is filed on their behalf. If the student declines the request on their behalf, Sequel Transition Academy shall document the student's decision.
5. Sequel Transition Academy provides self-addressed stamped envelopes for the Sequel Compliance Coordinator for students to complain.
6. Sequel Transition Academy employees will accept and document verbal complaints in the form of a Special Incident Report.
7. If a student files a complaint of sexual abuse/rape, harassment or retaliation, Sequel Transition Academy will not discuss the information with the staff member who is the subject of the complaint to the extent possible.
8. Within five calendar days Sequel Transition Academy will make a final decision as to whether the student is in substantial risk of imminent sexual abuse and reach a final decision and will take appropriate action.

B. In the instance of a claim of abuse, harassment or retaliation being reported in bad faith, including complaints of sexual assault/rape, harassment and/or retaliation, the Program Director will hold the student accountable for his/her actions. Accountabilities may include Loss of privileges, Evaluation for additional treatment, and/or Criminal charges (determined by outside authorities)

115.352(d.1-4). STA has received no grievances alleging sexual abuse over the past 12 months. The STA policy allows third parties, including staff members, family members, or legal representatives may assist juveniles in filing grievances relating to allegations of abuse or neglect, and to file such requests on behalf of juveniles.

The grievance system at STA is designed to protect victims from sexual abuse or further victimization by being easily accessible in the main areas of the cottages and is monitored by the HR Coordinator. Although the STA Facility has not had any grievances filed alleging sexual abuse, the facility appears prepared for such an incident.

115.352(e.1-4). Staff interviews confirmed that the grievance system is reviewed in multiple ways during intake with residents and parents/guardians. During Resident interviews, most residents reported that they knew their parents/guardians could make a PREA complaint on their behalf. STA allows fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing formal complaints relating to allegations of sexual abuse and to file formal complaints relating to allegations of sexual abuse on behalf of residents. A parent or legal guardian of a resident is allowed to file a formal complaint, including appeals, on behalf of such resident regardless of whether or not the resident consents. This was confirmed by policy review and interviews.

The PAQ indicated that there were no third-party reports alleging sexual abuse in the past year.

115.352(f.1-2). The PREA Zero Tolerance Policy states that any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators by the Executive Facility Director.

115.352(g). The Student Reporting of Sexual Abuse Policy states that a juvenile who files a grievance alleging abuse or neglect, but it is demonstrated that the juvenile filed a grievance in bad faith, can be held accountable. This may include loss of privileges, evaluation for additional treatment, and criminal charges (determined by outside authorities).

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.352(a-g).

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Meets: Standard 115.353 Resident access to outside confidential support services.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Student Reporting of sexual Abuse -PREA Policy c) Resident Access to Outside Confidential Support Services Policy d) PREA – Access to Emergency Medical and Mental Health Services Policy c) Compass Center MOU d) STA website 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Director b) Director of Juvenile Community Corrections c) PREA Compliance Manager/Associate Director d) Compass Center e) Residents f) Staff 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.353(a). Sequel's website, its policies (PREA Zero Tolerance Policy and Student Orientation Packet), and the information posted in resident areas, each contain detailed information on resident rights and support resident access to outside victim advocate services by providing the name, address and phone number for the Compass Center, and CPS.</p> <p>115.353(b). The limits to confidentiality are disclosed to all residents during intake, and by the person who takes a report of sexual abuse or sexual harassment. During auditor interviews staff reported that they are mandatory reporters, and all reports of abuse or neglect are documented, communicated to CPS in accordance with mandatory reporting law in SD. During interviews, residents were knowledgeable about these policies, and reported knowing that if an allegation of abuse were made, STA staff would have to report it to CPS. Residents also reported that they could make private phone calls to CPS or Compass Center if they were to tell staff that they needed privacy.</p> <p>115.353(c). The PREA Compliance Manager/Associate Director reported that if sexual abuse were to occur, the agency would work with Compass Center, to provide residents with confidential emotional support services related to sexual abuse. STA has an agreement (MOU) with Compass Center that details its services which includes: 1) Providing volunteer services as a Sexual Assault Victim Advocate for youth housed at Sequel Transition Academy; and 2) Provide victims with confidential emotional support, crisis intervention services, informational and practical support to victims of sexual assault. The MOU clearly demonstrates the role and responsibilities of the Compass Center toward the STA's residents. The auditor contacted the Compass Center Executive/Facility Executive Director and the STA PREA Compliance Manager and reviewed the MOU to confirm that these services are in place.</p> <p>115.353(d). None of the residents who were interviewed reported having an attorney but understood that if they wanted to</p>

speaking to a lawyer, parent, or victim advocate that they could ask the staff for privacy and it would be granted. All residents who were interviewed reported that the program allows routine access to visitors/parents/guardians, although because of Covid-19 protocols in-person visits were prohibited since March 2020. Visiting hours for the program typically occur Monday – Friday 2pm – 8pm; Saturday, Sunday 10am – 8pm between residents and family.

The policies, practices and interviews of residents, staff and the Compass Center support the finding that STA meets the standard 115.353(a-d).

115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Meets: Standard 115.354 Third-party reporting</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) PREA Zero Tolerance Policy b) STA website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.354. The PREA Zero Tolerance Policy states: "Third parties, including fellow students, staff, family, attorneys, and outside advocates may assist a student in filing grievances relating to allegations of sexual abuse and harassment. If a third party, other than the parent or guardian, files a grievance on the student's behalf, the facility must request as a condition of processing that the alleged victim agree to the grievance filed on his behalf and may also require that the alleged victim pursue any subsequent steps in the remedy process. If the alleged victim declines to have the grievance processed on his behalf, the facility must document the student's decision."</p> <p>The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.354.</p>
---------	--

