

# PREA Facility Audit Report: Final

**Name of Facility:** AMIkids Beaufort

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 09/06/2024

**Date Final Report Submitted:** 03/18/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kimbla Newsom	<b>Date of Signature:</b> 03/18/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Newsom, Kimbla
<b>Email:</b>	kimbla@justusadvocacy.com
<b>Start Date of On-Site Audit:</b>	07/24/2024
<b>End Date of On-Site Audit:</b>	07/25/2024

FACILITY INFORMATION	
<b>Facility name:</b>	AMIkids Beaufort
<b>Facility physical address:</b>	60 Honeybee Island Road, Seabrook, South Carolina - 29940
<b>Facility mailing address:</b>	60 Honeybee Island Rd, Seabrook, - 29940

Primary Contact
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<b>Name:</b>	Matthew Kingdom
<b>Email Address:</b>	mkingdom@amikids.org
<b>Telephone Number:</b>	8438124590

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Matthew Kingdom
<b>Email Address:</b>	mkingdom@amikids.org
<b>Telephone Number:</b>	8438124590

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Matthew Kingdom
<b>Email Address:</b>	mkingdom@amikids.org
<b>Telephone Number:</b>	843-842-2128

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	30
<b>Current population of facility:</b>	25
<b>Average daily population for the past 12 months:</b>	24
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	14-18
<b>Facility security levels/resident custody levels:</b>	Residential intermediate
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	25
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	AMIkids, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5915 Benjamin Center Drive, Tampa, Florida - 33634
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Wendell Watson	<b>Email Address:</b>	wlw@amikids.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

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:	2024-07-24
2. End date of the onsite portion of the audit:	2024-07-25

#### 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:	I emailed the South Carolina Children's Advocacy Center and did not receive any adverse information regarding the AMIkids Beaufort Facility. I also, contacted the South Carolina Department of Juvenile Services and did not receive any correspondence on adverse information on the facility.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	23
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No issues identifying the general and specialized populations of residents.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>25</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	1
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	The facility administrator was in an acting role during the onsite portion of the audit.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Upon receiving the roster of residents the Auditor utilized an online random number generator (i.e., calculator.net) to select residents for interview and ensured all housing units were covered. The Auditor also made sure to include a range of racial-ethnic groups for interview, a range of length of stays of residents, and a range of ages of the resident population were considered for the random interviews. The Auditor had an original list of residents selected at random for interview and a back-up list ready in the event youth selected were no longer present or refused to be interviewed.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor oversampled random residents for interview due to the facility having a limited number of residents assigned to the program for targeted interviews.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>
<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>	

<p><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the screening for vulnerability to victimization and sexually aggressive behavior (VSAB) form for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and teachers, and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and teachers, and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents and staff.</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I reviewed the VSAB screening for each resident; I inquired about this population with the Human Services Professionals and I inquired about this information during the random interviews with residents.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I inquired about this population with the facility administrator and staff during random interviews. I also inquired about this information during the random interviews with residents. Finally, I reviewed facility log books with information on the daily operations, activities, and population.</p>

<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The facility only had one resident that met the criteria for a targeted interview and he was interviewed during the onsite portion of the audit.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>
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<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p><b>If "Other," describe:</b></p>	<p>Gender, race and ethnicity</p>
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<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were no barriers to selecting staff for interview and each person agreed to be interviewed.</p>
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	18
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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)



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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The facility provided a roster of staff in all the specialized categories and at least one representative from each of those categories was selected for interview. All specialized staff were cooperative during interviews and several staffers held multiple PREA-related positions within the facility.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was able to access all areas of the campus to include the housing units, administrative building, vo-tech building, cafeteria, education building, outside pavilion and recreation areas.</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><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>During the onsite portion of the audit, the auditor randomly selected records to be reviewed of residents, staff, contractors, and volunteers. All requested files were provided to the auditor and some information was also uploaded to the PREA OAS.</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.

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### 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.

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>78. Explain why you were unable to review any sexual abuse investigation files:</b>	N/A - there were no reported or documented sexual abuse incidents for the Beaufort facility dating back to the previous audit.

<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>86. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>N/A - there were no reported or documented sexual harassment incidents for the Beaufort facility dating back to the previous audit.</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>N/A - there were no reported or documented sexual abuse or sexual harassment incidents for the Beaufort facility dating back to the previous audit.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

97. Who paid you to conduct this audit?

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

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.311 (i.e., AMIkids Policy # 6.11), and</li> <li>· Organization Chart 2024</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency Head-Designee (Regional Director)</li> <li>· Agency Secondary PREA Coordinator</li> <li>· BEAUFORT PREA Compliance Manager/Director of Operations</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>· BEAUFORT Executive Director/PREA Compliance Manager</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to have a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Beaufort’s PAQ completed by agency officials indicates the agency’s zero-tolerance policy for sexual abuse and sexual harassment is in the form of Policy #6.11 with the subject “Zero-Tolerance; PREA Coordinator.”</p> <p>The Zero-Tolerance: PREA Coordinator Policy #6.11 outlines AMIkids Beaufort’s approach to preventing, detecting, and responding conduct related to sexual abuse and sexual harassment. The Organization Chart 2024 reflects a solid line from the Operations Director (who serves as one of the PREA Compliance Manager) to the Executive Director (who serves as the other PREA Compliance Manager for the agency). The Beaufort Executive Director reports to the AMIkids Regional Director who shared the Secondary PREA Coordinator (i.e., serves as the Coordinator for all AMIkids South Carolina facilities) has authority to work with the facility to implement PREA and make any changes for compliance. The Secondary PREA Coordinator was not present for the onsite portion of the audit; however, discussions were had with him during the PRE-onsite audit phase. The Secondary PREA Coordinator holds multiple roles to include Executive Director for two AMIkids South Carolina camps, and Interim Executive Director at another AMIkids facility in South Carolina. The PREA Coordinator reported having access to facility leadership and the authority to work with the local team to make necessary changes to comply with the PREA standards.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.311: based on complying in all material ways with this standard for the review period.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.312 (i.e., AMIkids Policy No. 6.12)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Beaufort Executive Director</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>· BEAUFORT PREA Compliance Manager/Director of Operations</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency that contracts with outside organizations for confinement of residents, to ensure those contractors adopt and comply with the PREA standards. The Beaufort PAQ completed by agency officials indicated the agency’s standard for contracting with organizations providing placement services for children, is outlined in AMIkids Policy No. 6.12 with the subject “Contracting with Other Entities for Confinement of Residents.”</p> <p>The AMIkids Policy # 6.12 states “AMIkids Beaufort does not contract with outside entities to hold its residents.” This information from the policy was confirmed in discussions with the Beaufort Executive Director and PREA Compliance Manager.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.312: based on complying in all material ways with this standard for the review period.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.313 (i.e., AMIkids Policy No. 6.12),</li> <li>· AMIkids BEAUFORT Staffing Plans,</li> <li>· Unannounced Rounds (i.e., Unannounced PREA Observation form),</li> <li>· Beaufort Staff schedule, and</li> <li>· Facility logbooks</li> </ul> <p>2. Interviews/Discussions with:</p> <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager/Director of Operations</li> <li>· Intermediate/Higher-Level Facility Staff (2)</li> </ul>

### 3. Site Review/Observations:

- Observations of youth and staff in campus programming or on housing units
- Informal discussions with facility staff and residents
- Review of facility logbooks
- Review of video surveillance
- "Hold-Over List"

Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The Beaufort PAQ indicates the facility's supervision and monitoring plan is outlined in AMIkids Policy #6.12 with the subject "Supervision and Monitoring."

The AMIkids Policy #6.12 indicates "facilities will comply with the staffing plan except during limited and discreet exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis." The policy goes further to state that when administrative staff are used to maintain the appropriate ratio, this would "be considered a deviation from the staffing plan" and thus, documented in the facility logbook. Finally, Policy 6.12 states AMIkids Beaufort has a minimum of 1:6 during waking hours and 1:12 during resident sleeping hours. The Executive Director did disclose that the facility has a staffing plan; however, no documentation was provided to support an assessment of the staffing plan within the past twelve months.

Unannounced rounds conducted by supervisory-level staff was uploaded to the Online Audit System (OAS) for the first, second, and third shifts in Jan-2021; and the first shift in Sept-2019. Additional unannounced rounds were reviewed onsite; twelve from 2023, and seven from 2024. During the facility tour the auditor observed a "hold-over list" posted in the administration building. No deviations from the facility staff schedule provided for the audit was observed on the hold-over list or in daily shift logs. Facility logbooks reflected appropriate resident-to-staff ratios during the site review. Upper-level staff to include the Director of Operations were interviewed and they confirmed that unannounced rounds occur and are documented on the PREA observation forms.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meets Standard 115.313: no annual assessment of the staffing plan was uploaded to the OAS by the facility nor was it provided to the auditor during the onsite audit or evidence review period.

