

PREA Facility Audit Report: Final

Name of Facility: Stepping Stones

Facility Type: Juvenile

Date Interim Report Submitted: 02/05/2023

Date Final Report Submitted: 08/21/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Johnitha Rothell McNair	Date of Signature: 08/21/ 2023

AUDITOR INFORMATION	
Auditor name:	McNair, Johnitha
Email:	johnitha@comcast.net
Start Date of On-Site Audit:	11/28/2022
End Date of On-Site Audit:	11/28/2022

FACILITY INFORMATION	
Facility name:	Stepping Stones
Facility physical address:	10650 Page Avenue, Fairfax, Virginia - 22030
Facility mailing address:	10650 Page Ave, Fairfax, - 22030

Primary Contact	
Name:	Misty Zdanski
Email Address:	misty.zdanski@fairfaxcounty.gov
Telephone Number:	17035910171

Superintendent/Director/Administrator	
Name:	Misty Zdanski
Email Address:	misty.zdanski@fairfaxcounty.gov
Telephone Number:	17035910171

Facility PREA Compliance Manager	
Name:	Ignacio Villas
Email Address:	Ignacio.Villas@fairfaxcounty.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	3
Average daily population for the past 12 months:	3
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-18
Facility security levels/resident custody levels:	low
Number of staff currently employed at the	22

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Fairfax County Juvenile and Domestic Relations District Court
Governing authority or parent agency (if applicable):	Virginia Department of Juvenile Justice
Physical Address:	4110 Chain Bridge Road, Fairfax, Virginia - 22030
Mailing Address:	
Telephone number:	7032463367

Agency Chief Executive Officer Information:	
Name:	Matt Thompson
Email Address:	Robert.Thompson@fairfaxcounty.gov
Telephone Number:	703-246-3414

Agency-Wide PREA Coordinator Information			
Name:	Karla Hardy	Email Address:	karla.hardy@fairfaxcounty.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-28
2. End date of the onsite portion of the audit:	2022-11-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Fairfax County Domestic and Sexual Violence Services confirmed that they provide victim advocacy to residents of Stepping Stones as needed; they also confirmed the provision of training and support to staff as requested.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None </p>
<p>If "None," explain:</p>	<p>There was only one resident who had been moved to another facility but able to be interviewed by the auditor.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>There was only one resident who had been moved to another facility but able to be interviewed by the auditor.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There was only one resident who had been moved to another facility but able to be interviewed by the auditor.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There was only one resident who had been moved to another facility but able to be interviewed by the auditor.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The program had no residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The program had no residents.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input checked="" type="checkbox"/> Other</p>
<p>If "Other," explain:</p>	<p>Due to the facility not housing residents, staff had been redeployed by the agency.</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>15</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The program reported none.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The program reported none.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Stepping Stones (SS) Policy outlines the Center’s approach to implementing the Federal PREA standards; the policy mandates zero tolerance of all forms of sexual abuse and sexual harassment and requires the designation of a PREA Compliance Manger. The PREA Coordinator is an upper-level Facility Manager in the management hierarchy of the Agency. The supervisory structure of the facility supports the facility's efforts to comply fully with the PREA standards. The PREA Coordinator confirmed through the interview process with the auditor that there is sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. The PREA Compliance Manger also confirmed with the auditor that there is sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. Facility policy provides the required PREA definitions and outlines the guidelines and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. Included in policy are the sanctions for those found to have participated in prohibited behaviors.</p> <p>Evidence relied upon to make the determination:</p>

	<ul style="list-style-type: none"> • SS PREA Policy • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Facility Head/designee
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not contract with private agencies or other entities for the confinement of residents.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Superintendent, PREA Compliance Manager, and PREA Coordinator were able to speak to the agency’s approach to address staffing needs and their plans and strategies to address any required adjustments to the staffing plan, including considerations given to challenges of the physical plant, which included; addressing corners, blind spots, or areas that may inhibit line-of-sight or effective supervision of residents, and past, present, and future trends in the resident population. Facility policy outlines its approach to complying with supervision and monitoring of residents that supports compliance with the standard. In addition to direct supervision of residents, the facility has video monitoring capabilities that supplements supervision and supports efforts to protect residents from sexual abuse and sexual harassment. The system has been upgraded since the last audit and is equipped with video playback, recording and short-term storage capabilities. The auditor was not able to observe staff postings during waking and sleeping hours, as no residents were assigned to the program during the audit. Staff interviews and a review of documentation support the use of the camera system to supplement supervision and monitoring by staff. Consistent facility practice supported by documentation and mandated by policy, which requires upper-level staff to conduct unannounced rounds so they to prevent, identify, and deter staff sexual abuse and sexual harassment demonstrates proper implementation of this section of the standard. The rounds are documented by staff as they are conducted. A physical review of documentation, video and staff interviews confirmed the practice of conducting unannounced rounds. Designated upper-level staff conduct</p>

and document unannounced rounds on all shifts as reflected in facility documentation and captured on video. The review of a random sampling of these rounds supported compliance with section 115.313 (e) of the standard. Facility operations, including supervision and monitoring of residents were observed by the auditor on all shifts. Review of documentation, physical observations by the auditor and interviews of staff confirm that Stepping Stones (SS) maintains the required staffing ratio of 1:8 during waking hours and a minimum ratio of 1:16 during sleeping hours.