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 895 297">Meets: Standard 115.361 Employee and agency reporting duties.</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 855 1216" style="list-style-type: none"> <li data-bbox="240 387 855 414">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 619 701" style="list-style-type: none"> <li data-bbox="240 445 619 472">a) PREA Zero Tolerance Policy <li data-bbox="240 504 619 530">b) Child Abuse Reporting Policy <li data-bbox="240 562 619 589">c) Student Confidentiality Policy <li data-bbox="240 620 619 647">d) Documents from Investigations <li data-bbox="240 678 619 705">e) STA website <li data-bbox="240 790 379 817">2. Interviews: <ol data-bbox="240 848 780 1041" style="list-style-type: none"> <li data-bbox="240 848 780 875">a) Executive/Facility Director <li data-bbox="240 907 780 934">b) PREA Compliance Manager/Associate Director <li data-bbox="240 965 780 992">c) Residents <li data-bbox="240 1023 780 1050">d) Youth Counselors <li data-bbox="240 1140 536 1167">3. Site Review Observations: <ol data-bbox="240 1198 679 1225" style="list-style-type: none"> <li data-bbox="240 1198 679 1225">a) Informal interviews during site review <p data-bbox="240 1305 1474 1431">115.361(a). The STA Child Abuse Reporting Policy (SDCL 26-8A-8) requires reports of suspected child (sex) abuse or neglect to be “made orally and immediately by telephone or otherwise to the state’s attorney of the county in which the child resides or is present, to the department of social services or to law enforcement officers.” All Staff who were interviewed described their obligation to “report immediately” the information, and according to outlined STA procedures.</p> <p data-bbox="240 1462 1485 1624">It requires STA staff to report incidents which may have occurred outside of the agency: “Suspected incidents of child abuse or neglect that have taken place outside of the facility (e.g. prior to being placed in the facility, on a home visit, etc.) are to be reported to the Child Protection Services Regional Intake Office for the area where the incident took place. Regional Intake will take the necessary steps to route the referral to local law enforcement and the state’s attorney and will inform the agency if they will be investigating the incident.” 26-8A-3 states that intentional failure to report abuse is a Class 1 misdemeanor.</p> <p data-bbox="240 1655 1490 1816">The auditor’s review of employee training curriculum and training documentation in personnel files confirmed the participation of each employee selected for review and that the training curriculum included detailed reviewed of staff reporting duties/procedures. Staff responded consistently to the auditor throughout each interview with specific details on their participation in the training including when, how and who they would report abuse. All staff responded that they would report “immediately” and not delay reporting until the end of the shift or wait until the next day.</p> <p data-bbox="240 1848 1490 1973">Retaliation towards any resident or employee for reporting physical abuse, sexual abuse and harassment of victims is prohibited by PREA Zero Tolerance Policy, and states in section 1.7. that “The conduct and treatment of students of staff that report an abuse incident or are cooperating witnesses, must be monitored by mid or upper-level management for at least 90 days.</p> <p data-bbox="240 2004 1474 2157">115.361(b). Employee training includes instruction on the mandated reporting requirements as set forth in the South Dakota Codified Law. The PREA Compliance Manager/Associate Director reported that staff training focuses on the policies that require staff to immediately report such incidents to their next level supervisor. Youth Counselors reported that they would notify the Group Living Director who immediately informs the Executive/Facility Executive Director and PREA Compliance Manager/Associate Director.</p>

115.361(c). The Student Confidentiality Policy states: " It is SYFSSD's policy to, within the agency, share information about student treatment with the treatment team on an as needed basis." The PREA Zero Tolerance Policy (procedure H.1.1) reinforces the notion of confidentiality by stating that "Staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the facility, with persons other than Supervision/Management, investigators, and prosecuting officials" The policy further states that STA will the use of information related to sexual abuse or sexual harassment that occurred in an institutional setting only to inform security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, with the goal of keeping students safe and free from sexual abuse.

115.361(d.1-2). Training for medical and mental health staff includes instruction on the mandated reporting requirements as set forth in the SD Codified Law, and is required in the PREA Zero Tolerance Policy. the HR personnel files confirmed mandated reporter training.

115.361(e.1-2). The Executive/Facility Director and PREA Compliance Manager reported that when there is a resident allegation of abuse, they will inform the parent and or legal guardian of the resident, including DOC and DSS assigned caseworkers.

The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.361(a-e).

115.362	Agency protection duties
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 762 300">Meets: Standard 115.362 Agency protection duties.</p> <p data-bbox="242 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 389 852 1160" style="list-style-type: none"> <li data-bbox="242 389 852 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 443 616 586" style="list-style-type: none"> <li data-bbox="242 443 616 470">a) PREA Zero Tolerance Policy <li data-bbox="242 501 616 528">b) Child Abuse Reporting Policy <li data-bbox="242 560 616 586">c) Documents from Investigations <li data-bbox="242 730 376 757">2. Interviews: <ol data-bbox="242 788 778 990" style="list-style-type: none"> <li data-bbox="242 788 778 815">a) Executive/Facility Director <li data-bbox="242 846 778 873">b) PREA Compliance Manager/Associate Director <li data-bbox="242 904 778 931">c) Youth Counselors <li data-bbox="242 963 778 990">d) DOC PREA Coordinator <li data-bbox="242 1075 533 1102">3. Site Review Observations: <ol data-bbox="242 1133 676 1160" style="list-style-type: none"> <li data-bbox="242 1133 676 1160">a) Informal interviews during site review <p data-bbox="242 1245 1469 1344">115.362(a). STA Child Abuse Reporting Policy states that a staff's first priority is to ensure the potential victim is safe. The resident who is suspected to be or alleged to be the victim of abuse should be immediately isolate from the alleged perpetrator pending the outcome of any related investigation.</p> <p data-bbox="242 1375 1490 1568">In the interviews, the STA Youth Counselors were knowledgeable in their responsibilities if a threat of imminent sexual abuse were received and described the immediate protection, they would offer an alleged victim. Many responded that they would keep the victim separate from the alleged abuser, notify the supervisor and the PREA Compliance Manager/Associate Director, provide comfort to the victim, and document the incident. In the PREA Zero Tolerance Policy it states that the victim and alleged perpetrator must be separated and be kept separated from each other and prevented from communicating. Every resident who was interviewed by the auditor reported feeling safe in the program.</p> <p data-bbox="242 1599 1410 1626">The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.362.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.363 Reporting to other confinement facilities.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA First Responder Policy c) Child Abuse Reporting Policy d) The STA PREA Coordinated Response Plan 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Director b) PREA Compliance Manager/Associate Director c) QA Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.363(a-d). The STA PREA Zero Tolerance Policy Section F.10 states: "If a report is received of sexual abuse from another agency, the Executive Director must report Director-to-Director to the other facility within 72 hours. NOTE: All other applicable reporting requirements still apply."</p> <p>The PREA Compliance Manager/Associate Director and Executive/Facility Executive Director reported that STA has not received an allegation that a resident was sexually abused while confined at another facility in the past 12 months, and that if any were to be reported STA would follow the reporting protocols outlined in the PREA Zero Tolerance and Child Abuse Reporting policies.</p> <p>The policies, practices and interviews of staff support the finding that STA meets the standard 115.363 (a-d).</p>