#### **Corrective action recommended for substantial compliance with PREA standard 115.313:**

PREA Standard 115.313 along with AMIkids Policy 6.12 requires an annual

	<p>assessment of the facility staffing plan. AMIkids Beaufort, Inc. will need to complete the Annual PREA Staffing Plan Assessment (with the PREA Coordinator) and provide a copy of it to the auditor prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.</p> <p><b>Corrective Action (Phase 4) Follow-Up:</b> During the corrective action phase of the audit AMIkids Beaufort, Inc. provided a copy of their completed and signed Annual PREA Staffing Plan Assessment that was dated for 11/23/24. Based on the documentation provided to support that an annual assessment of the facility staffing plan was completed, the Auditor has determined the facility meets PREA Standard 115.313.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.315 (i.e., AMIkids Policy No. 6.15)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager/Director of Operations</li> <li>· Random Staff (14)</li> <li>· Random Residents (13)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of youth and staff in programming or on housing units</li> <li>· Informal discussions with facility staff and residents</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires facilities to prohibit cross-gender viewing and searches, except in exigent circumstances or when done by medical practitioners. The Beaufort PAQ completed by agency officials indicates the facility’s procedure for cross-gender viewing and searches is outlined in AMIkids Policy # 6.15 with a subject “Limits to Cross-Gender Viewing and Searches.”</p>



	<p>The AMIkids Policy 6.15. indicates “cross-gender strip and visual body cavity searches are prohibited” and “cross-gender pat-down searches are prohibited.” The policy goes further to state that staff will be trained “to conduct pat searches of cross-gender, transgender, and intersex residents in a professional and respectful manner.” Review of facility training materials does reflect staff have been trained to conduct cross-gender searches in a professional and respectful manner. The training information sheet on searches includes topics that clarify parameters of conducting searches of transgender or intersex residents, both male and female staff searching transgender or intersex residents, and the gender of transgender staff being considered for purposes of complying with the PREA standards. During random interviews with both staff and residents, all reported that only male staff perform searches of residents and female staff only ask residents to “pull pockets.” The Executive Director and Director of Operations discussed the training on searches that can take place both online and in classroom instruction.</p> <p>During the facility tour of the administration building, Dorm’s 1 &amp; 2, cafeteria, laundry room, student pavilion, classrooms, welding building, and carpentry/ vocational building the auditor reviewed the placement of cameras, individuals with access to view surveillance, and the auditor observed staff interactions with residents on campus. No issues were identified with respect to cross gender viewing or searches of residents.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.315: based on complying in all material ways with this standard for the review period.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.316 (i.e., AMIkids Policy No. 6.16)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Human Services Professionals (2)</li> </ul> </li> </ol>

	<p>1. Site Review/Observations:</p> <ul style="list-style-type: none"> <li>· Observations of PREA materials displayed in housing units</li> <li>· Daily Shift logs</li> </ul> <p>Analysis and triangulation of information: this standard requires agencies to take reasonable steps to communicate effectively to residents with disabilities or who have limited English proficiency (LEP). The Beaufort PAQ completed by agency officials indicated the procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of PREA are outlined in AMIkids Policy #6.16 with the subject “Residents with Disabilities and Residents Who are Limited English Proficient.”</p> <p>AMIkids Policy # 6.16 indicates the facility “prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under 115.365, or the investigation of the resident’s allegations.” No information was uploaded to the OAS regarding any agreements with organizations that provide interpreter services. The Human Services Professionals informed the auditor that in the event interpreter services are needed for residents, the placing agency South Carolina Department of Juvenile Justice (SCDJJ) helps to coordinate those services. The Executive Director also shared that resident interpreters are not used and that all residents placed have been English-speaking. During the site review, the auditor did not observe contact information posted for interpreter services available outside the agency for LEP residents and those with disabilities. It is recommended that the agency consider securing an agreement with an organization that provides interpreter services in the event SCDJJ is not able to coordinate timely services for the Beaufort facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.316: based on complying in all material ways with this standard for the review period.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> </ul>

- PREA 115.317 (i.e., AMIkids Policy No. 6.17), and
- Employee records – Self-declaration of Sexual Abuse/Sexual Harassment, background check clearances – from Department of Social Services

2. Interviews/Discussions with:

- Administrative Staff (Human Resources Representative)
- Beaufort Executive Director
- BEAUFORT PREA Compliance Manager

Analysis and triangulation of information: this standard requires agencies to conduct criminal background checks of employees and contractors who may interact with residents. The BEAUFORT procedure for hiring and promotions of staff is outlined in AMIkids Policy #6.17 with a subject “Hiring and Promotion Decisions.”

AMIkids Policy #6.17 indicates in Procedure (1): “Background screenings shall be conducted to ensure all AMIKIDS BEAUFORT employees, contract provider and grant recipient employees (including owners, operators, and directors), volunteers, mentors and interns with access to youth meet established statutory requirements of Level 2 Screening Standards.” The policy goes further to state in Procedure (3) “all provider and AMIKIDS BEAUFORT employees will be rescreened every five years continued employment.” Finally, in Procedure (6) of the policy it states “AMIKIDS BEAUFORT shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of review of current employees.”

The BEAUFORT PAQ indicated the following with respect to employees, contractors, and volunteers: employees (25), new hires in past twelve months (3), contracts for services (0), individual contractors (0), and volunteers (0).

The Executive Director explained the background check process to the auditor and that he is involved in the screening and hiring process of new and promoted staff. Employee background/human resource records were reviewed for thirteen (13) staff on site with no deficiencies observed. The Self-Declaration of Sexual Abuse/Sexual Harassment form includes information that “by my signature below, I understand my continuing affirmative duty to disclose any change in my reporting status...” Additionally, the South Carolina Department of Social Service clearance form includes language that “no conviction for any offense which will exclude him/her pursuant to South Carolina Code of Law Ann., Section 63-7-2350 (As Amended).”

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.317: based on complying in all material ways with this standard for the review period.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.318 (i.e., AMIkids Policy No. 6.18)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· Agency PREA Coordinator</li> <li>· Beaufort PREA Compliance Manager</li> <li>· Agency Head/Designee (Regional Director)</li> <li>· Upper-Level Staff (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of areas with video surveillance on campus</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to consider how any upgrades might affect or improve its ability to protect residents from sexual abuse. The Beaufort PAQ completed by agency officials indicates the facility's standard regarding upgrades to facilities and technologies is outlined in AMIkids Policy #6.18 with the subject "Upgrades to Facilities and Technologies."</p> <p>Policy #6.18 indicates "AMIkids Piedmont will work with Department of Juvenile Justice to obtain a video monitoring system." It is recommended that language in the policy be modified to reflect AMIkids Beaufort instead of AMIkids Piedmont. During the site review, video surveillance equipment was observed in the Executive Director's office; 13 cameras were viewed to be operational. Cameras viewed on screen were also observed during the tour of all the buildings on campus. No cameras were observed to be placed in individual classrooms nor in the welding building.</p> <p>The Executive Director informed the auditor that there has been no significant expansions or modifications to the campus in the past four years. The PREA Compliance Manager stated that leadership are the only staff that have access to view the cameras and that the facility contracts with a company to fix surveillance equipment if/when it goes down. Supervisory-level staff shared they conduct</p>

	<p>perimeter and campus checks when they begin their shift and in the event the notice a camera or equipment not working, they make immediate notification to the Director of Operations or Executive Director in order that a work order can be put in the fix the issue. During the pre-audit phase the auditor spoke to both the PREA Coordinator and Regional Director and was informed that each AMIkids South Carolina facility has their own budget and has the authority to purchase safety and security equipment to ensure the campus remains safe.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.318: based on complying in all material ways with this standard for the review period.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.321 (i.e., AMIkids Policy No. 6.21),</li> <li>· Incident/Occurrence Statement form,</li> <li>· Memorandum of Understanding (MOU) with Beaufort County Sheriff's Office, and</li> <li>· Letter of Agreement with Hopeful Horizons</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Executive Director</li> <li>· Human Services Professionals (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of postings in common areas of the facility</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to follow set procedures to obtain usable physical evidence for administrative proceedings and criminal prosecutions. Beaufort's PAQ completed by agency officials indicates</p>

the procedure for evidence protocol and forensic examinations of investigations into allegations of sexual abuse is outlined in AMIkids Policy 6.21 with the subject "Evidence Protocol and Forensic Medical Examinations." The policy indicates all sexual abuse allegations are reported to the Beaufort County Sheriff's Office, South Carolina Department of Social Services, and the Department of Juvenile Justice. Additionally, the policy indicates Gateway Counseling will be contacted to provide victim advocate services if it's not available through the rape crisis center.

Discussion with the Executive Director and Human Services Professionals revealed that Beaufort County Sheriff's Office completes criminal investigations for the facility. A copy of the agreement was requested by the auditor and provided by the facility. Language in the MOU states "Beaufort County Sheriff's Office shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The MOU goes further the state the Sheriff's office "shall utilize protocols of the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publications, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The HSPs informed the auditor that Hopeful Horizons is the organization that provides victim advocate services for facility residents. It is recommended by the auditor that the facility update their policy to reflect Hopeful Horizons instead of Gateways Counseling as the victim advocate organization for the facility. Postings with the Hopeful Horizons phone number and address was observed in common areas of the facility during the tour.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.321: based on complying in all material ways with this standard for the review period.

115.322	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.322 (i.e., AMIkids Policy No. 6.22)</li> </ul> </li> <li>2. Interviews/Discussions with:</li> </ol>

	<ul style="list-style-type: none"> <li>· Agency Head/Designee (Regional Director)</li> <li>· Agency PREA Coordinator</li> <li>· Beaufort PREA Compliance Manager</li> </ul> <p>3. Site Review/Observations:</p> <ul style="list-style-type: none"> <li>· Review of the agency website</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to have a policy in place that ensures all allegations of sexual abuse and sexual harassment have an administrative or criminal investigation. Beaufort’s PAQ completed by agency officials indicated the policy in place to ensure referrals of allegations for investigation is AMIkids Policy #6.22 with the subject “Policies to Ensure Referrals of Allegations for Investigations.”</p> <p>Beaufort officials provided the following responses on the Pre-Audit Questionnaire with respect to referrals for allegations for investigation in the past 12 months:</p> <ul style="list-style-type: none"> <li>o The number of allegations of sexual abuse and sexual harassment that were received = 0</li> <li>o The number of allegations resulting in an administrative investigation = 0</li> <li>o The number of allegations referred for criminal investigation = 0</li> </ul> <p>The South Carolina (SC) Department of Juvenile Justice (DJJ) website does have a link to a PREA policy that includes Policy No. 328 that is titled “Investigations.” AMIkids Policy 6.22 indicates “in the event of sexual abuse allegations the Beaufort County Sheriff’s Office, the South Carolina Department of Social Services, and the Department of Juvenile Justice will be notified immediately.” The policy goes further to state that AMIkids Beaufort will document referrals made in their PREA log. The letter of agreement between AMIkids Beaufort and Beaufort County Sheriff’s Office was reviewed, and it outlines their responsibility in investigating alleged sexual abuse incidents at the facility. During the interview with the Executive Director, Regional Director and PREA Coordinator they all reported there were no incidents of sexual abuse or sexual harassment that occurred or was investigated for the Beaufort facility during the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.322: based on complying in all material ways with this standard for the review period.</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Beaufort’s Pre-Audit Questionnaire (PAQ),
- PREA 115.331 (i.e., AMIkids Policy No. 6.31), and
- Training records - (i.e., PREA Policy Acknowledgment, AMIkids eUniversity dashboard for PREA-1hr course, AMIkids policy for Employees - Youth Relationships)

2. Interviews/Discussions with:

- BEAUFORT Executive Director
- BEAUFORT PREA Compliance Manager
- Random Staff (14)
- Mental Health Staff/Human Services Professionals (2)

Analysis and triangulation of information: this standard requires the agency to have proper training that is tailored to the juvenile setting, to stop sexual abuse and sexual harassment in correctional facilities. Beaufort PAQ completed by agency officials indicates employee training on the agency’s zero tolerance toward all forms of sexual abuse and sexual harassment is outlined in AMIkids Policy No. 6.31 with the subject “Employee Training.”