Evidence relied upon to make auditor determination:

- SS PREA Policy
- Review of the video/surveillance system and operation
- SS Pre-Audit Questionnaire
- SS Review of documentation of unannounced Rounds
- Interviews with the Superintendent, PREA Compliance Manager, and PREA Coordinator

- Review of Unannounced Rounds documentation
- Observations made during the on-site portion of the audit

• a narrative of the staffing plan with explanation of assessment of adequate staffing levels is provided in the manual

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 115.315 prohibits cross-gender full body searches or cross gender visual body cavity searches. In keeping with this standard, the facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Security staff conduct these searches in a professional and respectful manner; in the least intrusive manner possible, consistent with security needs; and only if a search needs to occur under exigent circumstances, otherwise the facility does not permit cross-gender pat-down searches of residents. In meeting these requirements Stepping Stones will only have staff members of the same anatomical sex as the resident conduct searches. Should it be deemed necessary to conduct a search using staff of the opposite gender to avoid physical confrontation, only trained staff shall be used. All staff are trained on how to conduct searches of all residents including opposite</p>

	<p>gender (in emergency situations) in a professional respectful and the least intrusive manner. Staff who perform pat down searches are trained in how to conduct searches of transgender and intersex residents in a professional and respectful manner consistent with security needs and in the least intrusive manner possible. During the past 12 months, there were no cross-gender strip or visual body cavity searches and no cross-gender pat-down searches of residents. Policy requires staff of the opposite gender to announce their presence when entering resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. Additionally, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the facility determines 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. 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Interviews with the resident and staff confirm compliance with this standard. Further, observations made by the auditors, interviews with staff and the policy and practices support compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS Policy • Resident interview • Interviews with staff • SS Pre-Audit Questionnaire • Review of SS Training documentation • Observations made during the on-site portion of the audit
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy has established procedures that provide disabled residents 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. The agency takes 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</p>

	<p>prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing, residents who are blind or have low vision, residents with intellectual disabilities, residents with psychiatric disabilities, and residents with speech disabilities. Stepping Stones shall not rely 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. In the past 12 months, there were no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations. The agency always refrains 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. Interviews with staff and the resident, along with supporting documentation provide evidence that supports a finding of compliance with this standard.</p> <p>Evidence used to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Review of documentation and observations made during the on-site portion of the audit • Interviews with Staff • Resident Interview
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy provides guidance as to hiring and promotion within the agency. The policy requires criminal background records checks and child abuse registry checks are completed before hiring a new employee. Further, the policy prohibits the hiring or promotion of any individual who has engaged in incidents of sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Been convicted of engaging or attempting</p>

	<p>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 in paragraph (a)(2) of 42 U.S.C.1997. The policy requires the consideration of 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. In the past 12 months Stepping Stones has hired seven staff who may have contact with residents, and all have had criminal background record checks completed. Policy also requires consulting with child abuse registries before hiring or enlisting services of any contractor who has contact with residents. In the past 12 months there have been no contracts for services where criminal background record checks were conducted. Additionally, prior to hiring or promotion, the applicant or staff is informed that material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. The auditor reviewed all personnel files to ensure background checks and central registry checks were being completed as stated by policy and in keeping with the standard. Interviews with staff and the personnel responsible for Human Resources and hiring and promotion decisions confirm compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS Policy Manual • SS Pre-Audit Questionnaire • Review of all personnel records • Interviews with Staff • Interview with HR
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has not acquired a new facility or made any substantial expansions or modifications to the existing facility since August 20, 2012. The facility has undergone upgrades to the video monitoring and surveillance system to support best practices in supervision and monitoring, including reducing blind spots.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS Pre-Audit Questionnaire • Observations made during the on-site portion of the audit

	<ul style="list-style-type: none"> • Interview with Agency Head • Interview with Superintendent • Interview with PREA Coordinator • Interview with PREA Compliance Manager
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115.321	Evidence protocol and forensic medical examinations
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	<p>The facility does not conduct criminal sexual abuse investigations. Upon knowledge of any investigation related to sexual abuse or sexual harassment the facility notifies Fairfax County Police Department. The facility conducts an administrative investigation to take immediate action to provide for the appropriate response to ensure the safety of all residents and staff and security of the facility. Fairfax County Police Department has responsibility for conducting all criminal investigations, including those related to sexual abuse as supported by Memorandum of Understanding (MOU) signed by agents of both parties. The MOU requires the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Uniform Evidence Protocol has was requested by the auditor. Policy requires that all residents who experience sexual abuse are offered access to forensic medical examinations. The policy also requires that where possible the forensic examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). When a SAFE or SANE is not available a qualified medical practitioner performs forensic medical examinations. Efforts to provide access to a SAFE or SANE are required to be documented by the facility. The facility shall ensure that resident victims are provided exams at no cost to the victim. Stepping Stones ensures that if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The agency maintains an agreement with the Fairfax County Domestic and Sexual Violence Services which is documented by Memorandum of Understanding signed by both parties and was confirmed when the auditor communicated with staff from the Fairfax County Domestic and Sexual Violence Services by phone. Additional support for resident victims may be provided by qualified facility staff. There have been no forensic medical exams conducted during the last twelve months.</p>
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	<p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Memorandum of Understanding with Fairfax County Domestic and Sexual
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	<p>Violence Services</p> <ul style="list-style-type: none"> • Memorandum of Understanding with Fairfax County Police Department • Interviews with staff • Interview with Compliance Manager • Phone call with Fairfax County Domestic and Sexual Violence Services • Interviews with PREA Coordinator
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Stepping Stones ensures that all allegations of sexual abuse and sexual harassment are administratively and criminally investigated. Policy requires the immediate referral of all sexual abuse and sexual harassment allegations unless the allegation does not involve potentially criminal behavior. Criminal allegations are referred to Fairfax County Police Department. In the past 12 months, Stepping Stones received no allegations of sexual abuse or sexual harassment. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation as well as a third-party reporting form is published on the agency website at: https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea. Policy requires the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Interviews with the Agency Head, PREA Coordinator and other staff confirmed their knowledge and understanding of, as well as their compliance with, the policy’s requirements.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Memorandum of Understanding with Fairfax County Police Department • Interview with staff designated as Investigator • Interview with Director of SS • Interviews with Staff • https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea

	<p>rvices/prea</p> <ul style="list-style-type: none"> • Interview with PREA Coordinator • Interview with Agency Head
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Stepping Stones’ policy manual outlines the facility’s compliance requirements for staff training. Review of training policy and documentation, staff training records and staff interviews indicate that staff receive PREA training during staff orientation and annually during refresher training. The training covers: the agency’s zero-tolerance policy, fulfilling responsibilities related to preventing, detecting, reporting, and response procedures; resident’s rights to be free from sexual abuse and sexual harassment; the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment; the dynamics of sexual abuse and harassment in juvenile facilities; the common reactions of sexual abuse and sexual harassment victims; detecting and responding to signs of actual and threatened sexual abuse; avoiding inappropriate relationships with residents; communicating professionally and respectfully with residents, including those residents who are lesbian, gay, bisexual, transgender, intersex and gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes of the residents at the facility. All employees are provided training specific to the requirements and resident population of Stepping Stones. All employees and contractors receive the training, regardless of their previous experience. The facility ensures that all staff that may have contact with residents are trained or retrained on the PREA standards and requirements. The frequency with which employees who may have contact with residents receive training on PREA requirements is annually. The agency ensures that employees who may have contact with residents understand the training they have received through employee signature. Training records, the training policy and documentation, and staff interviews verified that staff had received training and understood their responsibilities related to complying with the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy Manual • SS Employee Training Document

	<ul style="list-style-type: none"> • RHY Pre-Audit Questionnaire • Interviews with staff • Interview with PREA Coordinator
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires all volunteers who may have contact with residents receive PREA training. The volunteers sign a form acknowledging the receipt of training and their understanding of the agency’s zero-tolerance policy. Volunteers are provided information which outlines their responsibilities and expectations including responsibilities related to PREA. They are required to review and are given the opportunity to ask questions about the PREA information provided. The agency has four contractors. No volunteers were reported. The contractors, who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Stepping Stones maintains documentation confirming that that volunteers and contractors have received and understand the training provided.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • Interview with staff • Auditor review of training documentation • SS Pre-Audit Questionnaire • Interview with PREA Coordinator

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires all new residents receive resident education related to zero tolerance for sexual abuse and sexual harassment, as well as how to report incidents of abuse and harassment during the intake process. Staff conducting the intake process reviews the information with the residents and residents sign verifying receipt of the</p>

information. Policy and procedure further require that residents receive additional information within ten days of intake. The information includes residents' rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting incidents and, the agency's policies and procedures related to responding to incidents of sexual abuse and sexual harassment. Documentation of the residents' signatures is maintained by the facility. No residents were housed at the facility during the audit; one resident assigned to the facility was housed at the shelter, his file was reviewed to confirm that he received resident education and required follow-up education. Further confirmation was received during resident and staff interviews. The resident previously assigned to the facility was interviewed; he acknowledged he had received this information the same day he arrived at the facility and periodically thereafter. The PREA information is presented in a manner that is accessible to all residents; it is comprehensive and age appropriate. During the facility tour the auditor observed the presence of PREA posters and signage that explain a resident's right to be free from sexual abuse and sexual harassment as well as reporting instructions and various ways to report sexual abuse and sexual harassment. Signs are in Spanish and English. These signs were posted throughout the facility. The facility has access to interpreting and translation services for residents with limited English proficiency and those residents who may have hearing or visual impairments, this access is provided through bilingual staff and access to an interpreting service language line. Nine admitted during the past 12 months received this information at intake. Nine residents admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake. The records review, observations made during the tour and throughout the audit process, and the interview with the previous resident and staff confirm compliance with this standard.

Evidence relied upon to make auditor determination:

- SS PREA Policy
- SS Pre-Audit Questionnaire
- Auditor review of resident education materials
- Interviews with Staff
- Interview with the previous resident
- Interview with PREA Coordinator

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Policy addresses the investigatory process followed by the facility. Stepping Stones staff only conducts initial inquiries and administrative investigations of all reported incidents of sexual abuse, neglect, and misconduct. The facility relies on Fairfax County Police Department to conduct all criminal investigations. Three staff have received the training provided by the National Institute of Corrections related to investigations of PREA related allegations. The staff who have completed this training will be responsible for conducting the administrative investigations and initial inquiries. The training received supports compliance with the standard. The agency maintains documentation of the completion of specialized training.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Auditor Review of Training Certificates • Interviews with PREA Coordinator, PREA Compliance Manager, and Director
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy addresses compliance with this this standard. While medical staff assigned to the facility do not conduct forensic examinations, the facility has access to a local hospital supported by a Memorandum of Understanding for service provision to residents; including the provision of forensic examinations by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). Medical and Mental health staff are required to receive PREA training. 100% or two medical and mental health staff have been trained as required by agency policy. The documentation of all training is maintained by the facility. Interviews with nurse, clinician, and facility leadership support practices that fully comply with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator • Review of training documentation for medical and mental health staff