115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 826 300">Meets: Standard 115.364 Employee first responder duties.</p> <p data-bbox="242 329 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 852 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 707 645" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA First Responder Policy c) Documents from Investigations d) STA PREA Coordinated Response Plan 2. Interviews: <ol data-bbox="242 786 778 931" style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director c) PREA Coordinator 3. Site Review Observations: <ol data-bbox="242 1072 676 1102" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="242 1131 1477 1429">115.364(a-b). During interviews, each staff clearly described their first responder duties according to STA policies. The PREA First Responder Policy details each step that must be taken by staff, stating that the responding staff must immediately separate the alleged victim and abuser and then preserve and protect the crime scene until appropriate steps can be taken to collect any evidence. If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape within the last 96 hours, the Executive/Facility Executive Director or designee must make immediate arrangements to transport the student to the designated emergency room for a rape kit and the area where the incident occurred must be secured for evidence collection. If it is believed or determined that a sexual assault/rape occurred more than 96 hours previous, the emergency room must be contacted for further instructions. and the PREA Coordinated Response Plan provides a bulleted list of responder duties.</p> <p data-bbox="242 1458 1489 1686">The PREA Zero Tolerance policy Section H.1. e-g outlines the collection of evidence, stating: "The area where the suspected assault took place is sealed off until investigators can gather evidence. Staff or medical personnel can enter the area if it is necessary to ensure student safety, for example if a student needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible. Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must not be allowed to shower or change clothing before being transported to the hospital. Staff must not extensively interview victims or alleged perpetrators for incident."</p> <p data-bbox="242 1715 1426 1778">The policies, practices and interviews of First Responders and higher-level staff support the finding that STA meets the standard 115.364(a,b).</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.365 Coordinated response.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Documents from Investigations c) STA PREA Coordinated Response Plan 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Director b) PREA Compliance Manager/Associate Director c) PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.365(a). STA has a Coordinated response Plan which outlines basic actions STA would take to coordinate a response to an allegation of sexual abuse. It outlines First Responder Actions, Supervision/Administration' roles, and the roles of the Executive/Facility Director and PREA Compliance Manager. During their interviews with the auditor, the PREA Compliance Manager, Executive/Facility Director, QA Director and Group Leader all described the coordinated plan and how it would be operationalized. The Coordinated Response Plan was reviewed by the auditor.</p> <p>The policies, practices and interviews with upper-level staff support the finding that STA meets the standard 115.365.</p>

115.366	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Meets: Standard 115.366 Preservation of ability to protect residents from contact with abusers.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Documents from Investigations 2. Interviews: <ol style="list-style-type: none"> a) Executive/Facility Executive Director b) PREA Compliance Manager/Associate Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.366(a-b). STA has not entered into any collective bargaining agreements, or into any agreements which would limit the agency/facility from removing alleged abusers from contact with residents while awaiting the outcome of an investigation. The Director confirmed this during an interview. Policy states that if there is an allegation that a juvenile was sexually abused or harassed while in custody at another facility, the head of the STA shall notify the appropriate contact at the facility the sexual abuse is alleged to have occurred within 72 hours.</p> <p>The policies, practices and interviews support the finding that STA meets the standard 115.366.</p>
---------	---

Auditor Overall Determination: Meets Standard

Auditor Discussion

Meets: Standard 115.367 Agency protection against retaliation.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- a) PREA Zero Tolerance Policy
- b) PREA Protection Against Retaliation
- c) STA PREA Coordinated Response Plan
- d) Student Orientation Packet
- e) Student Reporting of Sexual Abuse-PREA
- f) DOC PREA Training Curriculum

2. Interviews:

- a) Executive/Facility Director
- b) PREA Compliance Manager/Associate Director
- c) HR Coordinator

3. Site Review Observations:

- a) Informal interviews during site review

115.367(a-e). The PREA Zero Tolerance Policy, the Student Reporting of Sexual Abuse-PREA Policy, the PREA Coordinated Response Plan, and the Student Orientation Packet all indicate that residents have the right to be free from retaliation. Specifically, the PREA Zero Tolerance Policy outlines the responsibilities of the staff to monitor for retaliation, stating: "The conduct and treatment of students or staff that report an abuse incident, or are cooperating witnesses, must be monitored by mid or upper-level management for at least 90 days." Protective measures and support services taken in retaliation cases are outlined in the PREA Protection Against Retaliation Policy, as:

- A. STA will establish no-contact for anyone involved in the investigation of sexual abuse/rape or harassment. The Sequel Transition Academy Administrative Services Director will initiate contact daily with those involved in the investigation to ensure no retaliation has taken place.
- B. STA reserves the right to reassign the alleged employee to work on another dorm or suspend the employee until the completion of an investigation. STA will make readily available victim advocates for the student involved.
- C. STA will ensure the Administrative Services Director/HR Coordinator will monitor the victim of the sexual abuse report for 90 days after the investigation has concluded and will note in the Communication Log the emotional and physical well-being of the student. Any documentation related to a STA employee will be kept in the employee's personnel file.
- D. STA's obligation to monitor the victim(s) will be terminated if outside investigatory agencies determine that the allegation is unfounded.

The SD DOC training curriculum includes a session on retaliation and states: SD DOC does not tolerate retaliation of any kind against individuals who report sexual abuse in SD DOC facilities. SD DOC must monitor the conduct and treatment of residents or staff who reported sexual abuse or cooperated with investigations for possible retaliation at least 90 days following an allegation.

Based upon auditor's on-site observations, the STA program supervision and treatment approach allows staff to closely

monitor residents' emotions and behaviors for potential retaliation.

The policies, practices and interviews of upper and higher-level staff support the finding that STA meets the standard 115.367.

115.368	Post-allegation protective custody
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 847 300">Meets: Standard 115.368 Post-allegation protective custody.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 855 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 619 533" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) Documents from Investigations 2. Interviews: <ol data-bbox="240 676 780 1048" style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) Group Living Director d) Case Managers e) Youth Counselors f) Residents g) Intern 3. Site Review Observations: <ol data-bbox="240 1191 679 1218" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="240 1308 1481 1500">115.368 STA does not utilize isolation/involuntary segregated housing, nor is the STA facility designed to house residents in isolation or in segregated housing. This was confirmed by interviews with the PREA Compliance Manager/Associate Director, the Facility Executive Director and staff who also noted that the facility can separate residents for safety and security through housing and supervision re-assignments. According to investigative files, the PAQ, and the annual PREA report there were no residents that required post-allegation protective custody. The auditor asked each resident about the use of seclusion and isolation, and none reported being held in isolation or seclusion, nor had they been a witness to its use.</p> <p data-bbox="240 1568 1442 1662">STA staff receive training regarding monitoring retaliation which is reflected in the SD DOC PREA Training curriculum; it states: "Any use of segregated housing to protect a minor alleged to have suffered sexual abuse shall be least restrictive possible and temporary."</p> <p data-bbox="240 1693 1410 1720">The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.368.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1002 300">Meets: Standard 115.371 Criminal and administrative agency investigations.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 855 1388" style="list-style-type: none"> <li data-bbox="240 389 855 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 810 815" style="list-style-type: none"> <li data-bbox="240 448 596 474">a) PREA Zero Tolerance Policy <li data-bbox="240 506 794 533">b) PREA Internal and External Investigations Policy <li data-bbox="240 564 657 591">c) PREA Coordinated Response Plan <li data-bbox="240 622 619 649">d) Documents from Investigations <li data-bbox="240 680 440 707">e) STA Website <li data-bbox="240 739 446 766">f) DOC Website <li data-bbox="240 797 810 824">g) Coordinated Plan for a Response to Sexual Abuse <li data-bbox="240 904 376 931">2. Interviews: <ol data-bbox="240 963 778 1218" style="list-style-type: none"> <li data-bbox="240 963 568 990">a) Facility Executive Director <li data-bbox="240 1021 778 1048">b) PREA Compliance Manager/Associate Director <li data-bbox="240 1079 549 1106">c) DOC PREA Coordinator <li data-bbox="240 1137 466 1164">d) Clinical Director <li data-bbox="240 1196 427 1223">e) QA Director <li data-bbox="240 1308 536 1335">3. Site Review Observations: <ol data-bbox="240 1366 683 1393" style="list-style-type: none"> <li data-bbox="240 1366 683 1393">a) Informal interviews during site review <p data-bbox="240 1478 1481 1572">115.371(a). The STA facility does not conduct criminal investigations; the specific role of the STA is outlined by the PREA Internal and External Investigations Policy. It states that once notification of an allegation is received, the Executive Director will contact Child Protective Services.</p> <p data-bbox="240 1603 1471 1729">An internal investigation will begin immediately, however in case of alleged sexual abuse this investigation will be administered by the proper authorities -state licensing, Child Protective Services, and the local police department. Internal investigations into an allegation will be done promptly, thoroughly, and objectively, and includes allegations from third party and anonymous reports.</p> <p data-bbox="240 1760 1493 2020">115.371(b). The PREA Compliance Manager/Associate Director, and Facility Executive Director are responsible to ensure that investigations are completed for allegations of non-criminal sexual behavior, and each have completed the special training in sexual abuse investigation involving juvenile victims in confinement settings. The auditor located the training documentation in the personnel files, which reflected the following training subjects: Responding to Juvenile Sexual Abuse and Harassment; PREA Investigation Procedures and Documentation, Identifying your Role as PREA Investigators and the Role of Outside Investigators, Techniques for Interviewing Juvenile Sexual Abuse Victims, Proper Use of Miranda and Garrity Warnings Sexual Abuse Evidence Collection in Confinement, and Criteria and Evidence Collection for a Substantiated Case.</p> <p data-bbox="240 2051 1484 2110">15.371(c). The PREA Internal and External Investigations Policy states that "Investigators shall gather and preserve any and all circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring."</p>

