

PREA Facility Audit Report: Final

Name of Facility: AMIkids Sand Hills

Facility Type: Juvenile

Date Interim Report Submitted: 08/01/2024

Date Final Report Submitted: 01/24/2025

| 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"/> |
| Auditor Full Name as Signed: Sharon Pette | Date of Signature: 01/24/2025 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Pette, Sharon |
| Email: | sharon@rapidesi.com |
| Start Date of On-Site Audit: | 06/24/2024 |
| End Date of On-Site Audit: | 06/25/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | AMIkids Sand Hills |
| Facility physical address: | 2381 Campbell Lake Road, Patrick, South Carolina - 29584 |
| Facility mailing address: | 2381 CAMPBELL LAKE ROAD, PATRICK, South Carolina - 29584 |

| Primary Contact |
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| Name: | Sherry Smith |
| Email Address: | SSmith@amikids.org |
| Telephone Number: | 8439213000 |

| Superintendent/Director/Administrator | |
|--|--------------------|
| Name: | Sherry Smith |
| Email Address: | SSmith@amikids.org |
| Telephone Number: | 8439213000 |

| Facility PREA Compliance Manager | |
|---|--------------------|
| Name: | Terrence Ray |
| Email Address: | tray@amikids.org |
| Telephone Number: | (843) 287-2641 |
| Name: | Sherry Smith |
| Email Address: | ssmith@amikids.org |
| Telephone Number: | |

| Facility Characteristics | |
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| Designed facility capacity: | 30 |
| Current population of facility: | 23 |
| Average daily population for the past 12 months: | 20 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Mens/boys |
| Which population(s) does the facility hold? | |

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| <p>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 definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p> | |
| <p>Age range of population:</p> | 14-18 |
| <p>Facility security levels/resident custody levels:</p> | intermediate |
| <p>Number of staff currently employed at the facility who may have contact with residents:</p> | 23 |
| <p>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</p> | 2 |
| <p>Number of volunteers who have contact with residents, currently authorized to enter the facility:</p> | 6 |

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

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

Agency-Wide PREA Coordinator Information

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|--------------|----------------|-----------------------|-----------------|
| Name: | Wendell Watson | Email Address: | 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

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| 1. Start date of the onsite portion of the audit: | 2024-06-24 |
| 2. End date of the onsite portion of the audit: | 2024-06-25 |

Outreach

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| 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: | Pee Dee Coalition - Rape Crisis Emotional Support Services/Community Advocates |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 30 |
| 15. Average daily population for the past 12 months: | 25 |
| 16. Number of inmate/resident/detainee housing units: | 4 |
| 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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 15 |
| 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: | 0 |
| 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: | 4 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |

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| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>0</p> |
| <p>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):</p> | <p>On the first day of the onsite audit there were 15 youth residents in the Sand Hills program. The auditor was able to interview all 15 youth. Four of these youth were identified by program leaders as having cognitive and/or mental health challenges. No youth reported identifying as LGBTQI or as having other physical disabilities (i.e., blind, hard of hearing, physical limitations, etc.)</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>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:</p> | <p>25</p> |
| <p>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:</p> | <p>3</p> |

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| 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: | <p>2</p> |
| 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: | <p>The program contracts with two professionals to provide treatments services to youth. These services include a mental health clinician and a substance use provider. The program also has three volunteers - i.e. two who are religious services volunteers and one who facilitates an Alcoholic Anonymous group.</p> |
| <h2>INTERVIEWS</h2> | |
| <h3>Inmate/Resident/Detainee Interviews</h3> | |
| <h4>Random Inmate/Resident/Detainee Interviews</h4> | |
| 34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | <p>11</p> |
| 35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | <p>There were 15 youth in the program on the first day of the onsite audit. The auditor interviewed all 15 youth. Four of these youth were identified as "targeted" youth (having a mental health or cognitive disability).</p> |

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| 37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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): | The auditor interviewed all 15 youth in the program. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 4 |
| <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> | |
| 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: | 0 |
| 40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who have a physical disability.</p> |
| <p>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:</p> | <p>4</p> |
| <p>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:</p> | <p>0</p> |
| <p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who are blind or visually impaired.</p> |

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| <p>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:</p> | <p>0</p> |
| <p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who are deaf or hard of hearing.</p> |
| <p>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:</p> | <p>0</p> |
| <p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who are LEP.</p> |
| <p>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:</p> | <p>0</p> |
| <p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who identify as LGBTQI. All youth interviewed reported they identify as heterosexual.</p> |
| <p>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:</p> | <p>0</p> |

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| <p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who identify as transgender or intersex. All youth interviewed denied being transgender or intersex.</p> |
| <p>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:</p> | <p>0</p> |
| <p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who made a sexual abuse report. All youth interviewed verified they have not made a report of sexual abuse while in the program.</p> |

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| <p>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:</p> | <p>0</p> |
| <p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who made a sexual abuse report. All youth interviewed verified they have not made a report of sexual abuse while in the program. The auditor reviewed a sample of vulnerability tools, none of which indicated that youth had a history of sexual victimization.</p> |
| <p>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:</p> | <p>0</p> |

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| <p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>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).</p> | <p>The auditor interviewed all 15 youth in the program. Four of these youth qualified as part of a "targeted" population as defined by the Department of Justice PREA auditing standards. Interviews facility managers and direct care staff verified there have been no youth in the past 12 months or current youth who had been placed in segregated housing. All youth verified the program does not use isolation as a means for punishment or safety reasons.</p> |
| <p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>As previously mentioned, the auditor was able to interview all 15 youth in the program.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>51. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>10</p> |
| <p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

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| <p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>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):</p> | <p>The auditor interviewed nine of the 11 direct care staff (Youth Care Specialists and teachers) and two Youth Care Specialist Supervisors.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>11</p> |
| <p>56. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>58. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>59. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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

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| | <input type="checkbox"/> Other |
| 61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 61. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| 61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other |
| 62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 62. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| 62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other |
| 63. Provide any additional comments regarding selecting or interviewing specialized staff. | The auditor interviewed both volunteers and the one mental health contractor. |

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.

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| 64. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 68. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|--|---|
| <p>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).</p> | <p>The auditor had complete access to all parts of the facility and conducted a comprehensive tour of the facility. The auditor tested critical functions including testing the hotline reporting number; testing the crisis/victim advocacy number; and testing the grievance box response time. The auditor also had the HSP walk her through the process for conducting the vulnerability screening tool performed at intake. The tests of critical functions are described more fully in the audit findings report.</p> |
|--|---|

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>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?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

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

During the onsite review the auditor reviewed 17 files for current youth (10 current youth and 7 youth who were discharged in the 12 months preceding the onsite visit). These reviews included signed youth forms verifying they received PREA information at intake as well as the comprehensive education with 10 days of arrival. The auditor also reviewed completed vulnerability tools for the 17 identified youth files that were selected by the auditor. During the CAP the auditor reviewed these documents for all youth who entered into the program during the six-month period following the onsite review. The auditor also reviewed a sample of 18 staff records (13 current staff and 5 staff who were terminated or left employ in the 12 months preceding the onsite audit). These records were randomly selected by the auditor. The auditor also reviewed criminal history checks, abuse registry checks, and disclosure forms for this sample as well as files for two staff who were promoted in the past year.

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:

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| 78. Explain why you were unable to review any sexual abuse investigation files: | Interviews with SC DJJ investigators, Sand Hill leaders, and AMIKids Human Resources staff indicated that Sand Hills has not had any sexual abuse allegations since its last audit three years ago. |

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

| | |
|--|---|
| <p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>86. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>Interviews with SC DJJ investigators, Sand Hill leaders, and AMIKids Human Resources staff indicated that Sand Hills has not had any sexual harassment allegations since its last audit three years ago.</p> |
| <p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| | |
|---|--|
| <p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>Interviews with SC DJJ investigators, Sand Hill leaders, and AMIKids Human Resources staff indicated that Sand Hills has not had any sexual abuse or sexual harassment allegations since its last PREA audit three years ago.</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

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|----------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIkids Sand Hills Organizational Chart • AMIkids Sand Hills Staff Handbook (January 2018) • The REVISED AMIkids Sand Hills, Inc: Student Handbook • AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) • AMIkids Sand Hills Policy 6.11 Zero-Tolerance; PREA Coordinator • Sand Hills PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) • AMIkids has Policy OPER 1004 Abuse Free Environment • SCDJJ Policy 336: Application of PREA Standards • AMIkids Sand Hills - AMIkids website • Observation of PREA posters throughout the facility • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator |

- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialist (YCS - direct care staff)

Provision (a)

The AMIkids Sand Hills program has an agency policy that sets forth expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The agency’s PREA policy which is found in the Sand Hills Staff Handbook (January 2018, page 14) clearly states: “AMIkids has a zero tolerance towards all forms of sexual abuse, assault, harassment, and/or staff misconduct. In accordance with the Prison Rape Elimination Act (PREA) and AMIkids philosophy, AMIkids will not tolerate sexual assault, abuse, harassment, misconduct and/or sexual relationships performed by youth, Team Member, interns, volunteers, contractors or any other parties involved in such conduct. All individuals should be in an environment where they are free from fear of sexual assault. Reports of any sexual assault will be investigated and with respect to the individual’s safety, dignity, and privacy without fear of retaliation.”

In addition, the Sand Hills “PREA Policy 6.61 - Staff and Agency Reporting Duties” further supports PREA standards by stating that all staff are mandatory reporters and are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility (whether or not it is part of the AMIkids agency). This policy also informs staff that they are required to report retaliation against residents or staff who reported an incident as well as “...any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.” Interviews with all staff and program youth verified that they all understand the program’s zero-tolerance policy.

In further support of this policy AMIkids has Policy OPER 1004 Abuse Free Environment which declares, “ AMIKids has a no tolerance policy toward the abuse and/or neglect of any youth, to include physical, psychological, and emotional abuse. All AMIkids programs will provide an environment in which our youth, Team Members and others feel safe, secure, and unthreatened by any form of abuse or harassment. All Team Members will operate under a code of conduct that clearly communicates expectations for Team Members to interact with youth in a manner promoting their emotional and physical safety, while incorporating trauma responsive practices. This expectation requires Team Members to conduct themselves in a way that is respectful of others, reflects desired behaviors for youth, and never permits corporal punishment, profanity, threats, or intimidation. All youth and Team Members will be provided with direction on how to access their State’s abuse hotline or other designated abuse reporting authority as part of their orientation process or training. Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member

accessible locations within each program facility.”

AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) (pages 11-12) also declares, “AMIKids does not condone and will not tolerate harassment by any means (verbal, physical, sexual, written, electronically-delivered or otherwise) that creates a hostile or intolerable working environment for any Team Member or other individuals (e.g. applicant, volunteer, intern, contractor, vendor, customer, client) because of race, color, national origin, religion, sex, age, pregnancy, disability, marital status, military status, genetic information, sexual orientation, gender expression or identity or any other status or condition protected by applicable federal, state or local laws... Team Members can raise concerns and make a report without fear of reprisal. In addition, Team Members and applicants shall not be subjected to harassment, intimidation, threats, coercion, or decimation because they have engaged in or may engage in any of the following activities:

- Assisting or participating in an investigation, compliance evaluation, hearing, or any
- other related activity.
- Opposing any unlawful act or practice or any other federal, state, or local law requiring equal employment opportunity.
- Exercising protected rights.”

AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) (pages 14-15) also clearly provides examples of sexual harassment (i.e., verbal, non-verbal, and physical).

- “Verbal: Sexual innuendoes, suggestive comments, joke of a sexual nature, sexual propositions, and threats.
- Non-Verbal: Sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling, obscene gestures.
- Physical: Unwanted physical contact, including touching, pinching, unwelcome sexual conduct of any kind.”

The AMIKids, Inc. and Program: Team Member Reference Guide (September 2021) also states:

- “We are committed to providing a work environment that is free of discrimination and harassment based on an individual’s race, color, religion, gender, national origin, age, disability, or other classifications protected by applicable law. This includes freedom from sexual harassment in any form.
 1. AMIKids absolutely oppose and strictly prohibit any act of harassment, and will not tolerate such actions by Team Members, whether they hold a subordinate or management position. This also includes actions of those contracted or doing business with AMIKids...”
- “AMIKids has a zero tolerance toward all forms of sexual abuse, assault,

harassment and/or misconduct. In accordance with the Prison Rape Elimination Act (PREA) and AMIkids' philosophy, AMIkids will not tolerate sexual assault, abuse, harassment, misconduct and/or sexual relationships performed by youth, Team Members, interns, volunteers, contractors, vendors, or any other parties involved in such conduct. All individuals should be in an environment where they are free from fear of sexual assault. Reports of any sexual assault will be investigated and with respect to the individual's safety, dignity, and privacy without fear of retaliation."

The REVISED AMIkids Sand Hills, Inc: Student Handbook (page 5) has a section titled, "Child Abuse Prevention." The information provided includes: "The program will ensure that all known, alleged, or suspected incidents of child abuse of any youth in the program shall be reported immediately in compliance with South Carolina law. All youth shall be given an orientation, which shall include basic directions for reporting child abuse and assuring youth of their right to be protected from retaliation for reporting allegations of child abuse. Any program employee who, after a thorough investigation, is believed to have abused a youth under the care and supervision of the program, shall be referred to the proper authorities." This agency's Zero Tolerance Policy is not currently list on the AMIkids Sand Hills website (AMIkids Sand Hills - AMIkids).

Interviews with AMIkids Regional Director, the AMIkids Agency PREA Coordinator, the Sand Hills Executive Director, the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM), the Sand Hills Youth Care Specialist Supervisors, and the Sand Hills Youth Care Specialist (YCS - direct care staff) provided sufficient evidence that all staff understand the zero-tolerance policy; mandatory reporting responsibilities; and avenues for reporting abuse. Additionally, AMIkids Regional Directors and facility leaders articulated that keeping youth safe while in the care of Sand Hills program is a top priority. Interviews with youth also verified they understood the facility's zero-tolerance policy.