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy addresses compliance with this standard. Residents undergo screening at the point of intake where key facility staff obtain information about each resident’s personal history and behavior to screen and assess them for the potential risks of sexual victimization and abusiveness. This screening takes place within 72 hours of intake and periodically throughout the resident’s confinement. The risk assessment is conducted using an objective screening instrument. Nine residents who had a length of stay of 72 hours or more were screened during the past 12 months. Staff and resident interviews and a review of the resident’s file confirm that both the mental health and the risk for sexual victimization and abusiveness screenings as well as periodic reassessments for risk of sexual abuse victimization and sexual abusiveness toward other residents are being conducted within 72 hours as required by the agency policy and the PREA standard. The facility maintains documentation of the completed assessments and screenings.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Review Risk of Sexual Victimization and Abusiveness Tool • Review of previous residents’ screening • Auditor Interviews with Staff • Auditor Interview with Resident • Auditor Interview with PREA Coordinator

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Stepping Stones PREA policy on addresses compliance with this standard. The policy requires that the agency use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse and sexual harassment. Isolation for separation may be used only as a last resort and then only when less restrictive measures are inadequate to keep residents safe and then only until an alternative</p>

means can be arranged. There have been no residents separated or placed in isolation or room restriction in the last 12 months because he or she was at risk of sexual victimization or abusiveness. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive, further, policy prohibits placing LGBTI residents into particular housing units, beds, or other assignments solely on the basis of such identification or status. Housing and programming assignments for transgender or intersex residents are made on a case-by-case basis and in keeping with the policy. A review of the resident's file revealed he had been appropriately classified and supervised according to the information gathered from the screening tools. Based on the records review and interviews of staff and the resident has demonstrated compliance with this standard.

Evidence relied upon to make auditor determination:

- SS PREA Policy
- Screening Documents
- Auditor Review of the Resident's file
- SS Pre-Audit Questionnaire
- Interviews with PREA Coordinator
- Interviews with Staff
- Interview with Resident

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351 Policy requires that the agency has established procedures that allow for multiple internal ways for residents to privately report allegations of sexual abuse; sexual harassment; retaliation for reporting sexual abuse or sexual harassment; and staff neglect or other violations that may contribute to abuse. Residents may make written, verbal or anonymous reports. Staff and residents also understand that residents may utilize third parties to make reports. Third party reporting information is publicly posted and accessible through the facility's website. Staff reported through interviews that all reports must be promptly documented by staff and immediately reported to a supervisor or administrator. As it relates to civil immigration purposes, Stepping Stones does not house residents with this legal status. A review of documentation and files confirmed residents are not detained</p>

	<p>solely for civil immigration purposes at Stepping Stones. As mandated reporters, staff are required to report sexual abuse and sexual harassment of residents; staff may privately report directly to a supervisor or an administrator. Residents receive reporting information at intake. This reporting information is also found in the resident brochure reviewed with them and provided to each resident. Reporting information is posted throughout the facility and visible to staff, visitors, and residents. Interviews with staff and the previous resident support an understanding of the process including the multiple ways residents may report allegations of sexual abuse or sexual harassment. In addition to interviews, observations made during the tour confirmed the posting of information for residents around the facility including intake. The Director walked the auditor through the intake process, to gain a better understanding of the process and experience from a resident's point of view. Missing from all of the information provided and posted are addresses for residents to write to the service providers as required by the standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy – 11.351 - Resident Reporting Policy • SS Review of the Resident forms, documentation, and paperwork received at Intake • SS PREA Reporting Flyers and signage posted throughout the facility • Review of Intake Process with Staff • Review of Staff Reporting Process • SS Pre-Audit Questionnaire • Interview with Resident • Interviews with Staff • Interview with PREA Coordinator
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy addresses Exhaustion of Administrative Remedies and Emergency Grievances and outlines the facility’s response to this standard. The facility has an administrative process for responding to resident grievances. Residents are provided information as to how to file a grievance during the intake process and residents are continuously advised of their right to file a grievance through resident</p>

education groups during their stay. The education provided to residents takes into consideration the various ages and developmental levels of the residents housed at the facility and ensures it is developmentally appropriate. Additionally, written notice is posted on the agency website for individuals, including parents and legal guardians who may file grievances on behalf of residents if such a need arises. Policy calls for a process that provides for residents to have unimpeded access to the grievance process. The grievance process provides for a timely response to all resident grievances and establishes a process for administrative review to ensure compliance with the policy and standard. Residents who file a grievance will receive an initial response as to the status or resolution of the grievance within 48 hours and a final disposition within five days of administration receiving the grievance. Residents are not required to use an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. In addition to receiving grievance information at Intake, the resident handbook contains information to assist a resident throughout their stay. Policy states that residents will not be referred to the staff member who is the subject of the complaint. Policy further states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. Policy permits an extension of up to 70 days. When referring to the emergency grievances process, policy requires that if a resident has an emergency grievance, the grievance shall be given to an administrator as soon as possible to ensure that the matter is investigated, immediate corrective action is taken, and the resident receives a response within eight hours of filing the grievance. Policy does not require the resident submit an emergency grievance to the staff member who is the subject of the complaint. Based upon the nature of the grievance, appropriate action, including removing the staff who is the subject of the grievance from contact with residents, shall be taken immediately. The policies presented for review as supporting documentation, as well as the responses from the resident and staff during the interviews demonstrate compliance with this standard. Because there were no grievances alleging sexual abuse during the last twelve months, the auditor asked the resident and staff to explain the process of filing a grievance. The resident and staff understood the process for filing a grievance and for filing an emergency grievance. The resident reported staff explained his rights and took his safety seriously. His statements demonstrated a trust in his complaints, were he to have them, being taken seriously and responded to. There were no regular or emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months. Lastly, policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Evidence relied upon to make auditor determination:

- SS PREA Policy; section covering Exhaustion of Administrative Remedies

	<ul style="list-style-type: none"> • SS PREA Policy; section covering Emergency Grievances • SS Pre-Audit Questionnaire • Interviews with Staff • Interview with Resident • Interview PREA Coordinator
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>An MOU with Fairfax County Domestic and Sexual Violence Services (DSVS) provides for outside victim support. The MOU provides education and training support for staff, services to residents, 24-hour hotline, accompaniment to medical appointments and referral services for victims. The agency maintains a copy of the MOU. The support services were confirmed through interviews with staff and a conversation with staff from DSVS. Residents have access to the phone number and will be provided the opportunity to speak confidentially to staff from the DSVS. The mailing addresses were not provided but requested by the auditor. The resident interview confirmed that he knew how to contact the hotline. Notices were clearly posted throughout the housing area. The resident was able to answer that he would receive help (someone to talk to) and counseling to help him. He understood that his communications with the DSVS would be confidential unless there was an issue of safety, at which point the agency would be notified so that he would be immediately made safe. The facility informs residents of the mandatory reporting rules governing privacy, confidentiality, and privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality. Staff and resident interviews confirmed that residents will have reasonable access and that access is provided in as confidential a manner as possible. Interviews with the resident and staff confirm that residents have access to their attorneys, other legal representation, as well as parents and legal guardians. The resident reported that they were able to make phone calls, visit with and send and receive mail from parents and guardians and their legal representatives. Attorneys and legal representatives can visit with residents at any time during waking hours.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Resident Handbook

	<ul style="list-style-type: none"> • SS PREA Flyers and Postings • SS Memorandum of Understanding with Fairfax County DSVS • SS Pre-Audit Questionnaire • Observations of the auditor made during the Facility Tour • Interview with Resident • Interviews with Staff • Interviews with PREA Coordinator • Telephone Conversation between Auditor and DSVS • Third Party Reporting Sign with address • Updated Resident Pamphlet with address
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency website: https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea provides the public with information regarding third-party reporting of sexual abuse or sexual harassment and encourages reports on behalf of a resident. Staff and resident interviews revealed all were aware of a youth's right to report sexual abuse or sexual harassment to a trusted staff member as well as others outside of the facility including their parents/legal guardians, attorneys and other third parties. The resident confirmed the presence of phone numbers on signage posted during his stay, he could not remember if addresses were on the signs but stated staff would give him the address if he asked. During staff interviews the responses indicated that staff clearly understood to immediately report and document all allegations of sexual abuse and sexual harassment, whether the allegation came from a staff, resident or third party. The resident and staff were able to provide examples of third parties, including: parents, guardians, trusted adults, and attorneys.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire

	<ul style="list-style-type: none"> • SS website information: https://www.fairfaxcounty.gov/juveniledomesticrelations/residential-services/prea • Interviews with Staff • Signs posted throughout the facility • Review of resident handbook • Interview with Resident • Interview with PREA Coordinator • Addresses have been added to brochures and documentation
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Stepping Stones PREA Policy requires staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports in an incident report. In keeping with the standard, the policy also requires staff to immediately report any knowledge, suspicion, or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of JDRDC; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff reflected that all are aware of this requirement and were able to clearly state their responsibilities related to reporting, including reporting the information immediately and documenting all reports they receive. Interviews with staff also revealed that staff understand the requirement to report retaliation against residents or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy further establishes the prohibition of staff revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Compliance with the standard was demonstrated by responses provided by staff during the staff interviews and a review of the policy and supporting documentation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy section 115.361

	<ul style="list-style-type: none"> • SS Pre-Audit Questionnaire • Interviews with Staff • Interview with PREA Coordinator
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency Protection Duties Policy provides guidelines for the agency and staff to demonstrate compliance with this standard. Responses provided by staff demonstrated that their responsibility was to the resident and that when learning that a resident was subject to a substantial risk of imminent sexual abuse, staff would immediately protect the resident by separating the resident from the alleged abuser, immediately notifying the supervisor, and documenting the allegation and their response to the allegation. Staff reported they take all allegations seriously and follow all agency required protocols. The responses of staff were in keeping with the policy outlining agency protection duties which requires staff to take immediate action to protect a resident when he is identified as being subject to substantial risk of imminent sexual abuse. There were no residents subject to an imminent risk of sexual abuse in the past 12 months. Interviews with staff, the Director, and the PREA Coordinator confirmed compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy 115.362 Agency Protection Duties • SS Pre-Audit Questionnaire • Interviews with Staff • Interview with PREA Coordinator

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires that upon receiving an allegation from a resident that the resident was sexually abused while confined at another confinement facility, the staff member receiving the report shall notify the Director or her designee. The Director or her designee shall contact the Director of the confinement facility where the</p>