The PREA Zero Tolerance Policy outlines the role and activities of internal investigators (STA staff) and external investigators (CPS and law enforcement) and states specific actions each will take to preserve the evidence. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence. In Section H. e-g., the policy states:

"The area where the suspected assault took place is sealed off until investigators can gather evidence. Staff or medical personnel can enter the area if it is necessary to ensure student safety, for example if a student needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.

Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must not be allowed to shower or change clothing before being transported to the hospital.

Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary so that decisions regarding further actions may be made, such as separation of victims and perpetrators, facilitating for victim medical needs, etc."

115.371(d). The Facility Executive Director reported that by policy investigations are not terminated solely because the source of the allegation recants the allegation.

115.371(e). The HR Coordinator and PREA Compliance Manager reported that according to policy STA only investigates allegations if they are not criminal in nature.

115.371(f). The PREA Internal and External Investigations Policy states: "Credibility of said victim(s), perpetrator(s) and witnesses shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Administration of a polygraph examination or similar tools is strictly prohibited."

115.371(g1-2). The PREA Compliance Manager reported that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the alleged act in daily Flash Meetings. The PREA Leadership Rounding Policy, requires upper-level staff to conduct daily rounds/observations and then communicate the results in writing (by documenting key points and observations on the LD-01-Senior Leadership Observations Rounds form), and verbally in daily Flash meetings to identify training or coaching opportunities for employees. The PREA Coordinated Response Plan requires that the Executive Director and/or PREA Compliance Manager to ensure that post-incident review is conducted and documented.

115.371(h.) Although STA, does not conduct criminal investigations the agency stays informed regarding criminal investigations conducted by the external investigative entities (CPS and law enforcement) by policy.

115.371(i-k). The PREA Internal and External Investigations Policy states that allegations of conduct that appear to be criminal shall be referred to CPS and law enforcement for criminal investigation and prosecution. The STA policy also states that it shall retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for "as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless that abuse was committed by a juvenile resident and applicable law require a shorter period of retention." This policy further states that STA will not terminate an internal investigation based solely on the allegation being recanted, or employment being terminated.

115.371(l). The SE DOC PREA Coordinator described how cases are investigated by the CPS and law enforcement, noting that any officer may be assigned to the case based on who takes the original report; and she reported that both her and the Executive Facility Director would work closely with any such investigation.

115.371(m). The PREA Compliance Manager, HR Coordinator, QA Director and Facility Executive Director reported that although STA does not investigate sexual abuse or criminal activity, they cooperate with law enforcement by phone and/or in writing.

The policies, practices and interviews of staff and SD DOC support the finding that STA meets the standard 115.371(a-m).

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Meets: Standard 115.372 Evidentiary standard for administrative investigations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Internal and External Investigations Policy b) PREA Zero Tolerance Policy c) Documents from Investigations 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) DOC PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.372. The PREA Internal and External Investigations Policy states the Director of the STA or designee shall notify CPS and law enforcement when incidents meet the evidentiary standard of a preponderance of the evidence and the incident qualifies as a crime under South Dakota Codified Law. This was confirmed by the auditor during interviews with the STA staff assigned to investigations (Executive/Facility Director and the PREA Compliance Manager), and with the DOC PREA Coordinator.</p> <p>The policies, practices and interviews of staff support the finding that STA meets the standard 115.372.</p>
---------	--

115.373	Reporting to residents
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 730 300">Meets: Standard 115.373 Reporting to residents.</p> <p data-bbox="242 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="242 389 852 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="242 443 794 470">a) PREA Internal and External Investigations Policy <li data-bbox="242 501 595 528">b) PREA Zero Tolerance Policy <li data-bbox="242 560 655 586">c) PREA Coordinated Response Plan <li data-bbox="242 618 477 645">d) PREA Outcomes <li data-bbox="242 730 376 757">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="242 788 568 815">a) Facility Executive Director <li data-bbox="242 846 778 873">b) PREA Compliance Manager/Associate Director <li data-bbox="242 904 424 931">c) QA Director <li data-bbox="242 1016 533 1043">3. Site Review Observations: <ol style="list-style-type: none"> <li data-bbox="242 1075 676 1102">a) Informal interviews during site review <p data-bbox="242 1191 1497 1487">115.373(a-c). Auditor interviews with upper-level staff confirmed what the PREA Internal and External Investigations Policy states: "Upon completion of an internal investigation into a resident's allegation of sexual abuse/harassment, the Executive Director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Sequel Transition Academy will cooperate with any investigation conducted by an outside authority. Upon completion of an external investigation, Sequel Transition Academy will request the findings from the appropriate agency to inform the resident. Following a resident's allegation is of sexual abuse by an employee, unless unfounded, the resident shall be informed whenever: 1) The staff member is no longer assigned to the resident's unit, 2) The staff member is no longer employed at Sequel Transition Academy, 3) Sequel Transition Academy learns that the employee has been indicted or convicted on a charge related to sexual abuse at Sequel Transition Academy.</p> <p data-bbox="242 1518 1477 1612">Following a resident's allegation is of sexual abuse by another resident, unless unfounded, the resident shall be informed whenever: Sequel Transition Academy learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse at Sequel Transition Academy."</p> <p data-bbox="242 1644 1385 1702">The PREA Coordinated Response Plan also requires the Facility Executive Director to "Ensure that investigation is completed and that findings are reported to all pertinent parties, including the victim."</p> <p data-bbox="242 1733 1321 1760">The policies, practices and interviews of staff support the finding that STA meets the standard 115.373 (a-c).</p>