During the facility tour the auditor observed very few zero tolerance posters. The signs that were posted on the living units and in other areas on campus (i.e., residential dorms, the classroom building, and the administrative building) were on letter sized paper and said PREA and provided phone numbers to the Sherriff's Office and Pee Dee Coalition. The program or AMIKids agency is strongly encouraged to create larger posters that convey a zero-tolerance environment. The PREA Resource Center has templates for these posters available at: [PREA Poster Templates | PREA \(prearesourcecenter.org\)](https://www.prearesourcecenter.org)

Provision (b)

AMIkids has a designated Agency PREA Coordinator, Mr. Wendell Watson is responsible for ensuring nine AMIkids residential programs that house juvenile justice youth are PREA compliant. An interview with Mr. Watson verified he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal

PREA standards. Review of the Sand Hills organizational chart shows Mr. Watson's title as "Agency PREA Coordinator." Mr. Watson reports to Ms. Tanya Hollins, the AMIKids Regional Director, on PREA matters for AMIKids programs in South Carolina.

In support of this practice SC DJJ has Policy 336: Application of PREA Standards which directs, "The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)] 3. For each facility SCDJJ operates and contracts with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility's day to day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution. [PREA Standard(s) §115.311] "

Provision (c)

The Sand Hills program has a designated PREA Compliance Manager, Mr. Terrance Ray. Mr. Ray is the Director of Operations and is also among the individuals who assists in leading youth-to-youth sexual harassment and/or sexual abuse (non-penetration) administrative investigations. He also serves as the facility's PREA Compliance Manager (PCM). Although Mr. Ray has a range of job responsibilities, the Sand Hills program is small. During the audit interview, Mr. Ray reported he has sufficient time to perform the PREA-related job duties.

In support of this practice, the SC DJJ has Policy 336: Application of PREA Standards which directs, "The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)] 3. For each facility SCDJJ operates and contracts with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility's day to day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution. [PREA Standard(s) §115.311]."

The AMIKids Sand Hills Policy 6.11 Prison Rape Elimination Act establishes the Facility PREA Compliance Manager position. More specifically, the policy states, "1. AMIKids Sand Hills will designate an upper-level facility PREA compliance manager. The PREA compliance manager will report directly to the Executive Director. 2. The PREA compliance manager will have sufficient time and authority to develop, implement and oversea agency efforts to comply with PREA standards in all in the facility."

All evidence reviewed (i.e., policies, documents, staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

| | |
|--|---|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none"> • AMIkids Sand Hills Policy 6, 12 Contracting With Other Entities for Confinement of Residents • Interviews with Sand Hills volunteers and contractors • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with Program Monitor South Carolina Department of Juvenile Justice (SC DJJ) <p>Provision (a)</p> <p>The agency has a formal policy, AMIkids Sand Hills Policy 6.12 Contracting With Other Entities for Confinement of Residents...the AMIkids Sand Hills program "...does not contract with outside entities to hold its residents." Interviews with AMIkids Regional Director, the AMIKids Agency PREA Coordinator, and the Sand Hills Executive Director confirmed that AMIkids does not contract with other programs to house youth. An interview with the Program Monitor from South Carolina Department of Juvenile Justice (SC DJJ) also verified that SC DJJ does contract with AMIkids to provide housing and treatment services to juvenile justice impacted youth in the community. According to SC DJJ, the AMIkids program is required to be PREA compliant for those programs that house juvenile justice youth (i.e., Sand Hills).</p> <p>Provision (b)</p> <p>As previously stated in 115.312 Provision (a) AMIkids Sand Hills does not contract with outside entities to house Sand Hill youth as per AMIKids Sand Hills Policy 6, 12 Contracting With Other Entities for Confinement of Residents. Interviews with AMIkids Regional Director, the AMIKids Agency PREA Coordinator, and the Sand Hills Executive Director confirmed that AMIkids does not contract with other programs to house youth. Additionally, an interview with the Program Monitor from South Carolina Department of Juvenile Justice (SC DJJ) confirmed that SC DJJ does contract with AMIkids to provide housing and treatment services to juvenile justice impacted youth in the community. All programs that serve juvenile justice youth and are contracted by SC DJJ are required to comply with federal PREA standards.</p> |

| | |
|----------------|---|
| 115.313 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |

Evidence Used in Compliance Determination:

- AMIkids Policy 6.13 Supervision and Monitoring
- AMIkids Safety Security Program Standards (March 2012)
- AMIkids Staffing Plan
- AMIkids Sand Hills Staffing Needs (September 2023)
- AMIkids Sand Hills PREA Daily Headcount (dated May 22, 2024)
- AMIkids Sand Hills Juvenile Discharged Report (May 2023 - May 2024)
- Review of Daily Shift Logbooks verifying supervisor unannounced rounds
- Sample of Unannounced PREA Observation Forms
- AMIKids Annual PREA Staffing Plan Assessment
- Observations during facility tour
- Interview with AMIkids Regional Director
- Interview with the AMIkids Agency PREA Coordinator
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialist (YCS - direct care staff)
- Interviews with youth/student residents
- Observations during facility tour of staffing ratios

Provision (a)

The Sand Hills Policy 6.13 Supervision and Monitoring states, "AMIkids Sand Hills will develop, implement, and document a staffing plan that provides adequate levels of staffing and video monitoring (where applicable). Facilities must comply with the staffing plan except during limited and discrete exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis."

This PREA standard provision requires, "The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);

- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.”

The Sand Hills program submitted a document titled “Staffing Plan” to the auditor. The two-page document describes the Sand Hills program is a 24/7 facility and ratios are maintained in alignment with SC Department of Juvenile Justice. The document specifies the minimum ratio is 1:8 during hours youth are awake and 1:10 while youth are asleep. Observations during the onsite tour verified there are six double-bunk beds (housing a total of 12 youth) in each of the two active dorms. There are two staff on each night and a Shift Lead or a Shift Supervisor who floats between the dorms and conducts campus perimeter checks. Interviews with youth and staff confirmed that these staffing ratios are always maintained. It is important to note that the Staffing Plan submitted did not have a date so it is unclear as to when the plan was developed.

The facility has over 20 cameras strategically placed throughout the resident units; the school; the cafeteria; the administration building; and outside of the building structures. The facility tour revealed that there are some blind spots in the kitchen area and in the main bath house. However, interviews with staff and the Director of Operations as well as observations during the onsite visit verified that all staff are trained on where to position themselves to ensure proper line of sight and supervision of youth. All cameras can be accessed remotely via cell phone 24 hours a day, seven days a week by the Executive Director and the Director of Operations. Interviews with these individuals confirmed they often check these cameras when they are offsite/not on duty. It was reported that video footage is saved for six months. During the onsite facility tour, the auditor noted a minimum of one staff with up to seven youth during the daytime. Interviews with youth and staff also confirmed that the required staff-to-youth ratios are maintained. Staff interviews also provided evidence that staff understood the importance of staff positioning and “eyes on, ears on” supervision.

During the facility tour it was noted that there were several concave mirrors mounted in the corner of the ceiling to allow for better supervision of youth when only one staff member is available to supervisor more than two youth. It was noted that some of these mirrors were loose and pointed at angles that did not allow staff proper sight and supervision. The Director of Operations planned to submit a work order following the facility tour which occurred on the first day of the audit. The auditor mentioned this to the Sand Hills Executive Director to which she responded that checking these mirrors would be added to the safety perimeter checks

conducted by the Director of Operations and Supervisors on all shifts.

The PREA standard 115.313 (a) requires, “The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.”

While SC DJJ regulations, mandated posts/“Hold Overs”, and documentation for deviations from the staffing plan are mentioned in the staffing plan, the plan does not sufficiently discuss several of the items required by PREA standards including description of the physical plant layout (i.e., 11 buildings and frequency of use); camera locations and blind spots in each of the buildings; where staff should be positioned when supervising youth (in each of the buildings); the type of populations that may warrant additional staff (ages of youth, mental health needs, gangs, physical issues, etc.); PREA staffing ratio requirements; to name a few.

Corrective Actions - Provision (a)

- The program is required to create a more comprehensive staffing plan to include items specifically required in this PREA provision. This plan will be submitted to the auditor for review and feedback.
- The program is required to enhance its existing policy/procedure to support this provision and other provisions in this standard. More specifically, the policy/procedure must describe the staffing plan, who will be responsible for

developing and updating it annually, what specific topics will be considered and documented, etc.

Provision (b)

AMIKids Policy 6.13 Supervision and Monitoring declares: “1. AMIKids Sand Hills (amikids sand hills) in a non-secure residential facility. The plan is a minimum of 1:8 during waking hours and 1:10 during resident sleeping hours. The staffing plan is predicated on a daily census of 30. 2. AMIKids Sand Hills will comply with the staffing plan except during limited and discrete exigent circumstances. During these times when AMIKids Sand Hills deviate from the plan it will be documented in the facility logbook.”

Interviews with staff verified that Sand Hills is a 24/7 facility and that staff are required to maintain their posts until incoming staff relieve them of their duty. During the onsite visit, the auditor noted on several occasions when youth were moving throughout the facility with less than five youth under their supervision. Interviews with direct care staff, facility managers, and youth confirmed that the facility never violates its staffing ratios or mandatory post requirements.

Corrective Action - Provision (b)

- The program is required to update an existing policy/procedure or create a new policy to address this provision and other provisions in this standard. The policy/procedure must clearly direct that all deviations from the staffing plan in exigent circumstances will be documented; who will be responsible for documentation; and where this information will be documented.
- The program is required to inform at a minimum, facility administrators, shift supervisors, and shift leads on this new policy/practice. A signed and dated training roster will be submitted to the auditor as verification that all necessary parties have been informed.

Provision (c)

The Sand Hills Policy 6.13 Supervision and Monitoring states, “1. AMIKids Sand Hills (AMIKIDS SAND HILLS) in a non-secure residential facility. The plan is a minimum of 1:8 during waking hours and 1:10 during resident sleeping hours. The staffing plan is predicated on a daily census of 30. 2. AMIKIDS SAND HILLS will comply with the staffing plan except during limited and discrete exigent circumstances. During these times when AMIKIDS SAND HILLS deviate from the plan it will be documented in the facility log book.”

The Sand Hills program submitted a document titled “Staffing Plan” to the OAS. The two-page document describes the Sand Hills program is a 24/7 facility and ratios are maintained in alignment with SC Department of Juvenile Justice. The document specifies the minimum ratio is 1:8 during waking hours and 1:10 while youth are asleep. The auditor noted that the AMIKids Safety Security Program Standards (March 2012) (page 4) states, “A program ratio cannot exceed 1 direct care staff

member per every 10 youth onsite (1:12 during sleep hours in residential).” This is in direct conflict with the AMIKids Sand Hills policy/procedures and federal PREA standards. Observations during the onsite tour verified there are six double-bunk beds (housing a total of 12 youth) in each of the two active dorms. There are two staff on each night and a Shift Lead or a Shift Supervisor who floats between the dorms and conducts campus perimeter checks. Interviews with youth and staff confirmed that these staffing ratios are always maintained. There were a few teachers who reported that they are allowed to have up to 10 students although this has not happened.

While observations during the facility tour confirmed the Sand Hills program is in compliance with the federal PREA staff to youth ratios of 1:8 during the daytime and 1:16 nighttime, this may be due to the fact that the facility is currently operating under its capacity. Interviews with direct care staff and teachers verified that there is sometimes up to 10 youth with one staff member during waking hours. Additionally, the AMIKids policy allows for up to 10 youth per staff during daytime hours. Therefore, the auditor must find the program not in compliance with this provision. The program will be required to change its policy and generate a plan to ensure these ratios are maintained at all times and that deviations in exigent circumstances are documented.

Corrective Action - Provision (c)

- The program is required to revise the AMIKids Policy 6.13 to reflect PREA requirements of 1:8 staff to youth ratios during the daytime and describe when, by whom, and how straying from these ratios in exigent circumstances will be documented (and what qualifies as “exigent circumstanced”).
- The program is required to revise the AMIKids Safety Security Program Standards (March 2012) to reflect compliance with federal PREA staffing ratios and documentation.
- The program is required to train all staff on these policy revisions and submit a signed and dated training roster to the auditor as evidence that staff have been properly informed.

Provision (d)

The program submitted the AMIKids Sand Hills Staffing Needs (September 2023). The document provides information regarding the titles of staff members it needs and the number of the positions needed. The document also provides a list of new hires as well as specific recruitment strategies that will be employed to solicit more potential candidates (i.e., creating a flyer to distribute to the local community; improve the graphic to be displayed on road signs; and participating in a job fair being held at the local technical college).

This PREA standard requires, “Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and

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

The documentation provided by the Sand Hills program is not sufficient to meet these standards as the assessment does not address discussion around the required topics nor does it provide evidence that the Agency PREA Coordinator, the PCM, and other facility managers collaborated to assess the facility needs on an annual basis. An annual review of a staffing plan should include a detailed discussion of each of the 11 areas outlined in PREA standard 115.313 (a) to include the facility's current state, progress to address deficiencies, and actions taken. The program should describe prevailing staffing patterns; resources needed for possibly additional cameras or activities to enhance safety, and staff training needs.

The program provided a blank form titled, "AMIKids Annual PREA Staffing Plan Assessment." The form does provide a checklist in to which a Yes/No response is required (a check box, without noting any discussion of how the determination was made). The current form states:

II. STAFFING PLAN REVIEW CHECKLIST

1. Staffing patterns factor in generally accepted residential practices (per contract)?
2. If the facility has received any DJJ findings of inadequacy, the staffing pattern includes the necessary corrective action?
3. If the facility has received any findings of inadequacy from internal or external oversight bodies, the staffing pattern includes the necessary corrective action?
4. Staffing pattern is developed to ensure that all areas of the physical plant where residents are housed or areas where residents receive services (e.g. medical, food service, classrooms, recreation, etc.) are staffed?
5. Staffing pattern addresses the composition of the facility?
6. Staffing pattern includes supervisory staff?
7. Staffing pattern includes positions required by state or local laws, regulations, or standards?
8. The location of substantiated and unsubstantiated incidents of sexual abuse was assessed to determine that the staffing pattern provided adequate staffing in those areas?

III. VIDEO MONITORING

1. Video cameras are strategically installed throughout the facility in an effort to eliminate blind-spots and provide for monitoring?

2. Is a process in place for repair and replacement of inoperable video cameras?
3. Is a process in place for providing monitoring through other means (i.e. additional staffing, discontinuing use of an area, etc.) if the video monitoring equipment cannot be repaired or replaced in a timely manner?

The form requires the PCM and Executive Director to sign and date the form. The form also has a place where the Regional Director must review and sign off as well. The program will be required to revise the form to capture discussion to provide evidence for the decisions made. The program will also need to conduct an annual staffing plan assessment to demonstrate it has an established practice consistent with PREA expectations.