	<p>alleged abuse occurred and shall also notify the Office of Juvenile Justice. Such notification shall be made as soon as possible but no later than 72 hours from the time the resident made the report. The Director or her designee shall document such notification. If SS receives such a report from another confinement facility, the matter shall be immediately reported and investigated in accordance policy. During the past 12 months, there were no allegations received that a resident was abused while confined at another facility nor were there allegations during the past 12 months of sexual abuse received by SS from other facilities. The interview with the facility Director revealed that she had a clear understanding of this policy and the PREA standard regarding her responsibilities and her duty to immediately report allegations received related to the abuse of residents while confined at other facilities. The Director also spoke to the requirement of the prompt investigations of reports to her of allegations received from other facilities regarding abuses that may have taken place at SS.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy section 115.363 • SS Pre-Audit Questionnaire • Interview with Agency Head and Director
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy requires staff to take specific steps to respond to a report of sexual abuse including: separating the alleged victim from the abuser; preserving and protecting any crime scene until the appropriate steps can be taken to collect evidence; and if the abuse occurred within a time period that allows for the collection of physical evidence, request the alleged victim and the alleged abuser not take any action that could destroy physical evidence; and document in writing the information received regarding the incident. During staff interviews, the staff demonstrated an understanding of their roles as first responders and the responsibilities to the preserve physical evidence and securing any area that might be considered a crime scene. Medical and mental health staff explained their roles as responders to an incident once notified by residents or staff. Medical spoke to completing an initial assessment of injuries and rendering aid as required to stabilize a resident. Medical also stated that any incident requiring a forensic medical examination would be referred out to Christus St. Frances Cabrini Hospital for examination by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner. There were no allegations of sexual abuse during the past 12 months. Additionally, agency policy requires that if the first responder is not a security staff member that responder shall notify security staff and then request the alleged victim and alleged abuser not</p>

	<p>take any action that might destroy physical evidence. In the past 12 months, there were no allegations of sexual abuse.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy section 115.364 • SS Pre-Audit Questionnaire • Interviews with Staff (Random, and Specialized) • SS Pre-Audit Questionnaire
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policy states JDRDC facilities shall coordinate actions in response to an incident of sexual abuse among staff first responders. First responders could include but not be limited to: Administrators, direct care staff, mental health professionals, food service specialists, educators, volunteers, medical staff, facility maintenance staff, administrative assistants. The Agency has developed a protocol to coordinate actions taken in response to an incident of sexual abuse. The plan broadly outlines the coordination of efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Agency's Coordinated Response to Incidents of Sexual Abuse addresses actions to be taken by staff first responders, medical, mental health, investigators, and administrators. The plan was reviewed by the auditor and complies with this standard; however, the plan could benefit from specificity with regard to the order of each action and the particular team member responsible for the action or response. This will better increase proper coordination and response in the event of an incident. Interviews with the PREA Compliance Manager, PREA Coordinator, Program Director/Superintendent, and other staff including staff first responders, medical and mental health revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse in keeping with the facility's coordinated response plan, the policy, and the PREA standards. The coordinated response plan, PREA policy, and responses received by the auditor during staff interviews demonstrated an understanding of this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interviews with Staff

	<ul style="list-style-type: none"> • Interview with the Director • Interview with PREA Coordinator
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Agency does not participate in collective bargaining.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy outlines how the agency will 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. The Facility Director has primary responsibility for monitoring for retaliation. Interviews revealed a clear understanding of the policy and the requirement to monitor for behavior and changes that may suggest possible retaliation by residents or staff. During the interview with the Director they were able to provide various things they'd monitor including changes in resident behavior, increased resident behavior reports, unit changes and increased reports of incident involvement. When it came to monitoring for possible retaliation related to staff the responses included: changes in performance reviews, attendance, changes in or adjustments to work and unit assignments. The staff interviewed reported that they would actively monitor for retaliation by meeting with staff and residents who had reported sexual abuse or sexual harassment or who had cooperated with investigations. During the interviews staff indicated that they would immediately respond to all reports and suspected instances of retaliation. Staff also understood that they would be required to monitor for retaliation for at least 90 days and longer if the situation called for a longer monitoring period to ensure the safety of residents and staff. The Director indicated she would ensure compliance with the policy for monitoring for retaliation by ensuring steps for protection were followed as outlined by policy. There were no incidents of retaliation occurring in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy 115.367

	<ul style="list-style-type: none"> • SS Pre-Audit Questionnaire • Interviews with Designated Staff • Interviews with Director and PREA Coordinator
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy states any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.342. Residents may be 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 the residents safe can be arranged. Any decision to isolate a resident shall be approved by the administrator on call. During any period of isolation, the facility shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible and as applicable. If a resident is isolated as a last resort, the facility shall clearly document in the resident’s individual case record:</p> <ol style="list-style-type: none"> a. The basis for the facility’s concern for the resident’s safety; and b. The reason why no alternative means of separation can be arranged. <p>At a minimum, every 30 days, the facility shall afford each resident who has been isolated a review to determine whether there is a continuing need for separation from the general population. Inspection of the facility by the auditor during the on-site portion of the audit confirmed the facility has ample space to physically separate residents within the population if needed. No resident has alleged sexual abuse in the past 12 months, post-allegation protective custody has not been used.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Observations of the Auditor made during the on-site tour of the facility • Interview with PREA Coordinator • Interview with Agency Head