115.376	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 868 300">Meets: Standard 115.376 Disciplinary sanctions for employee.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 852 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 655 586" style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA Employee Discipline Policy c) PREA Coordinated Response Plan 2. Interviews: <ol data-bbox="240 730 778 869" style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) HR Coordinator 3. Site Review Observations: <ol data-bbox="240 1012 676 1039" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="240 1133 1477 1196">115.376(a-d). Each STA staff is required to sign a receipt stating that they understand Prison Rape Elimination Act laws and guidelines following mandatory training. The PREA Employee Discipline Policy outlines these details:</p> <p data-bbox="240 1227 628 1254">Step 1: Administrative Leave with Pay:</p> <ul data-bbox="240 1285 1458 1603" style="list-style-type: none"> • In the event of a student allegation of sexual assault/harassment against an employee of Sequel Transition Academy, the employee will be placed on Administrative Leave with pay pending an investigation of the allegation. • This leave will be administered by the Administrative Services Director (or the Executive Director in the absence of HR). Contact between the Administrative Services Director and the employee will occur on a weekly basis. • Upon completion of the investigation; exoneration, disciplinary action or termination will be determined. • Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. • In the event of exoneration, the employee will be returned to work as soon as possible. <p data-bbox="240 1635 488 1662">Step 2: Written Warning:</p> <ul data-bbox="240 1693 1485 1944" style="list-style-type: none"> • If upon completion of an investigation, whether internal or external, the conclusion recommends disciplinary action, a written warning will be administered by the Administrative Services Director (or the Executive Director in the absence of HR) and placed in the employee's personnel file. A written warning involves formal documentation of the performance or conduct and consequences. • The Administrative Services Director will outline the consequences for the employee of his or her continued failure to meet performance and/or conduct expectations. The warning will also outline that any further actions will result in further discipline up to and including termination. <p data-bbox="240 1975 820 2002">Step 3: Recommendation for Termination of Employment:</p> <ul data-bbox="240 2033 1485 2123" style="list-style-type: none"> • If upon completion of an investigation, whether internal or external, the conclusion recommends termination of employment, the employee will be contacted by the Administrative Services Director (or Executive Director in the absence of HR) to discuss the findings of the investigation and notify the employee of employment termination to be effective immediately.

- When possible, the employee will meet with HR in person to discuss the findings and sign termination paperwork.
- If, upon completion of an investigation, a determination of criminal conduct is concluded, the proper law enforcement authorities will be contacted by the Executive Director.

Appeal Process:

- Employees will have the opportunity to challenge information that management has used to issue disciplinary action. The purpose of this process is to provide insight into extenuating circumstances that may have contributed to the employee performance and/or conduct issues while allowing for an equitable solution.
- The Employee Complaint/Resolution Form will be provided to the employee upon discipline or termination and is to be completed by the employee within five days of discipline/termination and returned to the Administrative Services Director

Documentation:

- The employee will be provided copies of all discipline/termination documentation and be asked to sign the documentation.

The policies, practices and interviews of staff support the finding that STA meets the standard 115.376.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">Meets: Standard 115.377 Corrective action for contractors and volunteers.</p> <p data-bbox="242 329 1024 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 855 1104" style="list-style-type: none"> <li data-bbox="242 387 855 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 855 645" style="list-style-type: none"> <li data-bbox="242 445 855 474">a) PREA Volunteer/Intern/Contracted Employee Discipline <li data-bbox="242 504 619 533">b) Documents from Investigations <li data-bbox="242 562 810 591">c) Coordinated Plan for a Response to Sexual Abuse <li data-bbox="242 620 432 649">d) 3C-4 DOCR <li data-bbox="242 730 376 759">2. Interviews: <ol data-bbox="242 788 778 931" style="list-style-type: none"> <li data-bbox="242 788 568 817">a) Facility Executive Director <li data-bbox="242 846 778 875">b) PREA Compliance Manager/Associate Director <li data-bbox="242 904 464 934">c) HR Coordinator <li data-bbox="242 1019 533 1048">3. Site Review Observations: <ol data-bbox="242 1077 678 1106" style="list-style-type: none"> <li data-bbox="242 1077 678 1106">a) Informal interviews during site review <p data-bbox="242 1189 1489 1417">115.377 The PREA Zero Tolerance Policy states: "Sequel Transition Academy has a zero-tolerance policy relating to sexual assault/harassment of a student. Any volunteer/intern/contracted employee accused of assault of harassment will comply with all investigations both internal and external. Upon commencement of an investigation, all contact between a volunteer/intern/contracted employee and students will be prohibited until the investigation has been completed. In the event of exoneration upon conclusion of an investigation, no further action will be taken and normal responsibilities will resume. If criminal or non-criminal wrongdoing is concluded, Sequel Transition Academy shall terminate the contract of said employee or relationship with said volunteer/intern and report any criminal activity to proper law enforcement."</p> <p data-bbox="242 1449 1473 1509">The STA Facility reports no sexual abuse allegations involving a contractor or volunteer in the past twelve (12) months, and therefore no disciplinary actions have been taken.</p> <p data-bbox="242 1541 1313 1570">The policies, practices and interviews of staff support the finding that STA meets the standard 115.377(a,b).</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 855 300">Meets: Standard 115.378 Disciplinary sanctions for residents.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 855 416" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 448 624 528" style="list-style-type: none"> a) PREA Student Discipline Policy b) Student Orientation Packet 2. Interviews: <ol data-bbox="240 672 778 815" style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) Residents 3. Site Review Observations: <ol data-bbox="240 958 679 985" style="list-style-type: none"> a) Informal interviews during site review <p data-bbox="240 1075 1270 1102">115.378(a-g). The PREA Student Discipline Policy provides guideline for resident sanctions as follows:</p> <p data-bbox="240 1133 1477 1227">A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not result in disciplinary action. Disciplinary action may be administered to a student who engages in sexual abuse under the following guidelines:</p> <ol data-bbox="240 1258 1477 1818" style="list-style-type: none"> A. Disciplinary action may be administered only upon an administrative or criminal finding that the student engaged in resident-on-resident sexual abuse. B. Any disciplinary action shall commensurate with the nature and circumstances of the abuse committed, with the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. C. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of discipline, if any, should be imposed. D. Disciplinary action will only be considered for resident sexual contact with a staff member if there is an administrative or criminal finding that the staff member did not consent to such contact. E. Disciplinary action may include: <ol data-bbox="443 1680 1066 1818" style="list-style-type: none"> 1) Loss of privileges/status 2) Evaluation for additional treatment 3) Criminal charges (determined by outside authorities) <p data-bbox="240 1850 1477 2011">Information on resident discipline is also included in the Student Orientation Packet. The Student Orientation Packet is furnished to residents upon arrival to the facility; it is reviewed with residents during orientation as confirmed by interviews with intake staff and residents. Student Orientation Packet prohibits all sexual activity between residents and may discipline residents for such activity. The agency does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced, as reflected in interviews and document reviews conducted by the auditor.</p> <p data-bbox="240 2042 1458 2069">The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.378(a-g).</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.381 Medical and mental health screenings; history of sexual abuse.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA Access to Emergency Medical and Mental health Services Policy c) Resident Intake forms d) Resident Health and Mental Health Assessment Reports e) Compass Center MOU 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) Clinical Director 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.381(a-d). The PREA Access to Emergency Medical and Mental health Services Policy ensures that medical and mental health services are provided to residents of STA who make a complaint of Sexual abuse or harassment. The procedure states Sequel Transition Academy will ensure the following:</p> <ol style="list-style-type: none"> A. If it is indicated during the screening pursuant to 115.341 that a student has experienced prior sexual victimization (regardless of the setting), staff conducting the screening will ensure the student is aware they may follow up on the subject with a medical professional during their new admission physical, which takes place within seven days of their admission. B. If it is indicated during the screening pursuant to 115.34 that a student has previously perpetrated sexual abuse (regardless of the setting), staff conducting the screening will ensure that the student has a follow up appointment scheduled with the Sequel Transition Academy's therapist within 14 days. C. Any information regarding a student related to sexual victimization or abusiveness that occurred in an institutional setting shall be shared as necessary for the development of treatment plans, Behavior Support Plans, safety plans and education planning. This information shall not be shared with entities outside of Sequel Transition Academy, unless necessary for the execution of the student's treatment or as required by federal, state or local law. D. Sequel Transition Academy practitioners shall report information about prior sexual victimization that did not occur in an institutional setting, in accordance with the South Dakota mandatory reporter law, regardless of the student's consent if they are under the age of 18. If a student is over the age of 18, consent must be obtained by Sequel Transition Academy staff prior to reporting sexual abuse that did not occur in an institutional setting. <p>Auditor interviews with the STA Clinical Director, PREA Compliance Manager and the Executive/Facility Director, and the Compass Center Executive Director confirmed that STA screens for past sexual victimization and offers those students medical and mental health support within 14 days of the screening.</p> <p>The policies, practices and interviews of STA and Compass Center staff support the finding that STA meets the standard 115.381.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.382 Access to emergency medical and mental health services.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy a) PREA Access to Emergency Medical and Mental Health Services b) PREA Coordinated Response Plan c) Compass Center MOU 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) Clinical Director d) Staff 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.382(a-d).The PREA Access to Emergency Medical and Mental Health Services procedures state:</p> <p>E. If a report of recent sexual abuse is made, the supervisor on duty is responsible for making sure that preliminary steps are taken to protect the victim and will contact the Compass Center hour Crisis Hotline at 269-385-3587 to report the alleged sexual abuse within one hour of the initial report. The supervisor is then responsible for ensuring that all directives given by the Compass Center followed in a timely and unimpeded manner.</p> <p>F. The Compass Center (in accordance with the Memorandum of Understanding) will assess the needs for and will facilitate, if necessary, any medications to prevent sexual transmitted infections, assess the need for and provide if necessary, emergency contraception and pregnancy testing. If pregnancy results from sexually abusive penetration, the Compass Center will provide timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.</p> <p>G. Sequel Transition Academy will offer the appropriate medical and mental health evaluation and treatment to any student who has been victimized by sexual abuse in any prison, jail, lock up or juvenile facility. Sequel Transition Academy will ensure the evaluations and treatment of such victims will include follow up services, treatment plans and referrals for continued care when necessary and as appropriate.</p> <p>H. Sequel Transition Academy will contact The Compass Center to conduct mental health evaluations of all known resident-on-resident abusers within 60 days of learning of such abuse history. Treatment will then be offered as deemed appropriate by the mental health practitioner.</p> <p>I. If a student does not feel that the medical and mental health services offered by Sequel Transition Academy are consistent with the community level of care, they will be provided with the information necessary to research community resources for the services.</p> <p>J. All medical and mental health services provided to a student will be at no cost to the victim. All other treatment services provided will be at no cost to the victim.</p>