Corrective Action - Provision (d)

- The program is required to revise the form to be able to capture discussion around each of the factors listed in provision (d) - i.e., capture discussion and provide evidence for the decisions made.
- The program is required to conduct an annual staffing plan assessment using this document to demonstrate that this will be the practice moving forward and submit the completed document to the auditor for review and feedback.
- The program is required to enhance its policy and procedure to outline when the staffing plan assessment will be done, factors considered, who will attend, how this will be documented, etc. The current procedure does not adequately address this provision.

Provision (e)

AMIkids Safety Security Program Standards (March 2012) "Facility perimeter and vehicle searches must be conducted at the beginning/end of shifts to avoid dangerous items being brought on campus and to maintain and clean and safe environment. Facility searches should be conducted randomly while youth are on and off campus. Searches of restrooms and other "private" areas are strongly recommended to avoid youth passing items to each other or storing items on program grounds."

The auditor reviewed a sample of the Unannounced PREA Observation Forms. These forms are completed by the Shift Supervisors a minimum of once a month across all shifts. Some of the questions Supervisors are required to indicate "yes/no" to include:

- Is the log book current?
- Were all youth in line of sight supervision at all times (with the exception of using the restrooms or showers)?
- If there was more than one youth, was there a staff present and supervising?
- Were PREA hotline numbers posted in all areas youth frequent?

- Were the PREA posters posted in all dorms, day area, café, and classrooms?
- Is the Staffing Plan being adhered to?
- Were staff alone with a single youth at any time?
- Did female staff announce themselves before entering the dorms?
- Is female staff performing searches on youth?

The auditor reviewed a sample of these forms, although it is important to note that a review of the logbooks onsite provided supplemental evidence for compliance. It was unclear to the auditor when the PREA Unannounced Rounds form was required to be completed as there were only a couple of these forms submitted. That said, a review of the logbooks provided evidence that supervisors are on the units periodically throughout the night and day, at random intervals. The PREA Unannounced Rounds form is required to be signed and dated by the Supervisor conducting the checks and there is a section on the bottom of the form that allows the individual to comment on their observations. While not required, the auditor encourages the program to update its procedure to set clear expectations for documenting these rounds using the Unannounced Rounds form and to train supervisors to this expectation.

A review of the Daily Shift Log Books (January – June 2024) verified that supervisors are conducting regular unannounced rounds throughout their shifts. This includes on the weekends and throughout the day, particularly from 4 PM – 8 AM. These included all shifts and days of the week (including weekend). Interviews with the Sand Hills Executive Director; the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM); Youth Care Specialist Supervisors; and Youth Care Specialist (YCS - direct care staff) further confirmed these unannounced visits occur several times throughout a shift and at random times (staff do not know when the supervisor will be on their unit). Staff also reported that they are not alerted to when these rounds will occur.

There is sufficient evidence these rounds are conducted regularly throughout the week. Interviews with facility administrators, managers, and direct care staff as well as review of the log books provide the evidence needed to determine the program is in compliance with this PREA provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.315 | Limits to cross-gender viewing and searches |
| | <p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 919 378"><i>Evidence Used in Compliance Determination:</i></p> <ul data-bbox="352 445 1458 896" style="list-style-type: none"> • AMIKids Sand Hills Policy 6.15 Limits to Cross-Gender Viewing and Searches • AMIKids Pre-Service New Hire Training Requirements - SC Residential • AMIKids Safety Security Program Standards (March 2012) • AMIKids training descriptions for: <ul style="list-style-type: none"> ◦ Safety and Security (1 hour) ◦ Program Safety and Security (2 hours) • SCDJJ Policy 336: Application of PREA Standards • Interviews with Shift Supervisors • Interviews with Youth Care Specialists (direct care staff) across all shifts • Interviews with youth residents • Observations during facility tour <p data-bbox="280 938 501 972">Provisions (a)</p> <p data-bbox="280 1010 1433 1207">The AMIKids Sand Hills program does not conduct cross-gender strip searches or cross-gender visual body cavity searches. AMIKids Sand Hills Policy 6.15 Limits to Cross-Gender Viewing and Searches clearly states, “Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat-down searches are prohibited.”</p> <p data-bbox="280 1245 1458 1406">Interviews with program staff and youth residents verified that the Sand Hills program does not conduct strip searches. If there was suspicion that youth was hiding contraband, the Sherriff’s Office would be called to conduct proper searches of youth.</p> <p data-bbox="280 1444 485 1478">Provision (b)</p> <p data-bbox="280 1516 1474 1758">As previously stated, the AMIKids Sand Hills Policy 6.15 PREA: Limits to Cross-Gender Viewing and Searches specifically states: “Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat down searches are prohibited.” This same policies states that the program “...will also train staff to conduct pat-down searches of cross-gender, and intersex residents in a professional and respectful manner.”</p> <p data-bbox="280 1796 1401 1912">The AMIKids Safety Security Program Standards (March 2012) manual provides language that supports PREA compliant practices as it relates to searches. Information that can be found in the manual includes:</p> <ul data-bbox="352 1982 1465 2058" style="list-style-type: none"> • Searches are done “anytime a youth enters the facility for the first time, returns from a trip, completes a work project, returns from disciplinary work |

detail, finished kitchen duty and/or the need arises due to suspicion of weapons, drugs, or stolen property. Searches may also occur before youth leave the facility and will be transported on program vehicles...” (page 12).

- “Only staff of the same sex can supervise youth while they are using the restrooms, changing time or conducting searches” (page 3).
- “Prior to entering the program and/or activity, all youth must be searched with dignity and respect yet in a thorough manner. Searches must include the use of metal detection devices and always include a physical frisk of the youth” (page 11).
- “Searches must be conducted by a staff member of the same sex as the youth” (Page 12).
- “The use of metal detecting device is mandatory. Each youth should either walk through a free standing metal detector or be “wanded.” This process must continue until the youth no longer “beeps” and all the contraband items are found and secured” (page 12).

Although policy aligns with PREA expectation, the practice at the program does not. During the onsite review, the majority of youth stated that only male staff pat-search them. However, 40% of youth interviewed (6 out of 15) reported that in the past month female staff have conducted pat searches on multiple occasions because there were no male staff on shift or available at the facility. The federal PREA standards explain that cross-gender searches are only to be conducted in “exigent circumstance.” PREA standard 115.5 General Definitions defines “exigent circumstances” as “any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order of a facility.” The PREA Resource Center has emphasized that not having staff available does not constitute as “exigent circumstances.” Therefore, the program will be required to determine a strategy for ensuring cross-gender pat searches are not occurring as part of regular daily operations.

It is also critical to note that staff, particularly the teachers (but also direct care staff/YCSs) reported that they had not received formal training on how to conduct pat searches. The program will be required to develop or adopt a training and formally train all staff. One example of an existing training is the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0) as part of new hire training. As part of the training staff should be required to demonstrate cross-gender searches as part of annual refresher training. In addition, this training must include how to properly search transgender and intersex youth as required by other provisions in this standard.

Corrective Action - Provision (b)

- The program is required to determine a clear plan on how to prevent cross-gender pat-searches in the future (particularly on field trips and when male staff are not available). This plan must be sent to the auditor for review.

- The program is required to develop or adopt a formal training on how to conduct pat searches. One example is the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). This must be incorporated into the new hire training as well as annual training of staff. This training must also include how to properly search transgender and intersex youth. The training should include staff demonstrating proper search techniques to get training credit.
- The program will be required to formally train all staff (new hires and current staff to include teachers) on conducting pat searches. The program will submit to the auditor signed and dated training rosters to demonstrate all staff now have the skills and knowledge on how to conduct proper pat searches.
- The program is required to update its existing procedures to specifically reflect how cross-gender searches will be avoided; how often training will be provided; the content of the training, etc.

Provision (c)

The PREA standard requires “the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.” As previously stated, interviews with youth residents and staff confirmed that cross gender pat searches are indeed occurring in the program (not only in “exigent” circumstances). The program will be required to update its procedures to reflect how cross-gender searches will be eliminated from daily practice. The program will also be required to inform staff about what is meant by “exigent circumstances;” what qualifies as such; the process for documenting cross-gender pat searches conducted in these situations; and the requisite notifications (i.e., to the Executive Director and Director of Operations).

Corrective Action - Provision (c)

- The program is required to update its procedure to clearly state in what circumstances cross-gender pat searches may occur (i.e., what qualifies as “exigent circumstances;” where these incidents will be documented and by whom; and what are the required notifications and in what time frame (i.e., contact the Executive Director and Director of Operations via email or in the log book immediately when returning from the field trip). It is important to remember that federal PREA standards do not include a lack of male staff as qualifying as “exigent circumstances.”
- The program is required to formally train/inform staff of this new practice and submit signed and dated training rosters to the auditor for verification.

Provision (d)

Youth residing in the Sand Hills program have privacy when using the bathroom and when changing their clothes. Each residential dorm has a bathroom equipped with

an enclosed toilet and a separate sink. There is a main building that youth use to shower once a day. This building houses five enclosed toilets (latched by doors) and a shower area with six showers. Each shower is separated by full floor to ceiling walls and has a full-length curtain. The curtain is clear at the top (roughly about 12 inches) so staff can monitor the youth. The majority of the curtain is solid and affords youth privacy by preventing visual exposure. Female staff are not permitted to supervise shower time, although all staff supervising showers are required to stand in a position that allows for appropriate supervision of all youth and privacy. Youth are required to change clothes in the shower area behind the curtain. They are not permitted to have their shirts off in the dorm area. Youth interviews and observations during the facility confirmed that all youth have privacy when showering, toileting, and changing clothes.

To support these practices, the facility has established clear expectations in formal policy. The AMIkids Sand Hills Policy 6.15 Limits to Cross-Gender Viewing and Searches clearly states, "Staff members of the opposite gender are prohibited from viewing residents while showering, changing clothes, and performing bodily functions without, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff members of the opposite gender must announce their presence when entering a housing unit or an area where residents are likely to be showering, performing bodily functions, or changing clothing."

Interviews with facility staff and residents verified that staff of the opposite gender are required to announce themselves prior to entering the residential living unit. Youth and staff reported that this occurs consistently. During the facility tour the auditor observed signs posted on the outside of the dorm entrance reminding female staff to knock and announce. The auditor also observed this opposite gender announcement practice during the onsite visit. Therefore, the program is in compliance with this PREA provision.

Provision (e)

AMIkids Sand Hills Policy 6.15 Limits to Cross-Gender Viewing and Searches states "...AMIkids Sand Hills cannot search or physically examine a transgender or intersex resident solely to determine the resident's genital status. AMIkids Sand Hills will also train staff to conduct pat-down searches of cross-gender, transgender, and intersex residents in a professional and respectful manner." In further support of this provision the SCDJJ Policy 336: In further support of this provision the SCDJJ Policy 336: Application of PREA Standards states, "At no time will any SCDJJ facility search or physically examine a transgender or intersex juvenile for the purpose of determining the juvenile's genital status. [PREA Standard(s) §115.315(e)]"

Although policy states that the program will provide transgender and intersex youth preference on who they feel most comfortable being searched, staff were not aware of how this information would be communicated and/or documented. It is important to have a clear avenue for communication that transgender and intersex youth are entitled to have their preference regarding the gender (not the individual staff member) of the staff with whom they feel most comfortable.

There were no transgender or intersex youth at the facility during the onsite portion of the audit. However, staff interviews confirmed that the program does not conduct any type of physical exams at the facility. All interviews with facility administrators and managers confirmed that they would not conduct physical searches of any youth for the purposes of determining their genital status.

Corrective Action - Provision (e)

- The program is required to determine a clear process for documenting and discretely communicating the preference by whom transgender and intersex youth wish to be searched. The program will be required to update its procedures and send to the auditor for review and feedback.
- The program is required to formally train all staff on this new practice (i.e., search preference and documentation of searches and how to afford privacy) and submit signed and dated training rosters as evidence for compliance with PREA expectations.

Provision (f)

AMIkids Sand Hills Policy 6.15 Limits to Cross-Gender Viewing and Searches states “Transgender and Intersex residents will be given the opportunity to choose if a female or male staff will conduct pat-down searches in a respectful and professional matter.”

Among the dozens of trainings AMIkids requires new hires to complete within the first 14 days on the job, staff are required to complete two safety and security courses related to this standard. These new hires are required to complete:

- Safety and Security (1 hour) - “This course is designed to provide an overview of AMIkids Safety and Security Standards. Participant will be able to identify emergencies will learn how effective supervision of youth in their care assists in proactively managing behavior.
- Program Safety and Security (2 hours) - “The purpose of this course is to inform and train participants on use of emergency equipment, contacting 911, physical plant cleanliness, shift briefing communication, use and maintenance of security devices, logbook documentation, key control, firearms and weapon control, tool control and incident reporting.”

Although prompted by the auditor, the program did not furnish evidence to clearly demonstrate what details are included in this training and if all staff have been trained on these curricula. Despite the program reporting it has not had a transgender or intersex youth, the program is required to adopt formal training to ensure that all staff are trained on how to conduct proper cross-gender searches and searches of transgender and intersex youth. The program may choose to audit its existing trainings to determine if these PREA provisions are already included.

Corrective Action - Provision (f)

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| | <ul style="list-style-type: none"> • The program is required to adopt formal training that includes conducting proper pat searches of transgender and intersex youth and training on cross-gender searches that would be used in exigent circumstances. This training should be submitted to the auditor for review. • Once approved, the program will be required to train all staff on the new pat search training and submit signed and dated training rosters as evidence of compliance for this standard. • The program is also required to update its procedure to include new employees completing this training as well as all current employees completing this training annually (or every two years at most). Revised policies must be submitted to the auditor for review and feedback. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.</p> |
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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIkids Sand Hills Policy 6.16 Residents with disabilities and resident who are limited English proficient • State of Washington Department of Correction PREA Pamphlet (in Spanish) • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice • Interview with Program Monitor, SC DJJ |

- Observations on the facility tour

Provision (a)

The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with AMIkids Regional Director; the AMIkids Agency PREA Coordinator; Sand Hills Executive Director; Sand Hills Director of Operations; Youth Care Specialist Supervisors; and SC DJJ representatives (Director of Youth Grievances and Family Support and DJJ Program Monitor) confirmed that youth placed at the Sand Hills program would be provided translation services prior to being placed at the program. In other words, the program would not place a youth at the program until these services were in place. Sand Hills staff reported they have not had any youth with physical disabilities or who English as a Second Language (ESL) youth.