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 115.371 states the JDRDC conducts investigations into allegations of sexual abuse only to the extent needed to determine whether or not it should be investigated as a criminal matter. Alleged sexual harassment incidents are investigated at an administrative level. Both criminal and administrative investigations shall be done so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Where sexual abuse is alleged, the JDRDC shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA regulation 115.334. When the quality of evidence appears to support a criminal investigation, the FCPD is dispatched per the MOU between the JDRDC and the FCPD. The JDRDC does not conduct interviews involving criminal matters. The FCPD may have the option to pursue prosecution at any point during a criminal investigation. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. The JDRDC shall never require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. All written administrative and criminal investigative reports shall be retained 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 VA law requires a shorter period of retention. The departure of an alleged abuser or victim shall not be the basis for terminating an investigation. Any entity of the Commonwealth of Virginia conducting investigations shall do so pursuant to the requirements listed above. JDRDC shall cooperate with any outside agencies investigating sexual abuse and shall remain informed about the progress of the investigation. There have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012. Staff interviews confirmed their knowledge of criminal and administrative investigations, as well as the requirement to report criminal misconduct to Fairfax County Police Department, the Department of Social Services, and the Department of Juvenile Justice. Responses from staff during interviews as well as the guidelines outlined by policy demonstrate compliance with the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy section 115.371 • SS Pre-Audit Questionnaire • Interview with PREA Coordinator • Interview with Agency Head/Director

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 115.372 states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interview with PREA Coordinator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency PREA section 1.9.3 Reporting Investigative Outcomes to Residents (115.373) requires that any resident who alleges that he or she suffered sexual abuse in the facility is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there were no administrative or criminal investigations of alleged resident sexual abuse, and no notifications made to residents in the past 12 months. The Fairfax County Police Department conducts criminal investigations for the Agency. In the event of an investigation, the agency would request relevant information from the investigative agency in order to inform the resident of the progress of the investigation. In the past 12 months there were no investigations conducted by an outside agency. Policy requires that following an investigation into a resident's allegation of sexual abuse occurring at the facility, an administrator will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. SS administration will request all relevant information from the investigative agency in order to inform the resident of the progress of the investigation. Following a resident's allegation that a staff member has committed sexual abuse, an administrator will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the program; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has</p>

	<p>been sexually abused by another resident, the agency shall 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy requires that all such notifications or attempted notifications shall be documented. There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. There have been no notifications to residents pursuant to this standard in the past 12 months.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interview with Director • Interview with PREA Coordinator
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The Agency’s PREA Policy outlines the facility’s disciplinary response related to violations of PREA policies by staff. Policy states staff will be subject to disciplinary sanctions up to and including termination for violating PREA and harassment policies. Policy further states termination will be the presumptive disciplinary sanctions for staff who have engaged in sexual abuse/harassment. In the past 12 months there were no staff terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, and none have been disciplined short of termination for violating the facility sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the PREA policy or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Fairfax County Police Department and to any relevant licensing bodies, unless the activity was clearly not criminal. In the past 12 months, there have been no reports to law enforcement or licensing boards following termination or resignation prior to termination of staff for violating facility sexual abuse or sexual harassment policies.</p> <p>Evidence relied upon to make auditor determination:</p>

	<ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interview with PREA Coordinator <p>Evidence required to exit corrective action includes:</p> <ul style="list-style-type: none"> • The answer question 115.376 (d)-1 All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency PREA Policy states that any contractor or volunteer who engages in sexual abuse or sexual harassment will be prohibited from contact with residents. The contractor or volunteer will also be reported to relevant licensing bodies and law enforcement agencies unless the activity was clearly not criminal. The Agency will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, no contractor or volunteer has violated the facility sexual abuse or sexual harassment policy, and none have been reported to law enforcement or any other facility for violations of the facility sexual abuse or sexual harassment policy.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interview with PREA Coordinator

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Agency PREA Policy states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse and or harassment or following a criminal finding of guilt for resident-on-resident sexual abuse or harassment. In the past 12 months there have been no administrative or criminal findings for guilt of resident-on-resident sexual abuse or harassment occurring at the facility. Policy further states that any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, residents shall not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. In the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse or harassment. Interviews from staff confirm that the facility offers therapy, counseling and other interventions designed to address and correct the underlying reasons or motivations for abuse. Additionally, interviews confirm that the facility may offer the same services to offending residents and that the facility may require participation by an offending resident in interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. SS will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Review of documentation • Interview with PREA Coordinator
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy requires that staff asks questions specific to this standard during the intake process. SS uses an agency document to complete the intake, the Vulnerable Population Worksheet, which uses a specific set of questions designed to alert to the

possibility of sexual victimization or abusiveness. If the screening using the indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, one resident disclosed prior victimization during screening. The resident was offered and received follow up with a mental health therapist. Staff maintain secondary materials (e.g., forms, logs) documenting compliance with the above required services. The information gleaned from the Vulnerable Population Worksheet is limited to those who have a need to know to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. In keeping with the standard, policy requires that any information related to sexual victimization and abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The completed worksheet is maintained in the resident's file. A review of the worksheet form resulted in recommendations from the auditor to clarify which questions needed to be asked by the screener and answered by the residents, and which questions might benefit from gleaning additional information from historical documents, including court records, charges, previous incident reports, and similar documentation. The form asks for comments and additional information from the screener and the section was rarely used, which is a lost opportunity to ensure the facility is utilizing the tool they developed in the most effective way possible to maximize their chances of ensuring sexual safety for all residents, especially those who might be more vulnerable due to abuse history. In the past 12 months, no residents disclosed they had previously perpetuated sexual abuse during the screening; subsequently there were no follow up meetings with a mental health practitioner. During the onsite portion of the audit, resident files and other documents were inspected and reviewed. The storage area for all hard copies of sensitive information meets the requirement of secure maintenance and limited access. Electronic safeguards are in place for all information and documentation collected and maintained electronically pursuant to the PREA Standards. Anyone accessing electronic records has been provided access based on their roles and a need to know, to safeguard these files which are protected by password, secure storage, and accessibility to the storage. 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. A review of policy, documentation and staff interviews confirmed compliance with this standard.