STA has a signed an MOU with the Compass Center to provide immediate mental health services and support to all sexual assault patients 24/7 which was reiewed by the auditor and confirmed via interveiws with STA and Compass Center staff.

The policies, practices and interviews of STA and Compass Center staff support the finding that STA meets the standard 115.382(a-d).

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1286 300">Meets: Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="240 331 1019 358">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="240 389 855 416">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="240 443 959 470">a) PREA Access to Emergency Medical and Mental Health Services <li data-bbox="240 501 659 528">b) PREA Coordinated Response Plan <li data-bbox="240 560 679 586">c) Sexual Abuse Incident Review Policy <li data-bbox="240 618 536 645">d) Compass Center MOU <p data-bbox="240 730 376 757">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="240 788 568 815">a) Facility Executive Director <li data-bbox="240 846 778 873">b) PREA Compliance Manager/Associate Director <li data-bbox="240 904 667 931">c) Compass Center Executive Director <li data-bbox="240 963 467 990">d) Clinical Director <p data-bbox="240 1075 536 1102">3. Site Review Observations:</p> <ul style="list-style-type: none"> <li data-bbox="240 1133 679 1160">a) Informal interviews during site review <p data-bbox="240 1245 1485 1344">115.383(a--h). The PREA Access to Emergency Medical and Mental Health Services requires STA to implement protocol for immediate and on-going victim services in response to allegations of sexual abuse to ensure comprehensive and immediate response to the needs of an alleged victim.</p> <p data-bbox="240 1375 1485 1429">If juveniles indicate they have been a victim or perpetrator of sexual abuse residents can receive on-going mental health and medical services according to the Compass Center MOU.</p> <p data-bbox="240 1460 1449 1559">The auditor confirmed that this was the practice by interviewing the PREA Compliance Manager/Associate Director and Compass Center Executive Director who confirmed that the STA offers victims of sex abuse ongoing medical and mental health treatment.</p> <p data-bbox="240 1590 1270 1617">The policies, practices and interviews of staff support the finding that STA meets the standard 115.383.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 813 297">Meets: Standard 115.386 Sexual abuse incident reviews.</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 855 1104" style="list-style-type: none"> <li data-bbox="240 387 855 414">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 778 642" style="list-style-type: none"> <li data-bbox="240 445 596 472">a) PREA Zero Tolerance Policy <li data-bbox="240 504 778 530">b) PREA – Sexual Abuse Incident Reviews Policy <li data-bbox="240 562 711 589">c) Documents from Administrative Inquiries <li data-bbox="240 620 528 647">d) Incident Review Form <li data-bbox="240 730 379 757">2. Interviews: <ol data-bbox="240 788 778 931" style="list-style-type: none"> <li data-bbox="240 788 568 815">a) Facility Executive Director <li data-bbox="240 846 778 873">b) PREA Compliance Manager/Associate Director <li data-bbox="240 904 727 931">c) Director of Resident and Clinical Services <li data-bbox="240 1019 536 1046">3. Site Review Observations: <ol data-bbox="240 1077 679 1104" style="list-style-type: none"> <li data-bbox="240 1077 679 1104">a) Informal interviews during site review <p data-bbox="240 1189 1453 1386">115.386(a-e). The PREA Zero Tolerance Policy requires Facility Management to review each incident of sexual abuse for cause, staffing and physical barriers, and make recommendations for prevention and implementation of remedies. The leadership, communication and meeting structures that are coordinated and attended by STA upper-level management appear to be interconnected and focused on resident safety. Incidents, grievance and any allegations of sexual abuse, harassment or retaliation are discussed in these meetings to determine several factors and move towards the implementation of recommendations for improvements.</p> <p data-bbox="240 1417 1493 1641">These meetings include Leadership Meeting (weekly with ancillary staff team and direct care supervisors), Team Meeting (weekly with direct care staff team, supervisors, and administrative staff), Flash Meeting (Tuesday – Friday afternoon with department heads, case management supervisor, and clinicians), and the Quality Assurance/Performance Improvement Plan Committee (monthly with Clinical Director, QA Director, Executive Director, Associate Director, Group Living Director, Kitchen Manager. The meetings are used to: 1) plan campus events in order to be proactive and preventative, 2) to identify trends from the previous month (agendas include student safety, incidents, environment of care, human resources, medical, restraints, policy changes, trainings), and 3) to review/discuss to mitigate future issues.</p> <p data-bbox="240 1673 1481 1803">These team meetings specifically address: the need for corrective actions to change policy or procedures, whether incidents are motivated by the perpetrator’s or victim’s identity (race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation), if staffing levels during different shifts appear to be adequate, and whether or not cameras are appropriately placed.</p> <p data-bbox="240 1834 987 1861">The PREA – Sexual Abuse Incident Reviews Policy states that Sequel will:</p> <ol data-bbox="240 1892 1461 2161" style="list-style-type: none"> <li data-bbox="240 1892 1461 1986">A. The Sequel Transition Academy Incident Review Committee, along with members of the Sequel Transition Academy Management Team, will conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. The Sexual Abuse Incident Reporting Form will be utilized during this meeting. <li data-bbox="240 2018 1374 2045">B. A list of the multidiscipline members who attend the Incident Review Committee is available on a weekly basis. <li data-bbox="240 2076 1461 2161">C. The incident Review Committee will determine the mitigating factors which may have motivated sexual assault to take place; will determine whether the allegation or investigation indicates a need to improve program performance to better prevent, detect, or respond to sexual abuse; will determine of a formal change in policy and procedure is necessary to be