In support of these provisions, AMIkids Sand Hills Policy 6.16 Residents with disabilities and resident who are limited English proficient states, "AMIKIDS SAND HILLS will provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." This same policy also states, "1. Residents with limited English proficiency will have access to PREA information materials in regards to prevention, detection and response to sexual abuse and sexual harassment in their native language (written and verbal) or via verbal communication."

The program provided a PREA pamphlet from the State of Washington Department of Corrections in Spanish as part of the evidence for compliance. The auditor strongly suggests that if the Sand Hills program chooses to include a pamphlet as part of the youth education process about PREA, that they work with SC DJJ to create a pamphlet that can be understood by youth. Using a Department of Corrections pamphlet from another state that is geared towards adults does not ensure youth will understand the required information provided.

There were no youth with physical disabilities or who were ESL during the onsite portion of the review.

Provision (b)

As previously stated, the AMIKids Sand Hills Policy 6.16 PREA: Residents with disabilities and residents who are limited English proficient states, "Residents with limited English proficiency will have access to PREA information materials in regards to prevention, detection, and response to sexual abuse and sexual harassment in their native language (written and verbal) or via verbal communication." Interviews with facility leaders and supervisors indicated that although the program has not had a deaf, ESL, or persons with a physical disability, if this were to occur the facility would secure translation services prior to youth arriving to Sand Hills.

The auditor was made aware through another program of additional translation services through the SC Department of Juvenile Justice. In an email from the Public Information Department dated January 10, 2022 it was announced that the Global Interpreting Network, Inc. would be available to provide translation and interpreting services. The services outlined in the email include: Over-The-Phone Interpretation Document Translation Services. Please direct any questions or concerns regarding Global Interpreting and their services to Ed Simmons at ed.simmons@djj.sc.gov. The program is encouraged to inform staff of these available services and to keep this information posted in the staff office in the event that it is needed.

Interviews with SC DJJ managers verified that DJJ would ensure that translation services accompany youth when placed at the Sand Hills program.

Provision (c)

AMIkids Sand Hills Policy 6.16 Residents with disabilities and resident who are limited English proficient states, “2. AMIKIDS SAND HILLS 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 115.364, or the investigation of the resident’s allegations. 3. If the limited circumstances exist where a resident interpreter, resident reader or other types of resident assistants is required it shall be documented in the daily shift log with an explanation.”

Interviews with program managers, direct care staff, and agency leaders all verified they would not allow residents to interpret for other youth, except in emergency situations. Direct care staff and supervisors consistently reported that allowing resident interpreters would be dangerous and that if in need of a translator they would have a staff member interpret or use Google Translate to instruct youth who are ESL.

At the time of the onsite review, there were no youth in the facility who were limited English proficient. There were also no youth who were deaf, blind, or who had physical disabilities in the program at the time of the onsite visit.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidence Used in Compliance Determination:</i> |

- AMIKids Sand Hills Policy 6.11 PREA: Zero Tolerance Policy
- AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions
- Level 2 Screening Statute - Chapter 435 - 2021 Florida Statutes - The Florida Senate (flsenate.gov)
- Sample (N=20) of Criminal Background Checks (SLED); SC Child Abuse Registry Checks; and Sex Offender Registration Checks (SC and DOJ)
- Sample (n=18) of PREA Self-Declaration of Sexual Abuse/Sexual Harassment forms from current employees
- Sample (n=12) of "Preventing and Reporting Sexual Harassment, Sexual Misconduct, and Sexual Assault/Rape" staff signature forms
- Sample (n=12) of completed Reference Check Forms for new hires in the past 12 months
- AMIKids Sand Hills Professional References Questionnaire form
- MOU Between AMIKids Sand Hills, Inc and Private Matters Counseling Services, LLC (executed agreement May 5, 2021)
- Interview with AMIKids HR Business Partner Manager
- Interview with contracted mental health professional (Private Matters LLC)
- Interview with the Human Service Professionals (HSP) responsible for conducting requisite background checks
- Interviews with two volunteers
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background and abuse registry checks (upon hire and a minimum of every five years)

Provision (a)

AMIKids Sand Hills facility does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The facility also does not hire any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. This practice is supported by the AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions which directs, " AMIKIDS SAND HILLS prohibits the hiring, promoting, or contracting with anyone (that will have direct contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings." This same policy also specifies, "1. The Department does not hire, promote, or contract with anyone who: i. 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); ii. 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; iii. Has been civilly or administratively adjudicated to have engaged in the activity described in ii above."

The auditor's review of the Florida state statute referenced in the AMIKids Sand Hills Policy revealed that Level 2 screening standards include only a national criminal history fingerprint check (Chapter 435 - 2021 Florida Statutes - The Florida Senate

(flsenate.gov)). The statute specifically states, “435.04 Level 2 screening standards.— (1)(a) All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.” The statute regarding Level 2 screening checks does not specifically require child abuse registry checks. This is important to note if the program is going to use this as evidence of compliance with federal standards (which specifically require these checks).

The AMIKids program requires all new hires to complete an attestation form titled, “Self-Declaration of Sexual Abuse/Sexual Harassment.” The three main questions on the form mirror those questions outlined in this standard. Applicants are required to complete, sign, and date the form prior to being offered the position. The form also requires applicants to attest, “I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.”

The auditor reviewed a sample (n=18) of PREA Self-Declaration of Sexual Abuse/ Sexual Harassment forms from current employees. There were issues with six of the files (33%) reviewed. The most common issues found were that the completed form was not found in the employee file and/or the form was not completed prior to hiring the individual. The length of time between the time the person was hired and when the form was completed ranged from three months to three years. The program will be required to establish a clear process to ensure this information is consistently gathered prior to hiring employees, promoting employees, and engaging contractors in services.

Interviews with human resource staff, agency leaders, and facility managers confirmed the agency’s practices related to background checks. In addition, a review of a random sample of staff criminal background and abuse registry records (N=20 employees; N=1 volunteers; N=2 Contractors) verified the agency does not hire or promote anyone who meet the criteria outlined in provision (a) of this standard. The random sample selected included three staff members who were promoted. However, the program does not currently does not require contractors and volunteers complete this self-disclosure form.

Corrective Action - Provision (a)

- The program is required to create a process to ensure that all employees (prior to hire and prior to promotion), contractors, and volunteers complete this declaration form prior to engaging services. PREA standards also require staff to disclose this information prior to being promoted. The program will

need to submit a revised procedure detailing a set of new expectations regarding when this form will be required and of whom. The program will submit this revised procedure to the auditor for review and feedback.

- The program is required to have any employees, contractors, or volunteers who do not currently have a completed declaration form, complete the form and submit to the auditor as evidence of compliance.
- During the corrective action period, if the program promotes employees or engages the services of a contractor or volunteer, the program is required to submit completed declaration forms to the auditor as evidence of compliance.

Provision (b)

The PREA standard provision 115.317 (b) requires the agency to 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. The AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions also specifies “AMIKIDS SAND HILLS shall consider any substantiated incidents of sexual misconduct in determining whether to hire, promote, or contract with anyone.” Interviews with the HSP, facility administrators, and DJJ staff verified that staff have a duty to report any arrests or significant events (i.e., substantiated allegation of sexual abuse) prior to hire and while employed by AMIKids. This would include incidents of sexual harassment. However, since the program is not currently collecting this information consistently (as noted in the previous provision) the program cannot technically consider incidents of sexual harassment when hiring or promoting anyone or enlisting the services of contractors and volunteers who may have contact with youth.

Corrective Action (b)

- The program is required to create a specific process and revise its current procedures to clearly denote how sexual harassment information will be gathered; how this information will be used; who will make the hiring decisions and based on what criteria; etc. This revised policy will be submitted to the auditor for review and feedback.
- The program is required to submit evidence that the appropriate staff have been informed of this revised policy and practice (i.e., policy training statement signed and dated; training rosters; etc.).

Provision (c)

In support of this provision, the AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions supports compliance with this provision. More specifically, the policy states:

- “Any person who is required to undergo background screening and refuses

to cooperate in such screening or refuses to submit the information necessary to complete the screening shall not be employed or utilized until a background screening is completed and the outcome of the screening states the person is eligible for employment. Any person already employed who becomes disqualified shall be dismissed.”

- “The standard requires the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. These checks must be repeated for all employees at least every five years.”
- “1. Background screening shall be conducted to ensure all AMIKIDS SAND HILLS 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.” This same policy also states, “ 3. All contract provider and AMIKIDS SAND HILLS employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS SAND HILLS employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”

The auditor’s review of the Florida state statute referenced in the AMIKids Sand Hills Policy revealed that Level 2 screening standards include only a national criminal history fingerprint check (Chapter 435 - 2021 Florida Statutes - The Florida Senate (fsenate.gov)). The statute specifically states, “435.04 Level 2 screening standards.— (1)(a) All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.” The statute does not specifically require child abuse registry checks as part of the Level 2 screening standards. However, the AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions requires “...the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry...”

The program uses the SLED (South Carolina Law Enforcement Division), SC Child Abuse Registry Checks, SC Sex Offender Registry, and DOJ National Sex Offender Registry as part of its pre-hire checks. While onsite, the auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every fourth name on a list of all staff (part time and full time) and included all current employees and employees who left/were terminated within the past 12 months. Approximately 40% of all personnel files were reviewed (i.e., n=20). The file reviews revealed that the current employees have had criminal background checks prior to beginning work with

youth. However, the program did not furnish criminal background checks or abuse registry checks for the contracted mental health professional or the two volunteers. The program will be required to ensure it has a clear process in place for capturing this information prior to engaging volunteers and contractors in services.

The Reference Check form asks the basic background questions such as how the reference knows the applicant; how long have they known the individual; what the person's strengths are; and to describe the applicant's relationship with their co-workers, direct reports, and supervisors. The form also requires the reference to score the applicant using a 5-Point Likert Scale in the areas of productivity, quality of work, and attendance record. They are also required to answer a yes/no question regarding whether they would hire the applicant again. An interview with the Sand Hills HSP as well as a review of a sample of completed Reference Check Forms for new hires in the past 12 months (n=12) verified this process is in place.

A review of the Sample (n=12) of completed Reference Check Forms for new hires in the past 12 months, verified that the Sand Hills program is consistently performing reference checks. That said, the PREA standard 115.317 (c) (3) requires programs to "...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." The instructions on the AMIKids Sand Hills Reference Form direct applicants to: "...forward a copy of this reference form to three persons who are uniquely familiar with his/her ability, potential, and/or past performance." An interview with the Sand Hills Business Manager revealed that applicants can submit both personal and professional reference and that there are no requirements that an applicant list prior institutions for which they worked. The program will be required to update its reference forms and instructions to applicants to ensure this information is being collected and is used in hiring decisions (as required by this standard).

Corrective Action - Provision (c)

- AMIKids Sand Hills program is required to conduct criminal background and abuse registry checks on any contractors and volunteers who do not currently have these documents in their files. The program will submit these to the auditor as evidence for compliance.
- The program must revise its practice, policies, and forms associated with gathering information about potential employees through the reference check process. The form in particular, must be revised to require candidates to provide a reference from any former institutional employers. This will allow the program to gather information on substantiated allegations of sexual abuse or any resignation during a pending investigation or an allegation of sexual abuse, as required by PREA standards. These revised documents (i.e., policy, procedures, forms, etc.) will be submitted to the auditor for feedback and approval.
- The program is required to submit documentation for any new employees hired during the corrective action period that will provide evidence for

compliance that these new practices are in place.

Provisions (d)

The Georgetown Policy 6.11 PREA: Zero Tolerance Policy states, “1. Background screening shall be conducted to ensure all Department 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. 2. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, contractor or intern.”

The AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions also specifies: “1. Background screening shall be conducted to ensure all AMIKIDS SAND HILLS 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.” This same policy also states, “ 3. All contract provider and AMIKIDS SAND HILLS employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS SAND HILLS employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”

The program has two contractors - one who provides mental health counseling services (mental health professional with Private Matters LLC) and another individual who provides substance use treatment (ALPHA Center Alcohol and Drug). The contracted mental health professional (Private Matters LLC) who provides services twice a week to residents reported. The program has an MOU Between AMIKids Sand Hills, Inc and Private Matters Counseling Services, LLC (executed agreement May 5, 2021) that states, “PMCS agrees to comply with AMIKids and South Carolina, Department of Juvenile Justice’s background screening policies and procedures for any of its employees serving AMIKids Youth.” However, the contractors and volunteers interviewed all stated that they did not have a criminal background check prior to working at the Sand Hills program. The program also did not offer any documentation that these individuals were required by their agencies or organizations to undergo a background check and did not furnish any documentation to the auditor to support compliance with this provision. The program will be required to create a process to ensure these checks are done prior to engaging the services of all contractors and volunteers.

Corrective Action - Provision (d)

- The program is required to conduct criminal background checks and abuse registry checks on its current contractors and volunteers who do not have this information in their files and submit this evidence to the auditor to

demonstrate compliance with this standard.

- The program is required to update its existing procedures to further detail the steps that will be taken; by whom; and when, to ensure these requisite checks are conducted moving forward for all contractors and volunteers.

Provision (e)

The program has language in various policies to support compliance with this provision. This includes, but is not limited to, the AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions which states:

- “The standard requires the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. These checks must be repeated for all employees at least every five years.”
- “The standard requires the agency to conduct criminal background checks, conduct a check of the state’s child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. These checks must be repeated for all employees at least every five years.”
- “1. Background screening shall be conducted to ensure all AMIKIDS SAND HILLS 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.” This same policy also states, “ 3. All contract provider and AMIKIDS SAND HILLS employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS SAND HILLS employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”
- “ 3. All contract provider and AMIKIDS SAND HILLS employees will be screened in accordance with Level 2 standards, as set forth in Chapter 435, Florida Statutes, as a condition of initial employment and retention in those positions. Additionally, all provider and AMIKIDS SAND HILLS employees will be re-screened every five years continued employment. 4. Employment background screening shall be completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.”