AMIkids Policy 6.31 indicates that training for new hires is completed within 180 days of employment. The in-service training includes eleven (11) PREA topics in line with the employee training requirements listed in the PREA standards. Interviews with the Executive Director revealed that AMIkids staff also receive annual refresher PREA training. The PREA Staff Training information sheet provided to the auditor, includes information on what is PREA, major provisions, requirements for reporting sexual misconduct, and staff members responsibilities upon discovery of a sexual abuse incident. During random interviews with staff, they indicated they are to receive initial PREA training as part of the onboarding process and then annual refresher training on PREA. Training for PREA typically takes place online and staff utilize the company laptop computers to complete their required training.

Policy #6.31 indicates “employees will sign training sign in forms or have electronic verification signifying that they have understood the PREA training.” No training record were uploaded to the OAS. During the onsite audit documentation was reviewed of training received by Beaufort employees. The PREA Policy Acknowledgment, AMIkids PREA Policy for Standard 6 Sexual Abuse Prevention and Response was reviewed for 25 employees with most signatures being dated for 7/23/24 or 7/24/24. Staff that sign this form acknowledge that they “fully understand



the contents contained in the policy. Additionally, a copy of the AMIkids eUniversity dashboard of employee training for the “PREA-1hr” course was provided to the auditor. Of the 25 staff listed on the dashboard, 9 staff were overdue for their “PREA-1hr” course.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.331: based on training records that reflect several staff have not completed initial or annual refresher PREA training.

**Corrective action recommended for substantial compliance with PREA standard 115.331:**

PREA Standard 115.331 along with AMIkids Policy 6.31 requires initial PREA training and annual information/refresher training for all employees. AMIkids Beaufort, Inc. will need to provide a copy of eUniversity dashboard (that reflects all Beaufort staff have completed initial or annual PREA training) to the PREA auditor prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.

**Corrective Action (Phase 4) Follow-Up:** During the corrective action phase of the audit AMIkids Beaufort, Inc. provided copies of facility employee roster along with signed and dated policy acknowledgments from all staff that completed “AMIkids PREA Policy Standard 6 Sexual Abuse Prevention and Response” training. Based on the documentation provided to support that 19 staff have received annual/refresher PREA training, and staff acknowledgment they understood the contents contained in the policy/training, the Auditor has determined the facility meets PREA Standard 115.331.

115.332	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.332 (i.e., AMIkids Policy No. 6.32)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Beaufort Executive Director</li> <li>· Human Services Professionals (2), contractor provider (1), and</li> <li>· Random Residents (13)</li> </ul> </li> </ol>

Analysis and triangulation of information: this standard requires volunteer or contract staff who interact with residents to be trained on their responsibilities under the agency's policies and procedures for sexual abuse and sexual harassment. The Beaufort PAQ completed by agency officials indicates the process for volunteer and contractor training is outlined in AMIkids Policy No. 6.32 with the subject "Volunteer and Contractor Training."

Policy #6.32 indicates that "all volunteers and contractors (who have contact with residents) will sign documentation confirming that he/she understands the training they have received." The Beaufort PAQ indicated the facility has zero (0) contract staff and zero (0) volunteers that have contact with residents. During random resident interviews it was revealed that a barber comes onsite every two weeks to cut residents hair and a substance abuse provider in the community comes onsite every Friday. Discussions with the Executive Director confirmed that a barber does come on site to cut residents hair. Additionally, the Human Services Professionals also confirmed that a community substance abuse provider comes to the campus to provide counseling services to residents on a weekly basis. The contract provider confirmed during a phone interview that he received a copy of the AMIkids PREA policy and understood what his role was in the event a youth reported such an incident to him.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.332: there was no proof of training being provided to volunteers/contractors that interact with residents on site at the Beaufort facility.

**Corrective action recommended for substantial compliance with PREA standard 115.332:**

PREA Standard 115.332 along with AMIkids Policy 6.32 requires all volunteers or contractors who interact with residents must be trained on their PREA responsibilities. AMIkids Beaufort, Inc. will need to provide PREA training to the barber and substance abuse provider (that comes onsite to the facility) and have them sign/date the PREA Policy Acknowledgment form. The auditor will need to receive a copy of the signed acknowledgments for both individuals and talk to one or both individuals via phone prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.

**Corrective Action (Phase 4) Follow-Up:** During the corrective action phase of the audit AMIkids Beaufort, Inc. provided copies of the signed and dated policy acknowledgments for the 2 volunteers/contractors that completed "AMIkids PREA Policy Standard 6 Sexual Abuse Prevention and Response" training. Based on the documentation provided to support that volunteers and contractors have received PREA training, the Auditor has determined the facility meets PREA Standard 115.332.

<b>115.333</b>	<b>Resident education</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 1442 1276" style="list-style-type: none"> <li data-bbox="280 412 874 448">1. Review of documentation consisting of: <ul data-bbox="280 483 1442 703" style="list-style-type: none"> <li data-bbox="280 483 906 519">· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li data-bbox="280 555 1034 591">· PREA 115.333 (i.e., AMIkids Policy No. 6.33), and</li> <li data-bbox="280 627 1442 703">· Resident Education records (i.e., Juvenile Orientation form and Resident PREA Acknowledgment form)</li> </ul> </li> <li data-bbox="280 739 715 775">2. Interviews/Discussions with: <ul data-bbox="280 810 858 1061" style="list-style-type: none"> <li data-bbox="280 810 606 846">· Executive Director</li> <li data-bbox="280 882 858 918">· Beaufort PREA Compliance Manager</li> <li data-bbox="280 954 676 990">· Random Residents (13)</li> <li data-bbox="280 1025 555 1061">· Intake Staff (2)</li> </ul> </li> <li data-bbox="280 1097 686 1133">3. Site Review/Observations: <ul data-bbox="280 1169 1209 1276" style="list-style-type: none"> <li data-bbox="280 1169 1209 1205">· Observations made throughout common areas of the facility</li> <li data-bbox="280 1240 842 1276">· Informal discussions with residents</li> </ul> </li> </ol> <p data-bbox="280 1384 1458 1756">Analysis and triangulation of information: this standard requires the agency to educate residents on the facility's zero tolerance policy for sexual abuse and harassment. Additionally, residents are to be taught how to report any incidents or suspicions of sexual abuse or sexual harassment. The Beaufort PAQ completed by agency officials indicated that resident education on PREA requirements is outlined in AMIkids Policy No. 6.33 with the subject "Resident Education." The policy did reference "AMIkids Piedmont," therefore it is recommended that the policy be revised to reflect AMIkids Beaufort. This recommendation was shared with the Executive Director and PREA Compliance Manager.</p> <p data-bbox="280 1792 1458 2078">Youth typically receive PREA resident education during the intake process but no later than 10 days of admission with the information being maintained in the youth's case management file. The resident handbook was also reviewed that included information on PREA. During interviews with the intake staff who are the Human Services Professionals, they disclosed that PREA education is provided on day one of admission. PREA information is both read to the residents and provided to them in the student handbook. During random interviews with residents, they</p>

	<p>confirmed when and how PREA education is provided to them and during the site review residents were able to show the auditor some of the PREA information that was posted (e.g., “STOP PREA” hotline number) throughout the facility. The juvenile orientation form reviewed for 23 residents included information on zero tolerance prevention; reporting any sexual harassment, sexual misconduct, sexual assault/rape; counseling and medical assistance; risks; legal consequences; and disciplinary action. The PREA Acknowledgment form reviewed for 23 residents included information on being aware of sexual abuse and assault policies; it defines what is considered sexual abuse by youth, staff, volunteers or contractors; and the form has information that defines sexual harassment and sexual misconduct.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.333: based on complying in all material ways with this standard for the review period.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.334 (i.e., AMIkids Policy No. 6.34),</li> <li>· Memorandum of Understanding (MOU) with Beaufort County Sheriff’s Office, and</li> <li>· South Carolina Department of Juvenile Justice “Investigations” Policy #328</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Beaufort Executive Director</li> <li>· Beaufort PREA Compliance Manager</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to conduct specialized training to investigative staff on conducting investigations in confinement facilities. The Beaufort I PAQ completed by agency officials indicated that specialized training for investigators on PREA requirements is outlined in AMIkids Policy No. 6.34 with the subject “Specialized Training: Investigators.”</p> <p>AMIkids Policy 6.34 indicates “AMIkids Beaufort does not employ investigators. The</p>