implemented by the Management Team.

D. The Chair of the Incident Review Committee will prepare a report of all findings and recommendations for improvement and submit it to the facility head and PREA Compliance Manager within one week of the committee's assembly.

E. The Management Team will implement the recommendations for improvement or shall document its reasoning for not doing so and submit this documentation to the Quality Assurance Coordinator for record keeping.

The policies, practices, observations, and interviews with upper-level management support the finding that STA meets the standard 115.386(a-e)

115.387	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 659 300">Meets: Standard 115.387 Data collection.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 855 1388" style="list-style-type: none"> <li data-bbox="240 389 855 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 443 839 873" style="list-style-type: none"> <li data-bbox="240 443 596 470">a) PREA Zero Tolerance Policy <li data-bbox="240 501 616 528">b) PREA – Data Collection Policy <li data-bbox="240 560 616 586">c) Documents from Investigations <li data-bbox="240 618 440 645">d) Intake Forms <li data-bbox="240 676 526 703">e) Incident Review Form <li data-bbox="240 734 577 761">f) STA PREA Data Summary <li data-bbox="240 792 839 819">g) 2019-2020 PREA Annual Report STA/Falls Academy <li data-bbox="240 851 446 878">h) DOC Website <li data-bbox="240 963 376 990">2. Interviews: <ol data-bbox="240 1016 778 1223" style="list-style-type: none"> <li data-bbox="240 1016 568 1043">a) Executive/Facility Director <li data-bbox="240 1075 778 1102">b) PREA Compliance Manager/Associate Director <li data-bbox="240 1133 549 1160">c) DOC PREA Coordinator <li data-bbox="240 1191 427 1218">d) QA Director <li data-bbox="240 1308 536 1335">3. Site Review Observations: <ol data-bbox="240 1361 679 1388" style="list-style-type: none"> <li data-bbox="240 1361 679 1388">a) Informal interviews during site review <p data-bbox="240 1473 1489 1639">115.387(a-f) The PREA Zero Tolerance Policy on Data Collection in Section I.8 a-b. states: “The facility must collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data must be sufficient to answer all questions on the annually required Survey of Sexual Violence. Aggregated data must be: a) Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices; and, b) Made available to the public through a public Website or some other means at least annually, with the personal identifiers removed. “</p> <p data-bbox="240 1671 673 1697">The PREA – Data Collection Policy States:</p> <ol data-bbox="240 1729 1489 2157" style="list-style-type: none"> <li data-bbox="240 1729 1452 1792">A. The Quality Assurance Coordinator will aggregate the incident-based sexual abuse data on the Sexual Abuse Incident Reporting Form on a monthly basis. <li data-bbox="240 1823 1417 1912">B. The Sexual Abuse Incident Reporting Form will be completed using internally generated incident reports, formal statements, investigation files and sexual abuse incident reviews. This information will be reflected on the form and in supporting documents. Sequel Transition Academy will provide all data to the Department of Justice upon request. <li data-bbox="240 1944 1489 2069">C. Sequel Transition Academy's Management Team will submit an annual report of all facility sexual abuse incident findings and corrective action plans. This report will include the identification of problems, ongoing corrective action plans, and the program's improvement and effectiveness for preventing, detecting and responding to sexual abuse. Policies, practices, and training will also be evaluated for effectiveness and areas of improvement. <li data-bbox="240 2101 1489 2157">D. The Management Team will use the Sexual Abuse Incident Reporting Form along with prior years' corrective action plans to produce a report assessing the agency's progress in addressing sexual abuse. The findings shall reflect any statistically

relevant patterns. This report shall be submitted to the agency head within 30 days and made readily available to the public on Sequel Transition Academy's website.

The 2019-2020 PREA Annual Report for STA/Falls Academy states: "(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) The agency shall aggregate the incident-based sexual abuse data at least annually. (c) The incident-based data collected shall 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. (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30."

The DOC PREA Coordinator confirmed that STA is collecting and reporting PREA data on schedule. The QA Director reported working closely with the PREA Compliance Manager to submit data. Incidents that occur in the program are staffed almost daily by STA staff, and are handled at the appropriate management and quality assurance meetings in order to determine what, if any, improvements can be made to the program.