File reviews conducted verified that child abuse registry checks and criminal background checks are conducted every year or two years for employees (there was some variation regarding frequency in the records provided). However, as previously mentioned, the program has two contractors – one who provides mental health counseling services (mental health professional with Private Matters LLC) and another individual who provides substance use treatment (ALPHA Center Alcohol and Drug). Both of these individuals reported that they did not have a criminal

background check prior to working at the Sand Hills program and has not had a background check generated by Sand Hills during the three years they have been providing services at Sand Hills. Although it has not yet been five years, the auditor reasonably concludes that there is not currently a process in place to ensure these five-year checks are conducted. Similarly, interviews with two Sand Hills volunteers reported they have not had to undergo the fingerprinting process prior to initiating services or since working in the program for several years. The program will be required to implement a practice of ensuring all background checks are completed consistent with PREA requirements and AMIKids policies.

Corrective Action - Provision (e)

- The program is required to conduct criminal background checks and abuse registry checks on its current contractors and volunteers and submit these as evidence of compliance with federal standards.
- The program is also required to furnish evidence that this new practice of conducting the required checks is established (i.e., revised procedures to more specifically address these requirements).

Provision (f)

The AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions also specifies, "AMIKIDS SAND HILLS shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of review of current employees."

As previously mentioned, the Sand Hills program requires all new hires to complete an attestation form titled, "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The three main questions on the form mirror those questions outlined in this standard. Applicants are required to complete, sign, and date the form prior to being offered the position. The form also has specific statement to which applicants attest, "I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date."

The AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions also specifies, "Employees will report any arrest, which includes any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. If an employee fails to report an arrest within 24 hours, they, shall submit an explanation as to why the arrest was not timely reported. Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment."

PREA standard 115.317 (f) requires, "The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." An interview with the HSP indicated they were not aware of the details of this PREA standard. A review of the employee file of the one individual who was promoted within the past 12 months did have the declaration form completed. However, the standard also requires that the staff be required to disclose previous misconduct prior to hire, prior to promotion, and as part of written self-evaluations conducted as part of annual reviews of current employees. The program is required to create a clear process for gathering this information consistent with PREA standards.

Corrective Action (f)

- The program is required to create a clear process for asking new hires and employees up for promotion about any previous misconduct as part of self-evaluations and as part of annual performance reviews. The program will submit revised procedures and forms to the auditor for review and feedback.
- The program is required to implement this new practice and form as part of the annual performance reviews for all employees who are being considered for promotion and individuals who are due for their annual performance review. The program will submit these completed/signed and dated forms to the auditor as evidence of compliance with this standard.

Provision (g)

The AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions also specifies "Employees being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination." This same policy also further explains, "Employees will report any arrest, which includes any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. If an employee fails to report an arrest within 24 hours, they, shall submit an explanation as to why the arrest was not timely reported. Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment."

Interviews with AMIKids HR, facility administrators, and direct care staff verified that staff will be terminated if they do not disclose any criminal activities, including arrests.

Provision (h)

While PREA does not require an agency or program to have a written policy to

support these PREA provisions, the existing policy does not address PREA Standard 115.317 (h). The federal PREA standard 115.317 (h) requires, “Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” An interview with the AMIKids HR Business Partner and the Sand Hills Executive Director were not aware as to whether this information can be legally shared in the state of South Carolina.

Corrective Action Provision (h)

- The AMIKids agency and the program are required to determine whether there are any SC laws preventing the program from providing 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. Formal documentation will be submitted to the auditor (i.e., state regulation/code prohibiting this sharing of information)
- The program will be required to update the relevant agency policies and program procedures to specifically reflect the new practice of providing this information (if not prohibited by state law). These revised policies will be sent to the auditor for review and feedback.
- The program is required to produce and submit evidence to the auditor demonstrating that the agency and program level staff have been “trained” on this new practice and policy/procedure.

FINAL AUDIT DETERMINATION

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes and also submitted completed forms. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.18 Upgrades to Facilities and Technologies • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>AMIKids Sand Hills Policy and Procedure 6.18 Upgrades to Facilities and Technologies Procedure states: “AMIKIDS SAND HILLS will consider the effect of any design, acquisition, expansion or modification of physical plant or monitoring technology might have on the agency’s ability to protect residents form sexual abuse. AMIKIDS SAND HILLS will work with Department of Juvenile Justice to obtain a video monitoring system.” Interviews with the AMIKids Regional Director; the AMIKids Agency PREA Coordinator; the Sand Hills Executive Director; and the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) verified that safety is considered when making modifications to the facility.</p> <p>Provision (b)</p> <p>The Sand Hills program currently has at least one camera in each of the residential dorms and all campus buildings (i.e., administrative, education, etc.). There are also a few exterior cameras to assist in monitoring youth and staff while outside. The number of video surveillance cameras at the program is minimal but adequate. The program is encouraged, but not required, to conduct an assessment to determine if installing additional cameras would be beneficial to enhance supervision and overall program safety.</p> |
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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations • AMIKids Sand Hills Sexual Abuse Incident Check Sheet • Forensic Nurse Examiner Program - McLeod Health • MOU between AMIKids Sand Hills and Chesterfield County Sherriff’s Department (executed June 16, 20221) |

- MOU with Pee Dee Coalition (June 2021)
- Interview with representative from Pee Dee Coalition (rape crisis emotional support services and advocates)
- Interview with SC DJJ Director of Criminal Investigations
- Interview with AMIkids Regional Director
- Interview with the AMIkids Agency PREA Coordinator
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interviews with the Sand Hills Youth Care Specialist Supervisors

Provision (a)

The Sand Hills program does not have medical professionals on site. In the event a youth alleges sexual abuse, facility administrators reported that they would transport the resident to the local hospital – McLeod Regional Hospital in Cheraw, SC. The AMIkids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states, “Agencies that are responsible for investigating allegations of sexual abuse are requested to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency must offer all residents who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) without cost to the resident. Examinations are to be performed by Sexual Assault Nurse Examiners (SANEs) if possible, or by a qualified medical practitioner. A victim advocate is to be made available to accompany the victim through examinations and investigatory interviews.”

The AMIkids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states, “ 1. In the event of sexual abuse allegations the Chesterfield County Sheriff Office, South Carolina Department of Social Service, and The Department of Juvenile Justice will be notified immediately. 2. AMIKids Sand Hills will request that the investigators follow a uniform evidence protocol appropriate for youth.”

The most recent MOU between AMIkids Sand Hills and Chesterfield County Sherriff’s Department states: “Chesterfield County Sherriff’s Department agrees to comply with the following Prison Rape Elimination Act (PREA) standards as it relates to the investigative process: (A) Chesterfield County Sherriff’s Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions. (B) Chesterfield County Sherriff’s Department, as appropriate, shall utilize protocols of 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 Examination, Adults/Adolescent” or similarly comprehensive and authoritative protocols developed after 2021. (C) All forensic exams will be with McLeod Health Cheraw, 711 Chesterfield Highway, Cheraw, SC 29520 in accordance with the Memorandum of Understanding, created between McLeod Health Cheraw and

AMIKids Sand Hills.” The MOU was signed by both parties on June 16, 20221.

It is important to note that when the auditor spoke with a Pee Dee Coalition community advocate, she did not believe there was a SANE program in Cheraw. If a sexual assault incident occurs, the representative encourages the program to transport the youth to the McLeod Regional Hospital in Florence, SC for a SANE exam.

During the onsite visit, all staff interviewed understood the protocol and verbalized the process of separating youth and protecting evidence in the event of a sexual abuse allegation. YCSs reported as part of the process that they are required to immediately separate the victim and perpetrator and protect any physical evidence (by securing the scene and not allotting youth to shower, use the toilet, etc.)

Provision (b)

The AMIKids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states, “ 1. In the event of sexual abuse allegations the Chesterfield County Sheriff Office, South Carolina Department of Social Service, and The Department of Juvenile Justice will be notified immediately. 2. AMIKids Sand Hills will request that the investigators follow a uniform evidence protocol appropriate for youth.”

The most recent MOU between AMIKids Sand Hills and Chesterfield County Sherriff’s Department states: “Chesterfield County Sherriff’s Department agrees to comply with the following Prison Rape Elimination Act (PREA) standards as it relates to the investigative process: (B) Chesterfield County Sherriff’s Department, as appropriate, shall utilize protocols of 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 Examination, Adults/Adolescent” or similarly comprehensive and authoritative protocols developed after 2021.”

The auditor was unable to reach the SANE Manager at the local hospital. However, an interview with the Pee Dee Coalition (offers rape advocacy services throughout South Carolina) highlighted that the McLeod Regional Health Hospital has a certified SANE practitioner at several hospitals throughout the state. The auditor conducted a detailed review of the hospital’s website Forensic Nurse Examiner Program - McLeod Health and confirmed that an official SANE program does exist. The website explained, that it had recently established the “McLeod Health Forensic Nurse Examiner (FNE) Program” which serves adults and pediatric victims of domestic violence/intimate partner violence, sexual assault, child abuse or exploitation/sex trafficking. The McLeod Regional Medical Center was designated as a Level 1 SAFE Designation by the South Carolina Victim Assistance Network (SCVAN) hospital. The website explained that the “Level 1 is the highest designation attainable and demonstrates that McLeod Regional Medical Center provides the most up-to-date evidence-based, trauma-informed and patient-centered forensic nursing practices for adult, adolescent and pediatric patients 24/7/365. The Forensic Nurse Examiner Task Force, headed by SCVAN, in partnership with multiple state agencies including the Attorney General’s Office, the South Carolina Law Enforcement Division, South

Carolina Hospital Association and more, has implemented a statewide standard of care for sexual assault victims.”

The website also explains that, “Forensic Nurses are specifically trained to treat victims of sexual assault in a compassionate and understanding manner.” Additionally, the SANE exam process detailed through the website provides evidence consistent with PREA standards:

“The Instead of sitting in the waiting room, victims of sexual violence entering the hospital’s Emergency Department are now immediately triaged and treated for physical injuries. While this acute medical exam takes place, an on-call forensic nurse is alerted and begins preparing a private room dedicated solely for sexual violence cases. Here, the nurse will first conduct a gentle interview with the patient to document the course of events. Next, the patient is brought to a dedicated exam room that, while equipped with state-of-the-art exam equipment, is specifically designed to provide a comfortable and homey environment. In this room, the forensic exam, evidence collection and administration of appropriate medications take place. In addition to a couch and recliner, exam rooms are equipped with various items to make the patient feel at home.”

Facility administrators and managers consistently reported that youth victims of sexual assault would be transported to the McLeod Regional Hospital system in Cheraw, SC. As previously mentioned, the Pee Dee advocate did not believe there was a SANE program in Cheraw. The program is encouraged to investigate whether the Cheraw location has a SANE program and decide whether its policies should be revised to transport youth to the regional hospital in Florence, SC instead (since they have a SANE program). An interview with the Pee Dee Coalition advocate and the hospital’s website allows the auditor to determine the program is in compliance with this provision.

Provision (c)

The AMIkids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states “1. All victims of sexual abuse will be offered access to forensic medical examinations via Chesterfield County Sheriff Office, Department of Social Services, or McLeod Regional Hospital.”

The most recent MOU between AMIkids Sand Hills and Chesterfield County Sherriff’s Department states: “Chesterfield County Sherriff’s Department agrees to comply with the following Prison Rape Elimination Act (PREA) standards as it relates to the investigative process: (C) All forensic exams will be with McLeod Health Cheraw, 711 Chesterfield Highway, Cheraw, SC 29520 in accordance with the Memorandum of Understanding, created between McLeod Health Cheraw and AMIKids Sand Hills.” The MOU was signed by both parties on June 16, 2022.

As previously mentioned, the Sand Hills program has not had any allegations of sexual abuse. However, the program has an AMIkids Sand Hills Sexual Abuse Incident Check Sheet that it would use to ensure all proper steps are taken in the event there was an allegation of sexual assault or abuse. Specifically, the Check

Sheet lists specific activities that staff must check off and indicate the date and time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- “Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- Resident is not allowed to shower, remove clothing without medial supervision, use the restroom, or consume any liquids (in order to preserve evidence).
- Shift Supervisor obtains a brief statement from the alleged victim, while in the Nurses office.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
- If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes.
- The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation.”

The Sand Hills program does not have medical professionals onsite. If a resident alleges sexual abuse, interviews revealed that the program would transport the youth to a McLeod Regional Hospital (either in Cheraw or Florence, SC). The AMIKids Sand Hills Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations states, “The agency must offer all residents who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) without cost to the resident. Examinations are to be performed by Sexual Assault Nurse Examiners (SANEs) if possible, or by a qualified medical practitioner.” An interview with an advocate from the Pee Dee Coalition confirmed that the McLeod Regional Hospital in Florence has a formal SANE program. The advocate also explained that youth should not be taken to the McLeod Hospital in Cheraw because they do not have a SANE program. The program should seriously consider updating any of its policies referencing transporting youth to Cheraw for a SANE exam (should be replaced with McLeod Hospital in Florence).

Interviews with Shift Supervisors, Executive Director, and community advocates from Pee Dee Coalition verified that youth would be transported to the hospital in the event of sexual abuse allegation that involved penetration for a forensic examination by a certified SANE nurse. These services would be provided at no cost to the youth victim or family.

The PREA provision also requires that all residents who experience sexual abuse

have access to forensic medical examinations and if a SAFE or SANE cannot be made available the victim must be seen by other qualified medical practitioner. The auditor reminds the program that it is required to document its efforts to provide SAFEs or SANEs. Interviews with facility administrators supported that youth would always be transported to a hospital with a SANE program and that there would be no cost to the youth or family. All evidence allows the auditor to determine Sand Hills is in compliance with this provision.

Provision (d)

The AMIKids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states, "1. All efforts will be made to have a victim advocate from a Pee Dee Coalition available to the victim in person or by other means. 2. If and when a Pee Dee Coalition is not available to provide victim advocate services, AMIKids Sand Hills will provide a qualified staff member from Private Matters Counseling LLC."

During an interview with a Rape Crisis Advocate with the Pee Dee Coalition, the advocate explained that if a Sand Hills youth called the hotline number, a rape crisis advocate would provide immediate emotional support counseling to the youth. If the youth needed medical attention, then the advocate would direct staff to transport the youth to the hospital for a SANE exam and medical evaluation. The Pee Dee advocate would meet the youth victim at the hospital to continue providing emotional support. The advocate verified that they are allowed to accompany youth through the SANE exam as well as to sit in on the forensic interviews with police officers, if the victim wants this level of support.

The auditor was informed that the Pee Dee Coalition tries to send everyone to the Florence location which is a longer drive but it has a SANE nurse. The rape advocate did not believe that the Cheraw location had a SANE program. It is important that Sand Hills be clear on which hospital to take youth to in the event of a sexual assault or sexual abuse incident.