	<p>policy indicates AMIkids Beaufort “will rely on law enforcement agencies ant the Department of Juvenile Justice to conduct investigations and will cooperate with their investigations.” Department of Juvenile Justice, Beaufort County Sheriff’s Office, and DOJ conduct were listed as agencies that conduct investigations of allegations of sexual abuse. During interviews with the Executive Director and PREA Compliance Manager it was confirmed that external agencies conduct both criminal and administrative PREA investigations for the facility. The auditor requested a copy of the agreement with the investigative entities. A copy of the MOU with Beaufort County Sheriff’s Office was provided, and the auditor reviewed online South Carolina Department of Juvenile Justice Policy #328 titled “Investigations.”</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.334: based on complying in all material ways with this standard for the review period.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.335 (i.e., AMIkids Policy No. 6.35), and</li> <li>· Staff training records</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Executive Director</li> <li>· Human Services Professionals (2)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. The Beaufort PAQ completed by agency officials indicated specialized training for medical and mental health staff on PREA requirements is outlined in AMIkids Policy No. 6.35 with the subject “Specialized Training: Medical and Mental Health Care.”</p> <p>AMIkids Policy 6.35 indicates “Beaufort will train all full and part-time medical and mental health care practitioners” in their PREA requirements. The PAQ indicates the facility does not employ any medical and mental health staff at the time of its</p>

submission. Policy #6.35 indicates “An external State agency or Department of Juvenile Justice component will be responsible to conduct forensic exams and therefore will be responsible for its employee’s training.” During interviews with the Human Services Professionals (HSPs) they disclosed their roles which include conducting intakes of new residents, completing the screenings for vulnerability and victimization, administering medications/addressing sick calls, meeting weekly for counseling with residents, and retrieving all grievances from the locked boxes on campus. The HSPs did not disclose that they receive any specialized PREA-related training, and this was confirmed with the Executive Director. While it is that the HSPs do not carry the official title of medical and mental health care practitioners, their functions on campus do include providing some form of medical and mental health care services to residents on campus.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.335: no documentation was to support specialized training has been completed for the facility Human Services Professionals.

**Corrective action recommended for substantial compliance with PREA standard 115.335:**

PREA Standard 115.335 along with AMIkids Policy 6.35 requires all medical and mental health care practitioners employed by the agency or facility to receive specialized training. AMIkids Beaufort, Inc. will need to provide specialized PREA training to their Human Services Professionals on the topics of medical and mental health care. It is recommended that the facility consider the course, “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” and/or “PREA 201 for Medical and Mental Health Practitioners” that are available online through the National Institute of Corrections. The auditor will need to receive a copy of the certificate(s) of completion of specialized training for all Beaufort Human Services Professionals prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.

**Corrective Action (Phase 4) Follow-Up:** During the corrective action phase of the audit AMIkids Beaufort, Inc. provided copies of certificate of completion of specialized training for the facility Human Services Specialist (HSP). The e-Course training offered by NIC was titled “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.” Based on the documentation provided to support that specialized training has been completed by AMIkids Beaufort’s mental health staff, the Auditor has determined the facility meets PREA Standard 115.335.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Beaufort Pre-Audit Questionnaire (PAQ),
- PREA 115.341 (i.e., AMIkids Policy No. 6.41), and
- VSAB for Youth (i.e., Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form RC-8050-2)

2. Interviews/Discussions with:

- Executive Director
- Beaufort PREA Compliance Manager
- Random Residents (13)
- Staff that Perform Screening for Risk of Victimization and Abusiveness/Human Services Professionals (2)
- Targeted Resident (1)

3. Site Review/Observations:

- Observations of youth in programming
- Informal discussions with facility staff and residents

Analysis and triangulation of information: this standard requires the agency to gather and use information about each resident's personal history and behavior to lower their risk of being a victim of sexual abuse or being sexually abusive. The Beaufort PAQ completed by agency officials indicated the process for obtaining information from residents is outlined in AMIkids Policy No. 6.41 with the subject "Screening for Risk of Victimization and Abusiveness."

AMIkids Policy 6.41 indicates "within 72 hours of admission and periodically throughout a resident's confinement" a screening for VSAB will take place. Documentation was uploaded to OAS from the "Lauris Online Form" (for 1 resident) that included one "RES - PREA VSAB" dated for 4/27/21. During the onsite review the auditor reviewed VSABs completed for all residents placed and apart from one, all VSABs were completed within 72 hours of the resident's admission. One resident was identified as being gay and "vulnerable for victimization" on the screening. The resident was selected for a targeted interview; however, he did not disclose to the auditor that he was gay or bisexual nor being placed on a dorm due to his gender identity. The Human Services Professionals were interviewed, and they explained the intake process and that the VSAB is completed the first day of a resident's arrival. It was disclosed that no vulnerability reassessments are completed for any

residents, and this was confirmed during interviews with the youth and reviews of the resident intake records. This was brought to the attention of both the Executive Director and PREA Compliance Manager in discussions that took place after the documentation reviews.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.341: no documentation was provided to support that periodic or reassessments of the VSAB is being completed for any of the residents placed at the program.

**Corrective action recommended for substantial compliance with PREA standard 115.341:**

PREA Standard 115.41 along with AMIkids Policy 6.41 requires a screening for risk of victimization and abusiveness to take place “within 72 hours of admission and periodically throughout a resident’s confinement.” AMIkids Beaufort, Inc. will need to identify which category of residents (e.g., residents identified as being vulnerable for victimization and residents that score a certain number or higher on the VSAB) will receive a periodic reassessment using the VSAB and at what timeframe the reassessment will occur. The change in practice should be reflected in AMIkids Policy 6.41 or the procedural forms used to conduct the screening for risk of victimization and abusiveness. The auditor will need to receive a copy of the revised policy (or procedural forms) along with reassessments completed for any residents since the onsite audit. This information will need to be provided to the auditor prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.

**Corrective Action (Phase 4) Follow-Up:** During the corrective action phase of the audit AMIkids Beaufort, Inc. provided a copy of the revised policy 6.41 dated for 1/17/25 that reflects language of which category of residents will receive a reassessment within 90 days. Based on the documentation provided of the revised policy and notification from the facility that no youth met the threshold for a reassessment since the policy change, the Auditor has determined the facility meets PREA Standard 115.341.

115.342	Placement of residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>Review of documentation consisting of: <ul style="list-style-type: none"> <li>Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>PREA 115.342 (i.e., AMIkids Policy No. 6.42), and</li> </ul> </li> </ol>



- Facility logbooks
2. Interviews/Discussions with:
- Agency PREA Coordinator
  - Beaufort PREA Compliance Manager
  - Beaufort Executive Director
  - Human Services Professionals (2)

3. Site Review/Observations:

- Observations of youth in isolation
- Informal interview with staff supervising residents in isolation

Analysis and triangulation of information: this standard requires the agency to use information obtained from the intake screening to make housing, bed, program, education, and work assignments for residents. Beaufort PAQ completed by agency officials indicated the procedure for placement of residents in housing, bed, program, education, and work assignments is outlined in AMIkids Policy No. 6.42 with the subject "Use of Screening Information."

Beaufort officials provided the following responses on the Pre-Audit Questionnaire with respect to use of screening information in the past 12 months:

o The number of residents at risk for sexual victimization who were placed in isolation = 0

o The number of residents at risk for sexual victimization who were placed in isolation who have been denied access to large muscle exercise, and/or legally required education or special education services = 0

Interviews with the Human Services Professionals revealed they are the entity that makes housing assignments but also the Director of Operations and Executive Director can change housing assignments of residents as needed. The AMIkids Policy 6.42 denotes isolation can be used as a last resort with a review every 30 days but is "only used when less restrictive measures are not adequate to keep them or other residents safe, and then only until alternative means of keeping all residents safe can be arranged." During discussion with the Executive Director, PREA Compliance Manager, and previous discussions with the PREA Coordinator, it was disclosed that isolation is not used at the facility. In the event a resident is a danger to himself or others, or in need of protective custody, the resident is placed on a one-on-one with a supervisory-level staff and never left alone. The auditor was informed that information on resident on a one-on-one with staff would be documented in the facility logbooks. The auditor reviewed random facility logbooks during each month of the review period and did not identify any residents placed on

	<p>a one-on-one with staff. This was also confirmed in informal discussion with residents and staff during the site review.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.342: based on complying in all material ways with this standard for the review period.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.351 (i.e., AMIkids Policy No. 6.51),</li> <li>· Student Handbook, and</li> <li>· Team Member Reference Guide</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Executive Director</li> <li>· Random Staff (14)</li> <li>· Random Residents (13)</li> <li>· Human Services Specialists (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations made on housing units and other areas of programming Informal discussions with facility staff and residents</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to provide several internal ways for residents to privately report sexual abuse or sexual harassment, and at least one way to report abuse or harassment to a body that is not part of the agency. The BEAUFORT PAQ completed by agency officials indicated</p>

the process for resident reporting is outlined in AMIkids Policy No. 6.51 with the subject "Resident Reporting." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

The Student Handbook has information on page 4 that includes the hotline number that can be called. The handbook also indicates residents can file a formal grievance using the grievance form, and lists the various ways in which a resident can report sexual abuse and sexual harassment allegations. The AMIkids Team Member Reference Guide is a handbook for staff, and it includes all the policies and procedures for staff to follow. Page 14 of the document has a paragraph about PREA and AMIkids "zero tolerance toward all forms of sexual abuse, assault, harassment and/or misconduct." Also included on page 14 is a section for reporting ethical concerns and activities to include information on confidentially reporting concerns without fear of retaliation.