The policies, practices and interviews of STA and DOC staff support the finding that STA meets the standard 115.387.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Meets: Standard 115.388 Data review for corrective action.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA Data Collection Policy c) Documents from Investigations d) 2019-2020 Annual PREA Report on STA Website e) DOC Website 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) Director of Juvenile Community Corrections c) PREA Compliance Manager/Associate Director d) STA PREA Coordinator f) QA Director g) DOC PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.388(a-d). The DOC PREA Compliance manager reported that data collected pursuant to standard 15.387 are securely retained electronically and password protected. DOC provides a summary of problems identified to assess and improve the effectiveness of STA's sexual abuse prevention, detection, and response policies, practices, and training, including the following resultant actions in its Annual PREA Report which is posted on the DOC website https://doc.sd.gov/documents/PREAAAnnualReport2019.pdf</p> <p>Sequel Youth and Family Services posts the STA 2019-2020 PREA Annual Report on its website, as well as the agency-wide PREA Annual report. https://www.sequelyouthservices.com/the-prison-rape-elimination-act/?s=prea</p> <p>The PREA Data Collection Policy states:</p> <p>Sequel Transition Academy's Management Team will submit an annual report of all facility sexual abuse incident findings and corrective action plans. This report will include the identification of problems, ongoing corrective action plans, and the program's improvement and effectiveness for preventing, detecting and responding to sexual abuse. Policies, practices, and training will also be evaluated for effectiveness and areas of improvement.</p> <p>The Management Team will use the Sexual Abuse Incident Reporting Form along with prior years' corrective action plans to produce a report assessing the agency's progress in addressing sexual abuse. The findings shall reflect any statistically relevant patterns. This report shall be submitted to the agency head within 30 days and made readily available to the public on Sequel Transition Academy's website.</p> <p>Sequel Transition Academy will redact any identifying information from the above mentioned report if it poses a clear and</p>

specific threat to the safety and security of the facility or its students. The nature of the redacted material will be indicated with the published report. Sequel Transition Academy will not publish any personal identifiers of publicly available sexual abuse data.

All data collected will be retained for at least 10 years after the date of the data's initial collection on a secured electronic database as well as a hard copy in a secured location, accessible only by the Management Team.

The interviews conducted by the auditor reflected a strong focus on data collection, and it was apparent the Sexual Abuse Incident Reporting Form along with prior years' corrective action plans were used to produce a report assessing the agency's progress in addressing sexual abuse.

The policies, practices and interviews of staff support the finding that STA meets the standard 115.388.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.389 Data storage, publication, and destruction.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a) PREA Zero Tolerance Policy b) PREA Data Collection Policy c) 2019-2020 PREA Annual Report d) Website 2. Interviews: <ol style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) DOC PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a) Informal interviews during site review <p>115.389(a-d). The PREA Compliance Manager/Associate Director and staff pointed out where files are securely maintained and stored in administrative offices in locked cabinets. Residents and the public have limited or no access to the administrative offices. Administrative offices are locked, and electronic files are secured by personal passcodes. STA makes all aggregated sexual abuse data from its facilities under its direct control readily available to the public at least annually through its website but removes all personal identifiers prior to public access.</p> <p>The auditor reviewed the two PREA Audits dated 2015 and 2018 on the DOC Website, and the most recent PREA Annual Reports on the STA website. The auditor interviewed the DOC PREA Coordinator who reported that STA is collecting, reporting, and storing data according to PREA policy.</p> <p>The policies, practices and interviews of staff support the finding that STA meets the standard 115.389.</p>

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 818 300">Meets: Standard 115.401 Frequency and scope of audits.</p> <p data-bbox="242 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 1461 1077" style="list-style-type: none"> <li data-bbox="242 387 855 416">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 445 1461 904" style="list-style-type: none"> <li data-bbox="242 445 676 474">a) 2015 and 2018 PREA Audit Reports <li data-bbox="242 504 636 533">b) 2019-2020 PREA Annual Report <li data-bbox="242 562 1461 622">c) Sequel Youth and Family Services Website https://difference.sequelyouthservices.com/staff-secure/sequel-program-sequel-transition-academy.php <li data-bbox="242 707 376 736">2. Interviews: <ol data-bbox="242 766 780 904" style="list-style-type: none"> <li data-bbox="242 766 568 795">a) Facility Executive Director <li data-bbox="242 824 780 853">b) PREA Compliance Manager/Associate Director <li data-bbox="242 882 549 911">c) DOC PREA Coordinator <li data-bbox="242 996 536 1025">3. Site Review Observations: <ol data-bbox="242 1055 671 1084" style="list-style-type: none"> <li data-bbox="242 1055 671 1084">a) Informal interviews during site review <p data-bbox="242 1167 1461 1294">115.401(a-n) STA has demonstrated compliance with the PREA standards by conducting PREA audits every three years. The previous two PREA audits occurred in 2015 and 2018. The auditor was able to complete the PREA Audit safely and effectively during the pandemic, based upon STA implementation of Covid-19 protocols proven effective in protecting the spread of the virus.</p> <p data-bbox="242 1323 1485 1485">STA staff allowed the auditor to review all relevant agency-wide policies, procedures, reports, internal and external audits, completed the PAQ, and coordinated document reviews, the on-site tour and interviews during the pre- audit and post-audit phases. The auditor was given access to all areas of the campus and toured all buildings where residents were allowed. The PREA Compliance Manager/Associate Director responded to every request from the auditor in a timely manner including copies of all relevant/requested documents and electronically stored information.</p> <p data-bbox="242 1514 1485 1675">Residents were provided with information about the PREA audit six weeks prior to the site visit. The information or "Notice of Audit" was provided to the STA by the Auditor, which was posted in the main living areas nearby the grievance boxes. The information provided to the residents included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The PREA Compliance Manager photographed the notices that had been posted on May 17, 2021, and sent them to the auditor to confirm that the notices had been posted.</p> <p data-bbox="242 1704 1406 1800">During the audit, STA and the auditor provided residents with a method of sending confidential information or correspondence to the auditor with the same level of confidentiality as if the residents were communicating with legal counsel.</p> <p data-bbox="242 1830 1414 1859">The policies, practices and interviews of residents and staff support the finding that STA meets the standard 115.401.</p>

115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Meets: Standard 115.403(f) Frequency and scope of audits.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 2015 and 2018 Audit Reports b) 2019-2020 PREA Annual Report on the Sequel Website PREA page c) STA Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Executive Director b) PREA Compliance Manager/Associate Director c) DOC PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>The Auditor reviewed the STA's audit reports (2015 and 2018 PREA Audit Reports) which had been completed over the prior 6 years. The reports are available via web links on DOC and agency website. During interviews the auditor confirmed that all Final PREA audit reports are made available to the public.</p> <p>The policies, practices and interviews of staff support the finding that STA meets the standard 115.403.</p>
---------	---

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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

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.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
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?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
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)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	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?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
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?	yes
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?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
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?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

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?	yes
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?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
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.)	yes
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.)	yes
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.)	yes

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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
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?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
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?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
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.)	na
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	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
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?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
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?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
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).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
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?	yes
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?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
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?	yes
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?	yes
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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
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?	yes

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?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
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?	yes
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?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
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?	yes
	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?	yes
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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

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?	yes
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?	yes
	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?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
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?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
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?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
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?	yes
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?	yes
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.)	yes
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?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
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?	yes
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?	yes

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?	yes
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?	yes
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?	yes
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.)	yes

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?	yes
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?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
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?	yes
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?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
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?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

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?	yes
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?	yes
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.)	na
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?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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?	yes
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?	yes
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?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
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?	yes

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?	yes
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.)	yes
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.)	yes