The Sand Hills program has an established MOU (executed June 2021) with the Pee Dee Coalition. An interview with a Pee Dee Coalition advocate was not aware of an MOU with the Sand Hills program. However, she reported that she did not believe they have ever received a call from a Sand Hills youth needing their services. The MOU between AMIKids Sand Hills and the Pee Dee Coalition (executed May 14, 2021) requires the AMIKids Sand Hills program to:

- Transport youth to the appropriate medical center for a forensic exam when the sexual abuse occurred within 72 hours. If the incident was beyond the 72 hour mark, transport youth for a medical evaluation by a physician.
- Contact Pee Dee Coalition of the alleged sexual abuse as soon as possible.
- Facilitate follow-up meetings and communications between youth and the Pee Dee Coalition. The Sand Hills program will provide private meeting spaces for counseling sessions with Pee Dee Coalition.
- Will assume all charges and costs associated with the services provided by

Pee Dee Coalition

This MOU also clearly maps out the responsibilities of the Pee Dee Coalition. These include, but are not limited to:

- Provide advocacy to youth transported to the medical facility for forensic medical exams.
- Provide follow-up services and crisis intervention contacts to victims who are in custody at AMIKids as resources allow.
- Work cooperatively with designated AMIKids officials to obtain security clearances for entry into the facility.
- Follow facility guidelines promulgated for purposes of safety and security.
- Maintain the confidentiality of communication with victims who are in custody at AMIKids.
- Communicate questions or concerns to AMIKids officials and cooperatively attempt to resolve unforeseen issues which may arise.

Provision (e)

The AMIKids Sand Hills Policy and Procedure 6.21 Evidence Protocol and Forensic Medical Examinations states, "6. If requested by the victim, a victim advocate, or qualified staff member of Private Matters Counseling LLC will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals."

As previously mentioned, an interview with a Pee Dee Coalition advocate verified that the victim advocate would meet the youth victim at the hospital to continue providing emotional support services. The advocate verified that they are allowed to accompany youth through the SANE exam as well as sit in on the forensic interviews with police officers, if the victim wants this level of support.

Provisions (f)

As previously mentioned, if a youth alleges sexual abuse while in the Sand Hills program, the program is required to contact the Chesterfield County Sheriff's Office, the South Carolina Department of Social Service, and the Department of Juvenile Justice. This expectation is clearly stated in the AMIKids Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations. The Chesterfield County Sheriff's Office and the SC DJJ would be responsible for conducting a thorough investigation of the sexual abuse allegation. The AMIKids Policy 6.21 supports this process by stating, "1. In the event of sexual abuse allegations the Chesterfield County Sheriff Office, South Carolina Department of Social Service, and The Department of Juvenile Justice will be notified immediately. 2. AMIKids Sand Hills will request that the investigators follow a uniform evidence protocol appropriate for youth."

Provision (g)

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| | <p>The SC DJJ is the state entity that contracts with the AMIKid Sand Hills programs. Interviews with the SC DJJ Director of Criminal Investigations Division and the SC DJJ Program Monitor both confirmed they are aware of the PREA standards and specific requirements.</p> <p>Provision (h)</p> <p>As previously mentioned, the Sand Hills program contracts with a mental health counselor to provide services to select program youth. In the event that a youth alleges sexual abuse, the program would provide immediate emotional support to youth by offering a call to the local rape crisis advocates and/or calling the contracted mental health counselor. The contracted mental health provider is a master’s level therapist. In support of this standard, the AMIKids Sand Hills Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations requires: “If and when a Pee Dee Coalition is not available to provide victim advocate services, AMIKids Sand Hills will provide a qualified staff member from Department of Waccamaw Mental Health.”</p> <p>All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.</p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy 6.21 PREA: Evidence Protocol and Forensic Medical Examinations • AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations • AMIKids Sand Hills PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy - POLICY Investigations.pdf (sc.gov) • Sexual Abuse Incident Check Sheet (Per Policy Sexual Abuse Prevention and Response) • Sand Hills Youth Handbook • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interviews with the Sand Hills Youth Care Specialist Supervisors |

- Interview with Director of Criminal Investigation, SC DJJ
- Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice
- Interview with Program Monitor, SC DJJ

Provision (a)

The AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations states, “AMIKids-Sand Hills will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. MCPG will document all such referrals and post its policy on its website (or otherwise make it available to the public). Additionally, the policy will describe the investigative responsibilities of the agency and the investigating entity, if the agency itself does not have the legal authority to investigate allegations. Finally, the standard requires all state entities and DOJ components responsible for conducting investigations of sexual abuse or harassment to have in place a policy governing the conduct of such investigations.”

The AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations also states, “ Procedure: In the event of sexual abuse allegations, the Chesterfield County Sheriff Department, the Child Abuse Reporting Agency, and the Department of Juvenile Justice (DJJ) will be notified immediately. AMIKids Sand Hills will document all such referrals in the PREA log and post its policy on its website (or otherwise make it available to the public) and update as needed.”

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. The SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) states:

“1. In accordance with SCDJJ Policies 321, Prevention of Sexual Offenses Towards Juveniles; 920, Investigations; 322, Alleged Abuse and Neglect of a Juvenile, and 326, Reporting Events, all allegations of sexual abuse will be investigated, regardless of their sources. The Division of Investigative Services (DIS) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include allegations made on or by contractors and volunteers. The DIS Chief of Investigations will immediately report a staff on juvenile incident to the South Carolina Law Enforcement Division (SLED), who will determine the investigative process consistent with the memorandum of agreement between SCDJJ and SLED. [PREA Standard(s) §115.376, 115.377]

2. SCDJJ will ensure that, following a report, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, DIS will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard §115.373.

3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376]

4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management - Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]

5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management - Incentive System and Progressive Discipline. [PREA Standard(s) §115.378.

The Executive Directors, PCM, and the Human Services Professional (HSP) are responsible for conducting administrative investigations of sexual harassment occurring at the AMIKids Sand Hills program. Interviews confirmed that SC DJJ or the local Sheriff's Office completes investigations for all allegations of sexual abuse. When an allegation of sexual abuse is made, first responders are required to make a report to the local law enforcement agency if the allegation involves potentially criminal behavior. The first responder must also provide a detailed written incident report to SC DJJ. An interview with SC DJJ staff (including the Director of Criminal Investigations) verified that all allegations of sexual abuse and sexual harassment are investigated. More specifically, interviews with the Sand Hills Executive Director, Director of Operations/Sand Hills PREA Compliance Manager (PCM), Sand Hills Youth Care Specialist Supervisors, Youth Care Specialists (YCS), SC DJJ Director of Criminal Investigations, and the DJJ Director of Youth Grievances and Family Support verified that all allegations of sexual abuse and sexual harassment are required to be reported to SC DJJ and local law enforcement for investigation. An interview with the SC DJJ Director of Criminal Investigations confirmed that SC DJJ and local law enforcement would lead any sexual abuse allegations while the Sand Hills investigators are responsible for investigating allegations of youth-to-youth sexual harassment. The AMIKids HR Business Partner confirmed that she is required to conduct administrative investigations for all sexual harassment incidents involving staff.

The program's Sexual Abuse Incident Check Sheet directs, "The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation." Sand Hills investigators who conduct PREA investigations would receive instruction from DJJ and the local law enforcement office regarding how to proceed with the administrative investigation. This practice of ensuring all sexual abuse and sexual harassment allegations are investigated is further supported by the Sand Hills PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) which states, "AMIKids must also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators."

In addition, the Sand Hills Youth Handbook has a section titled, "Child Abuse Prevention." The information provided includes: "The program will ensure that all

known, alleged, or suspected incidents of child abuse of any youth in the program shall be reported immediately in compliance with South Carolina law. All youth shall be given an orientation, which shall include basic directions for reporting child abuse and assuring youth of their right to be protected from retaliation for reporting allegations of child abuse. Any program employee who, after a thorough investigation, is believed to have abused a youth under the care and supervision of the program, shall be referred to the proper authorities.”

The program and SC DJJ both report there have been no allegations of sexual abuse or sexual harassment in the past 24 months at the Sand Hills program and therefore, no referrals have been made.

The auditor concludes that the program ensures all allegations of sexual abuse and sexual harassment are referred for investigation.

Provision (b)

The AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations states, “AMIKids-Sand Hills will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. MCPG will document all such referrals and post its policy on its website (or otherwise make it available to the public). Additionally, the policy will describe the investigative responsibilities of the agency and the investigating entity, if the agency itself does not have the legal authority to investigate allegations. Finally, the standard requires all state entities and DOJ components responsible for conducting investigations of sexual abuse or harassment to have in place a policy governing the conduct of such investigations.”

This PREA standard requires, “The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.” Although the program does have a policy to support referrals to investigative agencies, the policy does not specify who conducts administrative investigations (SC DJJ or AMIKids HR or program Executive Directors) and how these investigations are required to be conducted. In addition, this policy is missing language discussing how incidents of sexual harassment are investigated. This policy is also not made publicly available on the AMIKids website as required by PREA.

It is important to note that State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) are posted on the SC DJJ website (not the AMIKids website).

Corrective Action - Provision (b)

- The agency and/or program is required to revise its existing policy/procedure to comply with this PREA provision as well as others (i.e., 115.371). This includes specifying the various roles of AMIkids Executive Director/ Investigator, DJJ, and local Sherriff's Office and the types of investigations each conducts. It is important to clearly distinguish how referrals are made, who investigates which incidents (i.e., youth-to-youth sexual harassment), how these investigations will occur, etc. This revised or new policy/protocol/ procedure will be submitted to the auditor for review and feedback.
- Once approved, AMIkids will need to post this information on its website (along with the other items PREA requires to be posted - i.e., zero-tolerance policy; third party reporting information; annual PREA data; annual PREA progress report; etc.)

Provision (c)

This PREA provision requires, "If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating agency." Sand Hills must clearly define the role of agency investigators and local law enforcement for sexual harassment and sexual abuse allegations. As stated earlier, there is a need to bolster the existing policy to more clearly define roles regarding the various types of investigations.

Corrective Action - Provision (c)

- The program is required to revise the existing policy/procedure and/or create a new one as described in Provision (b) above. This document must be submitted to the auditor for review and approval.

Provision (d)

Allegations of sexual abuse whether the alleged perpetrator was a staff member or another Sand Hills youth resident are investigated by the South Carolina Department of Juvenile Justice (SCDJJ). Interviews with the Sand Hills Executive Director, Director of Operations/PREA Compliance Manager (PCM), SC DJJ Director of Criminal Investigation, and the SC DJJ Director of Youth Grievances and Family Support verified that allegations of sexual abuse are investigated by SC DJJ or the local Sherriff's Office; incidents of sexual harassment involving staff are investigated jointly by SC DJJ and AMIKids Human Resources unit; and incidents of youth-to-youth sexual harassment are reported to SC DJJ but would likely be investigated by the Sand Hills Executive Director and Director of Operations/PCM. The program reports it has not had any allegations of sexual abuse or sexual harassment in the past 24 months.

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. More specifically, the State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards

states:

“1. In accordance with SCDJJ Policies 321, Prevention of Sexual Offenses Towards Juveniles; 920, Investigations; 322, Alleged Abuse and Neglect of a Juvenile, and 326, Reporting Events, all allegations of sexual abuse will be investigated, regardless of their sources. The Division of Investigative Services (DIS) will initiate the investigation of an alleged sexual abuse act, staff sexual harassment or staff sexual misconduct to include allegations made on or by contractors and volunteers. The DIS Chief of Investigations will immediately report a staff on juvenile incident to the South Carolina Law Enforcement Division (SLED), who will determine the investigative process consistent with the memorandum of agreement between SCDJJ and SLED. [PREA Standard(s) §115.376, 115.377]

2. SCDJJ will ensure that, following a report, the alleged victim is notified of the outcome of the investigation. When the alleged perpetrator is a staff member, DIS will ensure the alleged victim is notified of the progress of the investigation as specified in PREA Standard §115.373.

3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376]

4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]

5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378”

Interviews with the SC DJJ Director of Criminal Investigations and SC DJJ Program Monitor both confirmed that DJJ has investigation policies (i.e., State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov) to which it closely follows.

Provision (e)

The Department of Justice (DOJ) does not conduct investigations at the AMIKids Sand Hills facility.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. A link to the AMIKids website containing the elements required

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| | <p>by this provision was sent to the auditor. The auditor determined that the website link is in working order and the webpage contains all information required by PREA. All evidence submitted by the program was carefully examined and the auditor has determined the program is now in full compliance with this PREA standard.</p> |
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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Sand Hills Policies and Procedures Policy 6.31 Employee Training • AMIKids Pre-Service New Hire Training Requirements - SC Residential • AMIKids Training Plan (2021) • AMIKids Pre-Service New Hire Training Requirements - SC Residential • AMIKids Sand Hills Policy Acknowledgement form (example) • National PREA Resource Center Training: Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth (Unit One; April 2014) • South Carolina DJJ Policy 336 Application of PREA Standards • Training descriptions for: <ul style="list-style-type: none"> ◦ PREA (1 hour) ◦ Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours) ◦ Identifying Child Abuse and Neglect (1 hour) ◦ Normal and Abnormal Adolescent Development & Typical Behavior Problems (1.5 hours) ◦ Creating a Child Safe Environment (3 hours) ◦ Emotional and Behavioral Disorders in Adolescents (1 hour) ◦ Basic Communication and Interviewing Skills (1 hour) ◦ Sexual Harassment Awareness and Prevention for Team Members (1 hour) • Review of training quizzes for Mandated Reporting and Child Abuse and Neglect; Identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment • Review of sample (n=12) of staff training records/certificates verifying staff have been trained on the required PREA-related topics - i.e., primarily Mandated Reporting and Child Abuse and Neglect; Identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment • Sample (n=12) of "Preventing and Reporting Sexual Harassment, Sexual Misconduct, and Sexual Assault/Rape" staff signature forms • Interview with AMIKids Regional Director |

- Interview with the AMIkids Agency PREA Coordinator
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interview with Sand Hills Business Manager/HSP
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialist (YCS - direct care staff)
- Interviews with youth/student residents

Provision (a)

The AMIkids agency requires its residential programs in South Carolina to complete a series of trainings within the first 14 days of hire. The agency also requires all new hires and current staff to receive annual training on PREA; Mandated Reporting and Child Abuse and Neglect; identifying Child Abuse and Neglect; PREA; Creating a Child Safe Environment; and several other trainings that align with federal PREA expectations. This expectation is memorialized in AMIkids Sand Hills Policies and Procedures Policy 6.31 Employee Training. More specifically, the procedure section of this policy identically lists the 11 topics listed in PREA Standards 115.331 (a):

- Agency’s zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Resident’s right to be free from sexual abuse and sexual harassment.
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of sexual abuse and sexual harassment juvenile victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

The South Carolina DJJ Policy 336 Application of PREA Standards (Section C1) states. “All employees, juveniles, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency’s zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the

Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file.[PREA Standard(s) §115.331, §115.332, §115.333]"

The AMIkids Pre-Service New Hire Training Requirements - SC Residential document provides descriptions of required trainings including those that address the PREA training topics. Description of the trainings that cover the required PREA topics include the following (primarily PREA, Mandated Reporting; Creating a Child Safe Environment; and Identifying Child Abuse and Neglect):

1) PREA- Prison Rape Elimination Act (1 hour) - "Staff will be identify the definition of P.R.E.A., standards/procedures, reporting, responding to abuse reporting, investigations and hiring & promotion decisions."

2) Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIkids Staff (2.5 hours) - ""These courses discuss the indicators of child abuse, guidelines for reporting suspicion of abuse, recognizing admissions of abuse, and preventative measures. Participants will be able to identify emergencies state important statistics concerning the frequency of child abuse."

3) Identifying Child Abuse and Neglect (1 hour) - "These courses discuss the indicators of child abuse, guidelines for reporting suspicion of abuse, recognizing admissions of abuse, and preventative measures. Participants will be able to identify emergencies state important statistics concerning the frequency of child abuse."

4) Normal and Abnormal Adolescent Development & Typical Behavior Problems (1.5 hours) - "Learning objectives for this course include: Review Erikson's psychosocial theory of development; Identify psychosocial crises from infancy through adolescence; discuss normal and abnormal resolution of psychosocial crises; identify attachment styles; discuss adolescence as a transitional stage; identify typical behavior problems during adolescence; review risk factors of recidivism that include behavior problems."

5) Creating a Child Safe Environment (3 hours) - "This course is designed to demonstrate the value of developing positive and professional staff-youth relationships and reinforce staff's legal and ethical obligations in preventing staff-youth and youth-youth misconduct or abuse, while focusing on the importance of setting appropriate boundaries when working with youth. Participants will be informed of mandated reporting requirements."

6) Emotional and Behavioral Disorders in Adolescents (1 hour) - "This course will provide an understanding of the symptoms and behavioral signs of emotional disturbance. Participants will examine behavior in children and youth and its relationship to identifying emotional problems a youth's history of abuse and neglect."

7) Basic Communication and Interviewing Skills (1 hour) - "This training focuses on the basic skills of interviewing youth in care. Participants will become identify the key components of the communication process and verbalize skills of social

awareness.”

8) Sexual Harassment Awareness and Prevention for Team Members (1 hour) - “The course for individual learning guides participants through key federal discrimination and sexual-harassment laws, relates these laws to everyday workplace behavior, and provides the legal definitions of discrimination and harassment.”

Review of a sample of staff training records (n=17) verified all staff have been trained on the required PREA topics by completing the trainings: Creating a Child Safe Environment; Identifying Child Abuse and Neglect; Mandatory Reporting for Child Abuse and Neglect; and PREA. The auditor also reviewed the online training quizzes for each of the four previously mentioned trainings. All documents reviewed serve as sufficient evidence for compliance with these PREA expectations.

It is worthy of mention that the AMIkids training plan states: “Those employees hired after 2/7/17 will complete the above trainings within their first 180 days of employment.” Although it appears that the four primary trainings for PREA compliance are completed within the first month of hire (as per file reviews), the agency should consider revising the language to ensure that all staff complete the PREA-related trainings within the 14 days of being hired.

The AMIkids PREA Team Member Guide Addendum A – Standards of Conduct (pages 35-37) provides additional support for compliance with this PREA provision. The guide states:

- “30. All AMIkids Team Members, interns, volunteers, and contractors shall refrain from engaging in any actions or conduct of a sexual nature (verbal or physical) directed toward a youth including, but not limited to, sexual advances, requests for sexual favors or sexually explicit language or conversation. Team Members, interns, volunteers, and contractors shall not form inappropriate social or romantic relationships with youth, regardless of whether or not the youth is 18 years old or no longer in program.”
- “Certain behaviors/actions will not be tolerated and may result in immediate suspension and/or termination.”

Interviews with the AMIkids Regional Director, AMIkids Agency PREA Coordinator, the Sand Hills Executive Director, Georgetown Director of Operations/Georgetown PREA Compliance Manager (PCM), the Georgetown Business Manager/HSP, and SC DJJ staff verified that in situations of substantiated sexual abuse these individuals would be terminated from employment.

Further support for compliance can be found in the AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) which states: “All AMIkids program Team Members must complete documented training on abuse prevention, recognition, and reporting on an annual basis.” This same policy and procedure also states “1. Each Team Member will complete documented training on abuse prevention, recognition, and reporting as set forth in the program’s Pre-service Training Plan. 2. Each Team Member will complete documented subsequent annual training on abuse

prevention, recognition, and reporting as set forth in the program's In-service Training Plan"

It is important to remind the program that the PREA training alone will not qualify as meeting the PREA training topic requirements. A review of the training materials submitted showed that the training provides a history of PREA; why the PREA Act is important; mandatory reporting laws; zero-tolerance for sexual abuse and sexual harassment; and includes small group discussions centered on how PREA impacts your job. This training alone is missing several key elements. The program must provide future auditors with evidence of completion for the four trainings previously identified, at a minimum, in order to demonstrate compliance with PREA expectations.

Provision (b)

The AMIKids Sand Hills Policy 6.31 Employee Training procedures section states, "1. Trainings will be tailored to the unique needs and attributes of male residents. 2. Any employee transferring to AMIKids Sand Hills from a facility housing the opposite gender will be given additional training." Interviews confirmed that the program serves all male youth. The Sand Hills facility administrators explained that the trainings would be altered to include additional information if the program served females.

Provision (c)

The AMIKids Sand Hills Policy 6.31 Employee Training procedures section states, "AMIKids Sand Hills staffs are required to complete an annual refresher training to include information about current policies regarding sexual abuse and harassment."

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) also states: "All AMIKids program Team Members must complete documented training on abuse prevention, recognition, and reporting on an annual basis." This same policy and procedure also states "1. Each Team Member will complete documented training on abuse prevention, recognition, and reporting as set forth in the program's Pre-service Training Plan. 2. Each Team Member will complete documented subsequent annual training on abuse prevention, recognition, and reporting as set forth in the program's In-service Training Plan"

The SCDJJ Policy 336 Application of PREA Standards states, "All employees, juveniles, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employees file. [PREA Standard(s) §115.331, §115.332, §115.333]"

The PREA standard 115.331 (c) requires formal training on the previously listed topics "...every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures, In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies." While Sand Hills currently requires staff to complete the PREA training each year, the existing PREA training is not sufficient to meet the standards. However, review of training descriptions, materials, and completion certificates for four other mandatory trainings do provide evidence for compliance with this PREA provision. Staff are required to complete the four primary trainings each year. The program is strongly encouraged, but not required, to update its policy/procedures to more clearly demonstrate alignment with PREA standards.

A review of a sample of training completion certificates for four primary PREA-related trainings were reviewed (N=17) confirming the program requires these trainings each year (i.e., Mandated Reporting and Child Abuse and Neglect; identifying Child Abuse and Neglect; PREA; and Creating a Child Safe Environment). It is important to note that certificates of training completion are not issued unless staff have passed the quizzes associated with each training. Trainees must get a 100% on each quiz. The auditor reviewed the quizzes and indicate that they address the topics covered in provision (a).

Provision (d)

As previously explained, staff complete the four trainings previously mentioned each year and must complete a quiz in order to get training credit. A certificate of completion is only issued when staff answer a 100% of the questions correctly. In support of this practice, the AMIkids Sand Hills Policy 6.31 Employee Training procedures section states "4. Employees will sign training sign in forms or have electronic verification signifying that they have understood the PREA trainings."

The auditor reviewed a sample (n=17) of "Preventing and Reporting Sexual Harassment, Sexual Misconduct, and Sexual Assault/Rape" staff signature forms completed by new and current staff in the past 12 months (June 2023- May 2024). This form clearly outlines expectations of staff related to PREA standards. The file review indicated three files (approximately 18%) did not contain this signed form. However, the program requires all employee to complete several trainings each year. While the program doesn't necessarily require an electronic signature, the fact that employees must score 100% on the quizzes serves as evidence that staff members understand the training content. As previously mentioned, the four most relevant PREA-related trainings are 1) Mandated Reporting and Child Abuse and Neglect; 2) Identifying Child Abuse and Neglect; 3) PREA; and 4) Creating a Child Safe Environment). The auditor reviewed all training certificates in the sample and quizzes to determine if the quality of the knowledge tests were in line with PREA expectations. Examples of questions from the quizzes are provided below.

- Mandated Reporting and Child Abuse and Neglect - Which AMIkids

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| | <p>contracted states require the reporter to provide his/her name upon placing the report of child abuse and/or neglect? Questions asking trainees to identify situations in which they suspect child abuse and when it would need to be reported; attorney and client privilege when communicating; who is a mandated reporter; South Carolina mandated reporter laws;</p> <ul style="list-style-type: none"> • Identifying Child Abuse and Neglect - What types of abuse is called a hidden type of abuse? What are considered to be risk factors for child abuse and neglect? • PREA - What does PREA stand for? What are the three stages of the PREA Audit process? What can AMIkids do to be successful with PREA? How can you promote a culture of safety? Should you take any reports from youth/ staff seriously?" • Creating a Child Safe Environment -scenario-based and multiple-choice questions depicting sexual harassment; unprofessional behaviors and healthy boundaries; whether youth can consent to a sexual encounter with a staff; definitions of exploitation, extortion, and abuse; when to report abuse; signs of abuse; definition of PREA; consequences for not reporting; signs of abuse; and adolescent development. <p>Review of all evidence allows the auditor to confidently conclude the program is in compliance on this standard.</p> |
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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIkids Sand Hills Policies and Procedures, Policy 6.32 Volunteer and Contractor Training • AMIkids Sand Hills PREA pamphlet • Sand Hills Policy Acknowledgement form • MOU Between AMIkids Sand Hills, Inc and Private Matters Counseling Services, LLC (executed agreement May 5, 2021) • Sample of training records for contractors and volunteer • Interviews with two Sand Hill volunteers • Interviews with the contracted mental health counselor from Private Matters Counseling Services, LLC <p>Provision (a)</p> <p>AMIkids Sand Hills Policies and Procedures, Policy 6.32 Volunteer and Contractor Training states, "AMIKids Sand Hills requires all volunteers and contractors (who</p> |

have contact with residents) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training is based on the services provided by volunteers and contractors and the level of contact they have with residents." The procedure section of this same policy also declares, "All individual who become volunteers and contractors (who have contact with residents) after February 28, 2017 will be trained on the above responsibilities before being in contact with residents."

The MOU Between AMIKids Sand Hills, Inc and Private Matters Counseling Services, LLC (executed agreement May 5, 2021) states, "IV. Mandatory Reporting Requirement South Carolina law requires that certain professionals report suspected cases of child abuse or neglect, because they have unique opportunities to observe and interact with children. As such PMCS is mandated to report child abuse or neglect."

The AMIKids Sand Hills PREA pamphlet submitted as evidence provides some PREA related information - i.e., zero-tolerance of for sexual abuse; a rape crisis number; freedom from retaliation for making a report, etc. However, the pamphlet is missing a number of key elements including, but not limited to: How to avoid unhealthy relationships with residents; specific steps in the response protocol for the Sand Hills facility; who to make a report to; mandatory reporting laws; information about reporting sexual harassment; etc. The current "training" for volunteers and contractors does not rise to the level of PREA expectations.

A review of a sample of two volunteers and one contractor file, revealed these individuals have not been formally "...trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures" as required by this PREA provision. Interviews with all three individuals confirmed they were not required to complete a training on these required topics prior to working at the facility. The program will need to establish a process and practice of training contractors and volunteers on the PREA-related responsibilities.

Corrective Action - Provision (a)

- The program is required to establish a process and practice for ensuring all contractors and volunteers are trained on trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This may involve creating a shortened training and/or signature form demonstrating they understood the agency's zero-tolerance policy and protocol for responding to PREA-related allegations. The program must submit these training materials to the auditor for review and feedback.
- The program is also required to enhance its policies and procedures to further detail this new practice (i.e., who will deliver the training, what it will include, how it will be delivered, when it will be done, etc.). These documents will be submitted to the auditor for review and feedback. The

AMIKids agency is also encouraged to update its Policy OPER 1004 Abuse Free Environment to include specific language about training for contractors and volunteers.

- Once the training is approved, the program is required to train the current volunteers and contractors and submit evidence of training completion. Additionally, if the program engages the services of new contractors and volunteers, they are required to submit these completed training forms to the auditor as evidence for compliance.

Provision (b)

AMIKids Sand Hills Policies and Procedures, Policy 6.32 Volunteer and Contractor Training states, "AMIKids Sand Hills requires all volunteers and contractors (who have contact with residents) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This training is based on the services provided by volunteers and contractors and the level of contact they have with residents."

As previously stated, the program is required to create a process for ensuring all contractors and volunteers are formally trained on PREA-related policies and protocols. This includes, but is not limited to zero-tolerance, how to maintain professional boundaries, how to report sexual abuse and sexual harassment, etc.

Corrective Actions - Provision (b)

- As previously stated, the program is required to create a process for ensuring all contractors and volunteers are formally trained on PREA-related policies and protocols. This includes, but is not limited to: Zero-tolerance, how to maintain professional boundaries, how to report sexual abuse and sexual harassment, mandated reporting, etc.

Provision (c)

The AMIKids Sand Hills Policies and Procedures, Policy 6.32 Volunteer and Contractor Training states, "AMIKids Sand Hills requires all volunteers and contractors (who have contact with residents) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures....All volunteers and contractors (who have contact with residents) will sign documentation confirming that he/she understands the training they have received."