The AMIkids Policy 6.51 denotes the reporting methods of informing staff, completing a grievance form, speaking with treatment counselors, and speaking with anyone to include the Director. The policy goes further to state that staff are mandatory reporters and must report within 2 hours of gaining knowledge about a PREA-related incident and document all reports within 8 hours of gaining knowledge of an alleged incident. The abuse hotline for the agency is also included in the policy. The Human Services Professionals (HSPs) shared that they have the key to the "Let's Talk" grievance boxes and those boxes are checked daily. All grievances collected, to include PREA-related concerns, are scanned to South Carolina Department of Juvenile Justice and a representative from that agency is assigned to address grievances for facility. The HSPs reported that no PREA-related grievances were filed or investigated during the review period.

During interviews with the Executive Director, he revealed that residents previously used the "RED phone" that is a direct line to Department of Juvenile Justice. However, AMIkids Beaufort transitioned to a new IT system that impacted the "RED phone", so residents are now brought to the administration building's conference room to make hotline calls when needed. Interviews with residents revealed they are aware of all the various ways they can report sexual abuse and sexual harassment, and no concerns were raised with hotline calls being made in administration instead of the "RED phone." During the site review, postings were in common areas of the facility on the various ways residents can report sexual abuse and sexual harassment. Staff were also versed on the many ways that residents and staff can report suspected and actual sexual abuse and sexual harassment that occurs at the facility. No information was observed in the documentation reviewed or observed during the site review with respect to contact information on how residents can contact officials at their local consulate and the Department of Homeland Security (DHS). The HSPs informed the auditor that they have not had any residents detailed solely for civil immigration purposes and that all their residents are placed by DJJ. The auditor did recommend that contact information on the consulate and DHS be added to the student handbook or displayed somewhere on campus.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.351: based on complying in all material ways with this standard for the review period.
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.352 (i.e., AMIkids Policy No. 6.52), and</li> <li>· Grievance Procedure form</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Executive Director</li> <li>· Human Services Professionals (2)</li> <li>· Random Residents (13)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations on dorms of grievance boxes and forms</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires agencies to have procedures for administrative remedies (i.e., grievances) by residents who allege sexual abuse, or by the parents or legal guardians of juvenile residents. The Beaufort PAQ completed by agency officials indicated exhaustion of administrative remedies is outlined in AMIkids Policy No. 6.52 with the subject “Exhaustion of Administrative Remedies.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>AMIkids Policy 6.52 indicates “AMIkids Sand Hills does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse” which is formally investigated by DJJ. The policy goes further to state that sexual harassment grievances are addressed thru the facility grievance process. The Grievance Procedure form has three (3) steps to voicing complaints to include: (a) step 1 - suggestion to the</p>

problem, (b) step 2 - formal grievance phase which indicates “AMIkids Beaufort staff will attempt to offer a resolution to the grievance within 48 hours and forward the formal grievance to the Department of Juvenile Justice”, and (c) step 3 - response to the grievance. During interviews with the Human Services Professionals (HSPs) it was shared that they collect all grievances from the grievance boxes daily and scan the completed grievance forms (e.g., “Let’s Talk”) to the DJJ representative who comes to the facility to address the concerns raised in the grievances. The South Carolina DJJ form is titled “Youth Grievance-Lets Talk” form 920A. AMIkids also has a “Let’s Talk” form with specific categories listed and “PREA” is one of boxes that can be checked off on the form. During random resident interviews all the youth referred to the “Let’s Talk” grievance form as a method for them to report sexual abuse and sexual harassment. All the residents interviewed stated they have not filed any PREA-related grievances during the past year. The Juvenile Orientation form that is a part of the student handbook lists several reporting mechanisms to include a resident confidentially reporting information on sexual abuse and sexual harassment through the “DJJ sick call process or anonymously through the Juvenile Grievance Process.” Hopeful Horizons telephone number and address is also included on the juvenile orientation form. The PREA hotline number posted and the number for Hopeful Horizons were called by the auditor to ensure they were working numbers.

Beaufort officials provided the following responses on the Pre-Audit Questionnaire with respect to administrative remedies in the past 12 months:

- o The number of grievances that were filed that alleged sexual abuse = 0
- o The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed = 0
- o The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days = 0
- o The number of emergency grievances alleging substantial risk of imminent sexual abuse filed = 0

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.352: based on complying in all material ways with this standard for the review period.

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- Beaufort Pre-Audit Questionnaire (PAQ),
- PREA 115.353 (i.e., AMIkids Policy No. 6.53),
- Student PREA (i.e., Juvenile Orientation form), and
- Letter of Agreement with Hopeful Horizons

2. Interviews/Discussions with:

- Beaufort PREA Compliance Manager
- BEAUFORT Executive Director
- Random Residents (13)

3. Site Review/Observations:

- Observations made on housing units and other areas of programming

Analysis and triangulation of information: this standard requires the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The Beaufort PAQ completed by agency officials indicated the process for resident access to outside support services and legal representation is outlined in AMIkids Policy No. 6.53 with the subject "Resident Access to Outside Confidential Support Services." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

The policy 6.53 indicates "AMIkids Sand Hills will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the resident's sexual abuse while in custody." The policy goes further to state that residents are permitted 1 call per week to their parents/guardians, 2 face-to-face visits or skypes per month, and unlimited written communication via email to their parents/guardians.

The letters of agreement between AMIkids and Hopeful Horizons was reviewed by the auditor. Hopeful Horizons provides victim advocacy, rape crisis intervention, and supportive services 24 hours a day for the facility. Contact information Hopeful Horizons was also observed on the juvenile orientation form that is reviewed with the residents upon admission. The PREA Compliance Manager shared that contact information for the outside support services are posted throughout the campus and the postings referenced were observed during the site review that took place. During the random resident interviews they initially could not identify the name of the outside support services but when prompted they could recall that Hopeful Horizons was listed in the materials provided at intake and is posted on the dorms and other buildings on campus.

	Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.353: based on complying in all material ways with this standard for the review period.
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115.354	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.354 (i.e., AMIkids Policy No. 6.54)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Random Residents (13)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations made in the administration building and visitor areas</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to allow for someone other than the victim of sexual abuse and harassment to report such incidents. The BEAUFORT PAQ completed by agency officials indicated that third-party reporting is outlined in AMIkids Policy No. 6.54 with the subject “Third-Party Reporting.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>The AMIkids Policy 6.54 indicates posters with reporting information will be displayed throughout the facility. Additionally, pamphlets with reporting information are also made available in visiting areas of the facility and the check-in desk.</p> <p>During random resident interviews the youth identified family members as individuals that could report sexual abuse and sexual harassment (on the youth’s behalf). Posters with reporting information was observed in both the administration building and cafeteria. The PREA Compliance Manager discussed the visitation process and that it can take place in the cafeteria and on occasion the outside pavilion is where some events occur as well. Neither the Executive Director nor the</p>

	<p>Director of Operations/PREA Compliance Manager were aware of any third-party reports of sexual abuse and sexual harassment at the facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.354: based on complying in all material ways with this standard for the review period.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.361 (i.e., AMIkids Policy No. 6.61)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Random Staff (14)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires agency compliance with child abuse reporting laws as well as staff knowing how to properly report sexual abuse and sexual harassment to supervisory officials and to state or local services, while also protecting the alleged victim’s privacy. Additionally, this standard requires facility management to report allegation of sexual abuse to the appropriate agency office, the alleged victim’s parent or legal guardian and legal representative. The BEAUFORT PAQ indicates that staff and agency reporting duties are outlined in AMIkids Policy No. 6.61 with the subject “Staff and Agency Reporting Duties.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>The policy 6.61 indicates that all AMIkids staff, medical and mental health staff are mandated reporters. Therefore, all allegations of sexual abuse and sexual harassment must be reported to the facility’s designated investigators. The Executive Director and PREA Compliance Manager indicated that Beaufort County Sheriff’s Office and DJJ are the investigative entities for PREA incidents on campus and that immediate reports are made to DJJ and Department of Social Services</p>



	<p>(DSS) for all abuse, neglect, and exploitation incidents that occur against residents placed at the facility. During random staff interviews all indicated they would make an immediate report up their chain of command for all PREA-related incidents and that the Director of Operations or the Executive Director would then contact DJJ and DSS. Additionally, depending on the seriousness of the incident, the Sheriff’s office may also be contacted for investigation and findings.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.361: based on complying in all material ways with this standard for the review period.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.362 (i.e., AMIkids Policy No. 6.62), and</li> <li>· Resident case management files</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· Agency PREA Coordinator</li> <li>· Agency Head/Designee (Regional Director)</li> <li>· Random Staff (14)</li> <li>· Random Resident (13)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires immediate action to protect juveniles when the facility learns that a resident is about to be sexually abused. The BEAUFORT PAQ indicates the agency protection duties are outlined in AMIkids Policy No. 6.62 with the subject “Agency Protection Duties.”</p> <p>AMIkids Policy 6.62 that was provided during the onsite portion of the audit, denotes that immediate actions must take place to protect residents at a substantial risk of imminent sexual abuse to include removing the resident at risk from the area as the</p>

	<p>abuser. The policy goes further to state that isolation can be used as a last resort but must include a 30-day review with documented actions in the shift log and the residents case management file. During the Pre-audit phase both the PREA Coordinator and Regional Director discussed the agency's zero tolerance policy towards any forms of sexual abuse and sexual harassment. No reports of a resident being at a risk imminent sexual abuse was brought to the attention of the PREA Coordinator or the Regional Director during the review period.</p> <p>Random interviews with both Beaufort staff and residents revealed no reports being made or incidents of a resident being at an imminent risk of sexual abuse at the facility. Staff stated that in the event they suspect or are made aware of any serious incident, immediate actions will take place to include reporting the information up the chain of command and to outside licensing and investigative entities.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.362: based on complying in all material ways with this standard for the review period.</p>
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<b>115.363 Reporting to other confinement facilities</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.363 (i.e., AMIkids Policy 6.63)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· Agency PREA Coordinator</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Agency Head/Designee (Regional Director)</li> <li>· Random Resident (13)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the facility to report allegations of resident abuse that occurred at another facility by notifying the head of the other facility as soon as possible so that an investigation can begin. The</p>