Evidence relied upon to make auditor determination:

- SS PREA Policy
- SS Vulnerable Population Worksheet
- A review of the file of every resident onsite during the audit

	<ul style="list-style-type: none"> • SS Pre-Audit Questionnaire • Interview with PREA Coordinator
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Interviews with medical and mental health staff confirm their understanding and compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Review of documentation and forms related to access to emergency medical and mental health services • Interview with PREA Coordinator

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy addresses the requirement for ongoing medical and mental health care for sexual abuse victims. Policy requires Stepping Stones offer ongoing 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.</p>

	<p>Stepping Stones does not house female residents. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Additionally, the facility will attempt to obtain a mental health evaluation within 60 days of learning of such abuse history and offers treatment when deemed appropriate by a mental health practitioner. Responses received during interviews with medical and mental health staff and residents confirm compliance with this standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • SS Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>SS PREA Policy Section 115.386 outlines efforts to comply with this standard and provides information regarding the incident review team its role, and the makeup. Policy also outlines the elements to be considered in the team’s review and assessment of incidents. The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated or otherwise caused by the perpetrator or victim’s race, ethnicity, sexual orientation, gang affiliation, or other group dynamics at SS; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of §115.386, and any recommendations for improvement, and submit such report to the Director. SS administration shall implement the recommendations for improvement or shall document its reasons for not doing so. Further, policy dictates the facility conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months there have been no administrative and or criminal investigation into sexual abuse. The sexual assault</p>

	<p>incident review team includes upper-level management officials; but does not specifically address the roles of supervisors, investigators, and medical and mental health practitioners. Interviews with staff who make up the facility incident review team, as well as the Director revealed that they understand the purpose of the incident review team and the process by which incidents will be reviewed. Until clarity of the makeup of the incident review team is provided and additional clarification is made, full compliance with this standard is in question and as such, does not meet the beauty of the standard.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy 115.386 Sexual Abuse Incident Review • Interview with Director • SS Pre-Audit Questionnaire • Interviews with Medical and Mental Health Staff • Interview with PREA Coordinator • Interview with the Agency Head • Clarification was provided that the incident review team allows for input from line supervisors, investigators, and medical or mental health practitioners.
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>SS Policy section 115.387 outlines efforts to comply with this standard. Policy requires SS to collect accurate, uniform data for every allegation of sexual abuse and maintain the data on record for ten years. The facility provided a copy of the Survey of Sexual Victimization, a standardized instrument, with the required definitions. SS will aggregate the incident-based sexual abuse data at least annually. 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 Victimization conducted by the Department of Justice. SS will maintain, review, and collect data as needed from all available incident-based documents, including serious incident reports, staff reports, and sexual abuse incident reviews.</p> <p>Evidence relied upon to make auditor determination:</p>

	<ul style="list-style-type: none"> • SS PREA Policy section 115.387 • SS Pre-Audit Questionnaire • Interview with PREA Coordinator • Copy of Survey of Sexual Victimization
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 115.388 Data Review for Corrective Action policy details SS’s efforts to comply with this standard. The policy states all data collected shall be used to assess and improve the effectiveness of JDRDC’s sexual abuse prevention, detection, and response procedures, practices, and training, including:</p> <ol style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as JDRDC as a whole. <p>Such annual reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of JDRDC’s progress in addressing sexual abuse.</p> <ol style="list-style-type: none"> a. The report shall be approved by the agency head and made available to the public through its website. 3. Specific material from the report may be redacted when publications would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated. <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy 115.388 • SS Pre-Audit Question Agency Head • Interviews with PREA Coordinator and Agency Head • Survey of Sexual Victimization

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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SS Policy 115.389 Data Storage Policy requires that data collected is securely retained for at least ten years after the date of initial collection unless Federal, state, or local laws require otherwise. The aggregated PREA data is made publicly available after all personal identifiers have been removed. Interviews with staff and review of policy demonstrate compliance with this standard. While onsite the auditor was able to:</p> <p>Observe the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to confirm the area was secured;</p> <p>Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to confirm information is secured (e.g., password protected, accessible only in certain areas, role-based security).</p> <p>Lastly, the auditor had informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, including who has access and how access is restricted.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy 115.389 section on Data Storage • SS Pre-Audit Questionnaire • Interviews with Director • Inspection of area where documentation is securely maintained during the onsite tour • Interview with PREA Coordinator

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured each facility was audited. During the onsite portion of the audit, the auditor was permitted to observe all areas of the facility. The auditor was provided copies of requested documents including electronic documents and videos if the agency had them. The auditor was permitted to conduct private interviews with residents and staff. Notices of the audit were posted six weeks ahead of the on-site portion and emails of photographs of the posted notices were sent to the auditor. Although no correspondence was received by the auditor, residents were provided the opportunity and means to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Interviews with Director and PREA Coordinator • Interviews with Residents • Emails of posted audit notices
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SS PREA Policy requires the publication of the final audit report on the website or otherwise publicly available. The Agency’s previous final report was made publicly available in keeping with the requirements of the standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • SS PREA Policy • Interview with PREA Coordinator • Interview with Director

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	yes

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

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	na
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.)	na
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.)	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
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.)	yes
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	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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?)	yes
	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?)	yes
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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
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.	no
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
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	yes

	accordance with these standards?	
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?	yes
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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.)	na
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.)	na
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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.)	yes
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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