	<p>BEAUFORT PAQ indicates that reporting PREA incidents to other confinement facilities is outlined in AMIkids Policy 6.63 with the subject “Reporting to Other Confinement Facilities.”</p> <p>AMIkids Policy 6.63 indicated the Executive Director is responsible for notifying the appropriate investigative agency (i.e., Beaufort County Sheriff’s Department and Hopeful Horizons Abuse Hotline). Additionally, abuse victims will be referred to Beaufort Memorial Hospital for treatment services. During the pre-onsite audit phase both the PREA Coordinator and the Regional Director stated they have not had to report to another facility that an allegation of sexual abuse was reported by any residents placed at Beaufort. This information was also confirmed by the Beaufort Executive Director and PREA Compliance Manager during interviews that occurred. During random resident interviews no resident reported any sexual abuse or sexual harassment incidents that occurred prior to placement or while placed at the Beaufort facility.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.363: based on complying in all material ways with this standard for the review period.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.364 (i.e., AMIkids Policy No. 6.64)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Staff Who Have Act as First Responders (10)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Informal discussion with staff during the site review</li> </ul> </li> </ol>

Analysis and triangulation of information: this standard requires that staff approached and notified about an incident of sexual abuse or “staff first responders” arriving after a sexual abuse incident must separate the victim and abuser, as well as take steps to preserve evidence until an investigator is on scene. The BEAUFORT PAQ indicates that staff 1st responder duties are outlined in AMIkids Policy No. 6.64 with the subject “Staff First Responders Duties.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

Discussions with both the Executive Director and PREA Compliance Manager revealed that all staff are considered as “first responders” on campus. During specialized interviews and informal discussions with Beaufort staff very few of the staff specified first responder duties of separating the victim and the abuser, securing the crime scene and preserving any physical evidence that might be on the alleged victim and abuser. Majority of the staff simply stated they would make an immediate report up the chain of command if they were the first person to arrive after an incident or are the first to be told of a sexual abuse incident. The auditor inquired about online and in-person trainings that occur for staff. The PREA Compliance Manager/Director of Operations stated both types of training occurs and that she conducts some of the in-person training with staff assigned to Beaufort.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.364: based on staff first responders not being versed on their duties.

**Corrective action recommended for substantial compliance with PREA standard 115.364:**

PREA Standard 115.364 along with AMIkids Policy 6.64 requires staff first responders to be aware of their duties to separate the victim and the abuser and take steps to preserve evidence until an investigator is on the scene. AMIkids Beaufort, Inc. will need to provide refresher training to all staff on “staff first responder duties” that are outlined in AMIkids Policy 6.64. The PREA Policy Acknowledgement form should be signed by all staff upon successfully completing this training with a copy of the training sign-in sheets and signed acknowledgments being sent to the auditor. This information will need to be provided to the auditor prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.

**Corrective Action (Phase 4) Follow-Up:** During the corrective action phase of the audit AMIkids Beaufort, Inc. provided copies of facility employee roster along with signed and dated policy acknowledgments from all staff that received a copy of AMIkids Policy 6.64 and they understood the contents contained in the policy regarding first responder duties. Based on the documentation provided, the Auditor has determined the facility meets PREA Standard 115.364.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- BEAUFORT Pre-Audit Questionnaire (PAQ), and
- PREA 115.365 (i.e., AMIkids Policy No. 6.65)

2. Interviews/Discussions with:

- BEAUFORT Executive Director
- Human Services Professionals (2)
- BEAUFORT PREA Compliance Manager

Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The BEAUFORT PAQ indicates the facility coordinated response is outlined in AMIkids Policy No. 6.65 with the subject "Coordinated Response." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

The AMIkids Policy 6.65 states the nurse on duty will conduct assessment of victims or youth will be transported to McLeod Regional Medical Center for a medical assessment. Additionally, trained staff will conduct forensic evidence. The policy goes further to state that "Private Matters LLC counselors will provide crisis intervention counseling." Interviews with the Human Services Professionals (HSPs) revealed that Hopeful Horizons provides counselors for crisis intervention as needed for residents placed at the Beaufort facility. It is recommended by the auditor that AMIkids Policy 6.65 be updated to reflect Hopeful Horizons as the counselor and crisis intervention counseling instead of Private Matters LLC if this entity is not being used by AMIkids Beaufort. The Executive Director and PREA Compliance Manager discussed the coordinated response for all Priority 1 incidents that occur on campus. The PREA Compliance Manager explained that sexual abuse would be considered a Priority 1 incident and would immediately trigger a coordinated response as per agency policy.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.365: based on complying in all material ways with this standard for the review period.

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.365 (i.e., AMIkids Policy No. 6.65)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· Human Services Professionals (2)</li> <li>· BEAUFORT PREA Compliance Manager</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the facility to have a written plan to coordinate what the different categories of personnel must do when they are responding to an incident of sexual abuse. The BEAUFORT PAQ indicates the facility coordinated response is outlined in AMIkids Policy No. 6.65 with the subject "Coordinated Response." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>The AMIkids Policy 6.65 states the nurse on duty will conduct assessment of victims or youth will be transported to McLeod Regional Medical Center for a medical assessment. Additionally, trained staff will conduct forensic evidence. The policy goes further to state that "Private Matters LLC counselors will provide crisis intervention counseling." Interviews with the Human Services Professionals (HSPs) revealed that Hopeful Horizons provides counselors for crisis intervention as needed for residents placed at the Beaufort facility. It is recommended by the auditor that AMIkids Policy 6.65 be updated to reflect Hopeful Horizons as the counselor and crisis intervention counseling instead of Private Matters LLC if this entity is not being used by AMIkids Beaufort. The Executive Director and PREA Compliance Manager discussed the coordinated response for all Priority 1 incidents that occur on campus. The PREA Compliance Manager explained that sexual abuse would be considered a Priority 1 incident and would immediately trigger a coordinated response as per agency policy.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.365: based on complying in all material ways with this standard for the review period.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.367 (i.e., AMIkids Policy No. 6.67)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency to protect residents and staff from retaliation coming from other residents and staff. The BEAUFORT PAQ indicates the agency’s procedure for protection against retaliation is outlined in AMIkids Policy No. 6.67 with the subject “Protection Against Retaliation.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>The policy indicates that shift supervisors are responsible for ensuring sexual abuse and sexual harassment reporters are protected from retaliation, whether staff or residents. The Director of Operations is responsible for monitoring retaliation and notifying the Executive Director of any instances of retaliation that occurs. The policy dated for 5-1-24 did not specify the timeframe for monitoring retaliation nor was a copy of the retaliation monitoring form provided that reflect it will occur for at least 90 days. During interviews with the Executive Director and Director of Operations they did not report any instances of retaliation monitoring that took place during the review period.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency does not meet Standard 115.367: no documentation was provided to support that the policy or procedure reflect that retaliation monitoring will occur at least 90 days.</p> <p><b>Corrective action recommended for substantial compliance with PREA standard 115.367:</b></p> <p>PREA Standard 115.367 requires the agency to conduct retaliation monitoring for at least 90 days and continue, if initial monitoring indicates a need. AMIkids Beaufort, Inc. will need to revise AMIkids Policy 6.67 to reflect the timeframe for retaliation monitoring or provide a copy of the agency’s retaliation monitoring form that reflects this requirement. This information will need to be provided to the auditor</p>

	<p>prior to the conclusion of the corrective action period (CAP) period that ends on March 24, 2025.</p> <p><b>Corrective Action (Phase 4) Follow-Up:</b> During the corrective action phase of the audit AMIkids Beaufort, Inc. provided a copy of their agency’s retaliation monitoring form that reflects a requirement to conduct monitoring for at least 90 days. Based on the documentation provided and follow up discussions with the facility administrator, the Auditor has determined the facility meets PREA Standard 115.367.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.368 (i.e., AMIkids Policy No. 6.68), and</li> <li>· Facility Logbooks</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Human Services Professionals (2)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Observations of residents in programming</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard relates to requirements of protective custody if a resident who is alleged to have suffered sexual abuse is placed in segregated housing for protection. The BEAUFORT PAQ indicates the agency’s procedure for post-allegation protective custody is outlined in AMIkids Policy No. 6.68 with the subject “Post-Allegation Protective Custody.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>AMIkids Policy No. 6.68 indicates the facility does not utilize isolation but rather that if youth require protective custody, then they will be placed on a one-on-one with staff for supervision. The auditor discussed language in several policies (e.g.,</p>



	<p>AMIkids Policy No. 6.62) that isolation can be used as a last resort. The Executive Director clarified that while isolation is an option per policy it is not utilized at the Beaufort Campus. In the event a resident is a danger to himself or others, or in need of protective custody, the resident is placed on a one-on-one supervision with a staff person. If a one-on-one supervision status is not sufficient to protect residents, the placing entity (or local law enforcement) will be contacted to remove identified residents from the program.</p> <p>The Human Services Professionals (HSPs) completes the housing assignment of residents on either Dorm 1 or Dorm 2 and both the Director of Operations and Executive Director could be involved in dorm reassignments as needed. The HSPs stated they have not had to reassign any residents to another dorm due to sexual abuse incidents occurring on campus or for protective custody reasons.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.368: based on complying in all material ways with this standard for the review period.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.371 (i.e., AMIkids Policy No. 6.71),</li> <li>· Memorandum of Understanding (MOU) with Beaufort County Sheriff's Office, and</li> <li>· South Carolina Department of Juvenile Justice, Policy #328 - "Investigations"</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Beaufort Executive Director</li> <li>· BEAUFORT PREA Compliance Manager</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires that all allegations of sexual abuse and sexual harassment be promptly investigated through an</p>

objective investigation. The BEAUFORT PAQ completed by agency officials indicates the facility’s procedure for criminal and investigative agency investigations are outlined in AMIkids Policy No. 6.71 with the subject “Criminal and Administrative Agency Investigations.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

AMIkids Policy No. 6.71 indicates the facility does not conduct its own investigations of sexual abuse and sexual harassment but rather they rely on the Clinton Department of Public Safety and/or Department of Juvenile Justice to investigate sexual abuse. During interviews with both the Executive Director and PREA Compliance Manager/Director of Operations it was confirmed the facility does not complete criminal or administrative investigations for PREA-related incidents. Beaufort County Sheriff’s Office and South Carolina Department of Juvenile Justice are notified, and these entities conduct the investigations. The MOU with Beaufort County Sheriff’s Office was reviewed, and it includes language about this organization conducting investigations for sexual abuse and complying with PREA standards as it relates to the investigative process. South Carolina DJJ’s “Investigations” Policy #328 was also reviewed, which is available on their website. It is the recommendation of the auditor that AMIkids Policy 6.71 to reflect Beaufort County Sheriff’s Office as an investigative entity instead of Clinton Department of Public Safety.

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.371: based on complying in all material ways with this standard for the review period.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.372 (i.e., AMIkids Policy No. 6.72),</li> <li>· Memorandum of Understanding with Beaufort County Sheriff’s Office,</li> <li>· Certificate of Completion – “PREA: Investigating Sexual Abuse in a Confinement Setting”</li> </ul> </li> <li>2. Interviews/Discussions with:</li> </ol>

	<ul style="list-style-type: none"> <li>· Agency Head/Designee (Regional Director)</li> <li>· PREA Coordinator</li> <li>· Beaufort Executive Director</li> </ul> <p>Analysis and triangulation of information: this standard requires the agency to consider allegations to be substantiated if most of the evidence supports it. The BEAUFORT PAQ indicates the evidentiary standard for administrative investigations is outlined in AMIkids Policy No. 6.72 with the subject “Evidentiary Standard for Administrative Investigations.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>Policy #6.72 indicates “AMIkids Sand Hills imposes a standard no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Information provided in this policy was confirmed in discussions with the Regional Director and PREA Coordinator during the pre-on-site audit phase. The Beaufort Executive Director indicated that Beaufort County Sheriff’s Office conducts criminal and administrative investigations into sexual abuse incidents, and South Carolina DJJ conducts administrative investigations. AMIkids includes language in their agreements with the investigative entities to comply with PREA standards as it relates to the investigative process. Additionally, the PREA Coordinator has also received specialized training for investigators as an added measure to ensure compliance with the PREA standards for administrative investigations.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.372: based on complying in all material ways with this standard for the review period.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.373 (i.e., AMIkids Policy No. 6.73)</li> </ul> </li> <li>2. Interviews/Discussions with:</li> </ol>

- Beaufort Executive Director
- BEAUFORT PREA Compliance Manager
- Random Residents (13)

Analysis and triangulation of information: this standard requires that after an investigation into allegations of sexual abuse, the agency must tell the resident whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The BEAUFORT PAQ indicates the facility’s procedure for resident reporting is outlined in AMIkids Policy No. 6.73 with the subject “Reporting to Residents.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

AMIkids Policy No. 6.73 indicates the facility will inform the victim of the investigation’s finding to include the status of staff accusers and indictments of alleged resident abusers. The information will be provided to victims in writing with signed acknowledgment of them being informed. During interviews with residents none shared that they had experienced or reported any sexual abuse or sexual harassment incidents while at the facility. Additionally, the Executive Director and PREA Compliance Manager/Director of Operations also confirmed that no PREA-related incidents have been investigated during the past twelve months.

AMIkids officials provided the following responses on the BEAUFORT Pre-Audit Questionnaire with respect to reporting to residents within the past 12 months:

- o The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility = 0
- o Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation = 0
- o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency = 0
- o There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility = No

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.373: based on complying in all material ways with this standard for the review period.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- BEAUFORT Pre-Audit Questionnaire (PAQ), and
- PREA 115.376 (i.e., AMIkids Policy No. 6.76)

2. Interviews/Discussions with:

- BEAUFORT Executive Director
- Administrative (Human Resources) Staff

Analysis and triangulation of information: this standard requires the facility to have a staffing plan to protect residents against sexual abuse. The BEAUFORT PAQ indicates the facility's supervision and monitoring plan is outlined in AMIkids Policy No. 6.76 with the subject "Disciplinary Sanctions for Staff." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

Upon review of the AMIkids Policy No. 6.76, the auditor did not observe information that terminations for sexual abuse or sexual harassment violations will be reported to law enforcement agencies and to any relevant licensing bodies. This information was confirmed in discussions with the Executive Director who oversees the hiring and firing process at the facility. The human resources representative discussed the hiring and termination process to the auditor and shared that no staff have been disciplined or terminated due to sexual abuse or sexual harassment of residents at the facility.

Beaufort officials provided the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for staff in the past 12 months:

- o The number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies = 0
- o The number of staff from the facility that have disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies = 0
- o The number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies = 0

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.376: based on complying in all material ways with this standard for the review period.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.377 (i.e., AMIkids Policy No. 6.77)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT Executive Director</li> <li>· Beaufort PREA Compliance Manager/Director of Operations</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires consequences for contractor or volunteer violations of the agency’s sexual abuse and sexual harassment policies. The BEAUFORT PAQ indicates corrective action for contractors and volunteers is outlined in AMIkids Policy No. 6.77 with the subject “Corrective Action for Contractors and Volunteers.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>AMIkids Policy No. 6.77 indicates that contractor and volunteer PREA violators will be reported to law enforcement agencies and to relevant licensing bodies.</p> <p>AMIkids Beaufort officials during interviews confirmed following responses on the Pre-Audit Questionnaire with respect to corrective actions taken against contractors and volunteers in the past 12 months:</p> <ul style="list-style-type: none"> <li>o Contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents = No</li> <li>o The number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents = 0</li> </ul> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.377: based on complying in all material ways with this standard for the review period.</p>

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

## Auditor Discussion

The evidence relied upon to determine compliance with this standard included:

1. Review of documentation consisting of:

- BEAUFORT Pre-Audit Questionnaire (PAQ),
- PREA 115.378 (i.e., AMIkids Policy No. 6.78), and
- Letter of Agreement with Hopeful Horizons

2. Interviews/Discussions with:

- BEAUFORT Executive Director
- Human Services Professionals (2)

Analysis and triangulation of information: this standard speaks to residents facing disciplinary sanctions if after administrative or criminal investigations there are findings of a resident sexually abusing another resident. The BEAUFORT PAQ indicates interventions and disciplinary sanctions for residents are outlined in AMIkids Policy No. 6.78 with the subject "Disciplinary Sanctions for Residents." The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.

Policy #6.81 indicates residents will be referred to Private Matters "for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse." The Beaufort Human Services Professionals shared that residents will be referred to Hopeful Horizons for counseling services. It is recommended by the auditor that the facility revise its policy to reflect Hopeful Horizons instead of Private Matters.

Beaufort Executive Director provided (and confirmed in interviews) the following responses on the Pre-Audit Questionnaire with respect to disciplinary sanctions for residents in the past 12 months:

- o The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility = 0
- o The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility = 0
- o The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse = 0

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.378: based on complying in all material ways with this standard for the review period.

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1401 376">The evidence relied upon to determine compliance with this standard included:</p> <ol data-bbox="280 412 1445 1276" style="list-style-type: none"> <li data-bbox="280 412 1445 734">1. Review of documentation consisting of: <ul data-bbox="280 483 970 734" style="list-style-type: none"> <li data-bbox="280 483 906 519">· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li data-bbox="280 555 970 591">· PREA 115.381 (i.e., AMIkids Policy No. 6.81),</li> <li data-bbox="280 627 957 663">· Letter of Agreement with Hopeful Horizons,</li> <li data-bbox="280 698 612 734">· Student Handbook</li> </ul> </li> <li data-bbox="280 770 1445 1137">2. Interviews/Discussions with: <ul data-bbox="280 842 1445 1137" style="list-style-type: none"> <li data-bbox="280 842 766 878">· BEAUFORT Executive Director</li> <li data-bbox="280 913 887 949">· BEAUFORT PREA Compliance Manager</li> <li data-bbox="280 985 1445 1066">· Staff that Perform Screening for Risk of Victimization and Abusiveness/Human Services Professionals (2)</li> <li data-bbox="280 1102 676 1137">· Random Residents (13)</li> </ul> </li> <li data-bbox="280 1173 1337 1276">3. Site Review/Observations: <ul data-bbox="280 1245 1337 1276" style="list-style-type: none"> <li data-bbox="280 1245 1337 1276">· Observations of postings throughout the facility during the site review</li> </ul> </li> </ol> <p data-bbox="280 1388 1477 1585">Analysis and triangulation of information: this standard requires facilities to offer residents who have experienced sexual victimization or has been sexually abusive, a follow-up meeting with a medical or mental health practitioner. The BEAUFORT PAQ indicates information on this standard is outlined in AMIkids Policy No. 6.81 with the subject “Medical and Mental Health Screenings: History of Sexual Abuse.”</p> <p data-bbox="280 1630 1461 2078">The Executive Director and PREA Compliance Manager confirmed that Hopeful Horizons is the entity used to provide mental health counseling to Beaufort residents who disclose being victims of sexual abuse as well as residents who have been sexually abusive. During interviews with the Human Services Professionals (HSPs) they stated they perform the screenings for risk of victimization and abusiveness for all admissions at the facility. In the event a resident is identified as a victim or abuser, he is offered a referral to be seen by Hopeful Horizons mental health clinicians. This service would be offered upon the HSP learning of this information and the referral to outside medical and mental health practitioners would be made that same day. The HSPs did not recall any residents in the past year needing such a referral for sexual abuse victimization or abusiveness. Contact</p>



	<p>information for Hopeful Horizons was observed in common areas of the facility during the site tour and observed in the student handbook that is provided to all residents the day they arrive at the facility. Residents confirmed during interviews they receive a student handbook during the intake process that occurs the day they arrive.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.381: based on complying in all material ways with this standard for the review period.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.382 (i.e., AMIkids Policy No. 6.82)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Human Services Professionals (2)</li> <li>· Executive Director</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Informal discussions with residents during site review</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the facility the provide resident victims of sexual abuse with emergency medical treatment and crisis intervention services promptly. The BEAUFORT PAQ indicates access to emergency medical and mental health services are outlined in AMIkids Policy No. 6.82 with the subject “Access to Emergency Medical and Mental Health Services.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>In review of AMIkids Policy No. 6.82, it did not address “emergency” services. Resident victims should receive timely access to emergency services. While this specific language was not in the policy, the Executive Director stated the agreement with Hopeful Horizons provides for immediate services of residents referred and</p>

	<p>residents are also taken to Beaufort Memorial for emergency medical services. Postings with the contact number and address for Hopeful Horizons was observed in common areas of the facility. During the site tour residents were asked about Hopeful Horizons and they stated counseling services are provided by this organization to residents. The HSPs also discussed they would make referrals to Hopeful Horizons for all residents needing crisis intervention services and transport residents to Beaufort Memorial Hospital for emergency medical treatment.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.382: based on complying in all material ways with this standard for the review period.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.383 (i.e., AMIkids Policy No. 6.83), and</li> <li>· Letter of Agreement with Hopeful Horizons</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Human Services Professionals (2)</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires nonemergency medical and mental health treatment to be offered to resident who are victims of sexual abuse in the facility. The BEAUFORT PAQ indicates ongoing medical and mental health care for sexual abuse victims and abusers is outlined in AMIkids Policy No. 6.83 with the subject “Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.” The policy referenced AMIkids San Hills, and this was brought to the attention of the Executive Director. It was recommended that the policy be revised to reflect AMIkids Beaufort.</p> <p>Policy #6.83 indicates “AMIkids Sand Hills will attempt to conduct mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This will be documents via the referral process.” The Human Services</p>

	<p>Professionals shared in interviews they have not had a resident admitted who disclosed being sexually abused prior to placement or while placed at the facility. The HSPs went further to state that in the event sexual abuse is disclosed by a resident or is learned through other means the youth would be referred to Hopeful Horizons for a mental health evaluation according to agency policy. The HSPs also stated they have weekly case management sessions with residents assigned to their caseload.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.383: based on complying in all material ways with this standard for the review period.</p>
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115.386	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· PREA 115.386 (i.e., AMIkids Policy No. 6.86), and</li> <li>· PREA Sexual Abuse Incident Review form</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· BEAUFORT PREA Compliance Manager /Director of Operations</li> <li>· BEAUFORT Executive Director</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the facility to conduct a sexual abuse incident review within 30 days for all substantiated and unsubstantiated findings. The BEAUFORT PAQ indicates the procedures for the sexual abuse incident review is outlined in AMIkids Policy No. 6.86 with the subject "Sexual Abuse Incident Reviews."</p> <p>The AMIkids Policy No. 6.86 indicates the Director of Operations prepares reports and findings from the sexual abuse incident reviews (SAIRs) and submits them to the Executive Director and the PREA Compliance Manager. The policy goes further to state the SAIR will include upper-level management officials with input from line supervisors, investigators, medical or mental health practitioners. The Executive</p>

	<p>Director and PREA Compliance Manager both confirmed there has been no incidents of sexual abuse or sexual harassment investigated or concluded during the review period. A copy of the sexual abuse incident review form was provided to the auditor during the onsite portion of the audit. On the form it reflects it will be completed for “substantiated” and “founded” PREA cases. It is recommended by the auditor that the agency revise the SAIR form to add “unsubstantiated” findings as well.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.386: based on complying in all material ways with this standard for the review period.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.387 (i.e., AMIkids Policy No. 6.87)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· BEAUFORT Executive Director</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Review of PREA section on the agency website</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard is about the incident- based data gathered by the facility for every allegation of sexual abuse at its campus. The BEAUFORT PAQ indicates its standard for data collection is outlined in AMIkids Policy No. 6.87 with the subject “Data Collection.”</p> <p>The AMIkids Policy No. 6.87 indicates South Carolina Department of Juvenile Justice collects aggregate uniform data. The auditor reviewed the SC DJJ website and did observe annual reports from 2017-2021 that aggregated PREA allegation by month, total allegations by type, status of allegations types, and number of allegations by facility (i.e., alternative placement/group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). In interviews with the Executive Director, he confirmed</p>

	<p>that DJJ collects and manages all aggregate PREA uniform data. This information was also shared by the PREA Coordinator during the pre-onsite audit phase.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.387: based on complying in all material ways with this standard for the review period.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.388 (i.e., AMIkids Policy No. 6.88)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· BEAUFORT PREA Compliance Manager</li> <li>· Agency Head/Designee (Regional Director)</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Review of PREA section on the agency website</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires the agency collect and analyze PREA incident data for any audit corrective action plans. The BEAUFORT PAQ indicates sexual abuse and sexual harassment data review for corrective action is outlined in AMIkids Policy No. 6.88 with the subject "Data Collection."</p> <p>The AMIkids Policy 6.88 indicates South Carolina DJJ completes the annual report to include identifying problem areas and develop a correction action plan if needed. This information was confirmed in interviews with the Regional Director and PREA Coordinator during the pre-onsite audit phase. Additionally, during the onsite audit, the Executive Director confirmed that DJJ completes the annual report and notifies AMIkids of any corrective actions that need to occur. According to the Regional Director, PREA Coordinator, and Beaufort Executive Director, there as been no corrective actions required of them by DJJ as it relates to PREA.</p>

	<p>The auditor reviewed the SC DJJ website and did observe an annual report from 2021 that aggregated PREA allegation by month, total allegations by type, status of allegations types, and number of allegations by facility (i.e., alternative placement/ group home, Broad River Broad Complex, Coastal Evaluation Center, Juvenile Detention Center, Midlands Evaluation Center, and Update Evaluation Center). The report did not have any qualitative information such as commentary on problem areas or any necessary corrective action plan.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.388: based on complying in all material ways with this standard for the review period.</p>
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115.389	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The evidence relied upon to determine compliance with this standard included:</p> <ol style="list-style-type: none"> <li>1. Review of documentation consisting of: <ul style="list-style-type: none"> <li>· BEAUFORT Pre-Audit Questionnaire (PAQ), and</li> <li>· PREA 115.389 (i.e., AMIkids Policy No. 6.89)</li> </ul> </li> <li>2. Interviews/Discussions with: <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> <li>· BEAUFORT PREA Compliance Manager</li> </ul> </li> <li>3. Site Review/Observations: <ul style="list-style-type: none"> <li>· Review of PREA section on the agency website</li> </ul> </li> </ol> <p>Analysis and triangulation of information: this standard requires that sexual abuse data be stored, published and retained by the agency. The BEAUFORT PAQ indicates the agency's process for data storage, publication and destruction is outlined in AMIkids Policy No. 6.89.</p> <p>AMIkids Policy 6.89 denotes that South Carolina Office of Juvenile Justice ensures incident-based and aggregate data are securely retained for at least ten (10) years. Review of the South Carolina DJJ website did have the list and final report of PREA audits completed for owned, operated, and contracted facilities. Both the PREA Coordinator and Beaufort PREA Compliance Manager shared that South Carolina DJJ retains all incident-based and aggregate PREA data and retains this information</p>

	<p>according to AMIkids Policy 6.89.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.389: based on complying in all material ways with this standard for the review period.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The evidence relied upon to determine compliance with this standard included:</p> <p>1. Review of documentation consisting of:</p> <ul style="list-style-type: none"> <li>· Beaufort Pre-Audit Questionnaire (PAQ),</li> <li>· Final PREA Reports – South Carolina DJJ Agency Website</li> <li>· Google search of information about the Beaufort campus</li> </ul> <p>Analysis and triangulation of information: this standard requires agencies to have all operated and contracted facilities audited once during every three-year audit cycle period. The BEAUFORT PAQ indicates the frequency and scope of PREA audits is outlined in SC DJJ Policies.</p> <p>South Carolina Department of Juvenile Justice has three (3) PREA-Related policies posted on its public website to include: Policy No. 321, Prevention of Sexual Offenses toward Youth; Policy No. 328, Investigations, and Policy No. 336, Application of the PREA Standards</p> <p>Review of the agency website indicates nine (9) SCDJJ Facility PREA Audit Reports from 2018-2023. Additionally, Statistical data is also included for those facilities from 2017-2022. Further, 15 PREA Reports for Community Based Marine and Wilderness Camps were observed from 2018-2021 for AMIkids facilities to include AMIkids Beaufort I. Finally, two PREA Final Reports were included for Camp Aspen dated for 2014 and 2017. Each facility has been audited at least once in the current three-year cycle with the Final PREA Report available on the agency website.</p> <p>Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.401: based on complying in all material ways with this standard for the review period.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

1. Review of documentation consisting of:

- BEAUFORT Pre-Audit Questionnaire (PAQ), and
- Final PREA Reports - Agency Website

Analysis and triangulation of information: this standard regarding audit content and findings, is outlined in South Carolina DJJ Policy No. 336, Application of the PREA Standards.

Review of the South Carolina DJJ website indicates the last PREA Final Report completed for the agency was on 12/1/23 for one of its state operated DJJ facilities. PREA Final Reports are also made available on the agency's website for 8 AMIkids contract facilities and another non-AMIkids contract facility. The last PREA Final Report for AMIkids Beaufort was completed on June 21, 2021

Based on the evidence reviewed and analyzed, it has been determined by the auditor that the agency meets Standard 115.403: based on complying in all material ways with this standard for the review period.



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

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

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

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

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

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

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

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



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

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

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	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. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

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

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



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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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