The Sand Hills program has a Policy Acknowledgement form that states, "I ____ do hereby document that I have reviewed AMIKids PREA Policy Standard 6. Sexual Abuse Prevention and Response and fully understand the contents contained in the policy period." The individual is required to sign and date this form to demonstrate understanding. However, a review of contractor and volunteer training records indicated that providing PREA-related information and/or conducting PREA training for volunteers and contractors is not currently a practice at the program. The

program will be required to create a practice of documenting this training has been completed and understood by volunteers and contractors (current and future). An example of this may be having them sign a form after they are trained that states:

“I have received training on the elements of PREA Standard 115.331 (a) and had the opportunity to ask questions about:

- The Department’s zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill my responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Resident’s right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- The common reactions of juvenile victims of sexual abuse and sexual harassment;
- 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;
- How to avoid inappropriate relationships with residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Relevant laws regarding the applicable age of consent; and
- Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

“I understand this training, the importance of these topics and the responsibilities for reporting any instance of sexual abuse or sexual harassment and reporting any retaliation for reporting.” By signing this form, I acknowledge my obligations to report sexual abuse, sexual harassment, neglect, exploitation, and retaliation. I was provided an opportunity to ask questions during this training. I understand the information on each of the training topics and my role as a mandated reporter.

The program is required to create a process for ensuring volunteers and contractors are trained and understand the critical PREA-related topics. This process must include some type of documentation to demonstrate the individuals understand the training they have received. Since the program already has a form in place as described above, this may be one method of documenting understanding.

Corrective Action - Provision (c)

- The program is required to create a process to document that volunteers and contractors understand the training they have received. For additional corrective action guidance see previous corrective actions put forth in this

standard.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records and attestation forms verifying all volunteers and contractors have been trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

115.333

Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Used in Compliance Determination:

- AMIKids Policy OPER 1004 Abuse Free Environment
- AMIKids Sand Hills Policies and Procedures, Policy 6.33 Resident Education
- AMIKids Sand Hills, Inc. Student Handbook REVISED
- AMIKids Sand Hills Student PREA Information Pamphlet
- Sample of youth Prison Rape Elimination Act Acknowledgment forms (n=10)
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interview with AMIKids Sand Hills Business Manager/HSP
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialist (YCS - direct care staff)
- Interview with youth/student residents
- Observations during facility tour

Provision (a)

The AMIKids Sand Hills Policies and Procedures, Policy 6.33 Resident Education procedure section states, "AMIKids Sand Hills will educate residents on its zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process....1. All students will be educated during their initial intake process or no later than ten days of being admitted on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment."

The federal PREA standard 115.333 (a) specifically requires: “During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.”

During the intake process (typically within the first three days of arrival) youth receive the AMIKids Sand Hills, Inc. Student Handbook REVISED and the AMIKids Sand Hills Student PREA Information Pamphlet.

The AMIKids Sand Hills Student PREA Information Pamphlet includes the information below.

- “AMIKids-Sand Hills has a zero-tolerance for sexual abuse and sexual harassment.”
- “It is against South Carolina State Law for a department staff member, contractor, or volunteer to engage in any type of behavior or act of a sexual nature with an offender. This includes sexual touching and attempted, threatened or requested sexual acts and voyeurism. Voyeurism by a staff member, contractor, or volunteer means an invasion of an inmates privacy by staff for reasons unrelated to official duties, such as peering at an inmate that is using a toilet in his or her sleeping area to perform bodily functions.”
- “What is Sexual Abuse? Sexual abuse is defined as any type of unwanted sexual contact. This includes contact or penetration of the anus or vagina with the penis, finger or any other object. Sexual abuse includes unwanted sexual touching of genital, breast, inner thigh or buttocks, either directly or through clothing. When sexual contact is accomplished through fear, threat of bodily harm or implied threat, it is considered sexual abuse.”
- “You have the right to report abuse without retaliation. Reporting instructions/posters are posted throughout the facility. You may also speak to facility investigators (Executive Director, Director of Operations or Lead HSP”

The pamphlet also includes the PREA Rape Crisis/Abuse Hotline number 843-669-4600 or 843-623-2147 (press 1).

The AMIKids Sand Hills, Inc. Student Handbook (pages 31-32) also provides residents with additional information about preventing and reporting sexual harassment, sexual misconduct, and sexual assault/rape. More specifically, the handbook explains:

- “AMIKids Sand Hills has a zero-tolerance standard for all sexual misconduct. All allegations are thoroughly investigated.
- There is no consensual sex allowed at AMIKids Sand Hills.
- You should avoid putting yourself in risky situations. You should avoid any areas where you can be alone with other juveniles or adults where you cannot be viewed by others. You should not go into any areas where staff members are not supervising you. You should not go into any secluded

areas.

- You should not receive or give any gifts to any group home employees or other juveniles.
- You should not write any letters or notes that are sexual in nature. You should not flirt with anyone.
- You should not request or receive any special privileges that the other juveniles do not receive.”

The youth handbook also directs youth:

- “You should report immediately to any staff person if you are the victim of staff sexual harassment. Sexual harassment could be repeated sexual statements or comments to you and/or demeaning statements about your body or clothing. Sexual harassment can also include profane or obscene language or gestures.
- You should report immediately to any staff person if you are threatened, intimidated or actually assaulted. This staff person will immediately take steps to separate you from the other juvenile(s).
- You should report any incidents where you have been or are currently a victim of any type of sexual assault/rape, sexual solicitation, or sexual threats while in this facility. If you have knowledge of a sexual assault, sexual solicitation, or sexual threats having occurred in this facility, then you should report this information immediately.
- If you are the victim of a sexual assault/rape or attempted sexual assault/rape, then you should report this information to any DJJ employee as soon as possible.
- You may also report this information confidentially through the DJJ sick call process or anonymously through the Juvenile Grievance Process.”
- If you have been victimized by any type of sexual misconduct, your social worker will schedule appropriate counseling and medical care as needed.
- Sexual activities between juveniles are against the law. Staff sexual misconduct is against the law. Sexual behavior can result in criminal charges being filed against you.
- Any false allegations will result in your receiving disciplinary action.

In addition to this information provided to youth at intake, the Sand Hills HSP has youth read and sign the Prison Rape Elimination Act Acknowledgment form. This form sets forth that there is zero-tolerance for sexual assault and sexual harassment and that all incidents will be investigated. The form also explains:

- Individuals who commit sexual assaults will be discipline and/or prosecuted;
- Any employee, volunteer, contractor, or vendor can and will accept any information from youth regarding sexual abuse, sexual assault, or sexual harassment and will immediately report the information to a facility staff member and/or to the abuse hotline.
- Follow up actions may include medical and mental health services

- Definitions of sexual abuse and sexual harassment (consistent with federal PREA definitions) and a definitions of sexual misconduct.

Staff interviews reported that the AMIKids Sand Hills, Inc. Student Handbook is reviewed with youth at intake. Youth interviewed all stated they received a youth handbook at intake and knew about the program's zero tolerance for sexual abuse and sexual harassment. However, many youth struggled with identifying multiple avenues for reporting. Most youth were able to state they would tell a staff member or a family member but most needed much prompting regarding the ability to write a grievance and/or calling the PREA hotline. In addition, many youth referenced the red "PREA phones" on the residential living units and reported that they thought this would connect them to an abuse hotline or the police. It is important to note that these red phones have not been active in years, in part because they do not allow for privately reporting abuse. Interviews with the Executive Director, Director of Operations, and Shift Supervisors verified that if youth needed to make a report of abuse or needed emotional support services, they would provide this to youth. While youth handbook includes the PREA Rape Crisis/Abuse Hotline number (843) 623-2147 (press 1) or (843) 669-49600 it does not provide information about how other avenues for reporting. The handbook does not instruct youth about other avenues for reporting (i.e., written grievances, box checked daily); writing to Pee Dee Coalition or the SC DJJ directly (and staff are not permitted to read the letter); that hotline calls and calls with lawyers are private; how to ask for a call to the abuse hotline; how to access to emotional support services; retaliation should be reported and will be investigated; etc. The program will be required to include avenues for reporting in the comprehensive 10-day comprehensive training that it is required to develop.

A review of the PREA Acknowledgement Form indicates the language is difficult to understand and not written at a reading level that the majority of youth would understand. The form does explain that the facility has a zero-tolerance policy for sexual assault or sexual harassment and that all reports of incidents will be fully investigated. The form provides detailed definitions of sexual abuse by another youth, a staff member, a contractor, and a volunteer; that youth can report to a staff member, volunteer or contractor at the facility; and provides the South Carolina abuse hotline number 1-864-227-1623. An interview with the HSP verified she asks if youth have any questions and at times explains the form. Youth interviews indicated they were required to read the document and sign it. The program will be required to revise this form (or create a different one) that offers additional information and is age-appropriate and to specifically call out to what the youth is agreeing they understand - i.e., I understand everyone is a mandated reporter; I understand I can report abuse by telling staff member, asking to call the hotline, writing a written grievance; etc.

Corrective Action Provision (a)

- The program is required to enhance the existing PREA Acknowledgement

form as described above and to include additional PREA-related information and to be age-appropriate. This form will be submitted to the auditor for review and feedback.

- The program is required to submit signed and dated acknowledgement forms for youth admitted to the program during the corrective action period.

Provision (b)

AMIKids Sand Hills Policies and Procedures, Policy 6.33 Resident Education procedure section states, “AMIKids Sand Hills will educate residents on its zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process....1. All students will be educated during their initial intake process or no later than ten days of being admitted on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.”

This PREA provision requires, “Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.” As previously mentioned, the program provides zero-tolerance information at intake (i.e., Student Handbook, pamphlet, and acknowledgement form). However, the program does not currently have a comprehensive education training session for youth within 10 days of arrival. Staff interviews verified that the program does not currently have a comprehensive education program for youth. While youth interviewed all stated they received a youth handbook at intake and knew about the program’s zero tolerance for sexual abuse and sexual harassment, many youth struggled with identifying multiple avenues for reporting. Most youth were able to state they would tell a staff member or a family member but most needed much prompting regarding the ability to write a grievance and/or calling the PREA hotline. In addition, as mentioned prior, many youth thought the red phones were the abuse hotline phones. Almost all youth were not aware of the emotional support services available to sexual abuse/assault victims.

The federal PREA standard 115.333 (b) requires programs provide a detailed age-appropriate education session either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Other topics that are included in a comprehensive training are healthy boundaries; how to keep yourself safe; specific avenues to report; reporting on behalf of another resident; privacy when talking with lawyers, making an abuse report, and receiving emotional support services; rape crisis advocacy services; how the allegation and investigation works; reports made in good faith, etc. The program is required to develop a comprehensive training program that all youth will complete within 10 days of arriving. They are also required to create an age-appropriate form for youth to sign to demonstrate they understand the information provided.

It is also important to note that the handbook does not provide detailed information about other avenues for reporting (i.e., written grievances, box checked daily); writing to Pee Dee Coalition or SC DJJ directly (and staff are not permitted to read the letter); that hotline calls and calls with lawyers are private; how to ask for a call to the abuse hotline; how to access to emotional support services; retaliation should be reported and will be investigated; etc. The program will be required to include avenues for reporting in the comprehensive 10-day training that it will be developing.

The auditor reviewed a sample of current and discharged youth files (n=10) and found that 90% of the youth had a signed acknowledgement form completed the day they arrived (9 out of 10). There was one youth whose form was dated 6 weeks after arriving. The HSP explained that there was a turnover of staff at that time and this form was left out of the intake process. That said, the youth did receive the handbook the day they arrived which provides some important PREA related information.

Corrective Action - Provision (b)

- The program is required to create a comprehensive PREA training that will be conducted within 10 days of a youth's arrival. This training can include videos, discussion, quizzes, and/or games to test knowledge and/or discussion. Training content should include, at a minimum: Being free from sexual abuse and sexual harassment; right to be free from retaliation for reporting such incidents; healthy boundaries; how to keep yourself safe; specific avenues to report; reporting on behalf of another resident; privacy when talking with lawyers and making a report; how to make an abuse report; what rape crisis advocates do/services; how to access emotional support services if victim of abuse; how the allegation and investigation works; that all sexual abuse reports are investigated by SC DJJ and/or the local Sheriff's Office; reports made in good faith, etc. This training will be submitted to the auditor for review and feedback.
- The program is required to update its relevant policy/procedures to reflect details of this practice (i.e., who will provide this training to youth; how it will ensure the 10-day timeline is met in the absence of staff responsible for providing the education; how it will be tracked; how training will be delivered; what training includes; etc.).
- The program is also required to create an age-appropriate form for youth to sign to demonstrate they understand the detailed information provided. The program must submit this form to the auditor for review and feedback.
- The program will be required to submit evidence that this new practice has been implemented. As such, the program is required to train all current youth using the comprehensive PREA training. In addition, the program is required to train all new youth entering the program during the corrective action period. The program is required to submit signed and dated youth training forms showing that they understand the training provided.

Provision (c)

AMIkids Sand Hills Policies and Procedures, Policy 6.33 Resident Education states, "2. Residents transferred from another facility shall be educated during their initial intake on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment." As previously mentioned, the program does not currently have a comprehensive youth PREA education in place. The program is required to develop and implement a comprehensive training program. This includes providing all current youth and all new admissions comprehensive training.

Corrective Action - Provision (c)

- The program will be required to submit evidence that this new practice has been implemented. As such, the program is required to train all current youth on the new comprehensive PREA training. In addition, the program is required to train all new youth entering the program during the corrective action period. The program is required to submit to the auditor signed and dated youth training forms showing that they understand the training provided.

Provision (d)

AMIkids Sand Hills Policies and Procedures, Policy 6.33 Resident Education states. "3. Resident PREA education will be available in accessible formats for all residents including those who are; limited English proficient, deaf, visually impaired, otherwise disabled, have limited reading skills." The procedure section of this same policy states, "PREA education will be available in accessible formats for all residents including those who are; limited English proficient, deaf, visually impaired, otherwise disabled, have limited reading skills." This PREA provision requires, "The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills." The program reported that they have not had an ESL youth or youth with a physical disability, to date. Interviews with facility administrators indicate that if the program had a youth who needed additional support services these services would be provided by SC DJJ. That said, the program is required to clearly identify the structure for ensuring that PREA information can be provided to youth with disabilities or who are ESL.

Corrective Action - Provision (d)

- The program is required to create a process to ensure that PREA information would be made available to youth at intake and that the comprehensive training would be available to ESL and youth with disabilities (in a format they can understand). The program will update its policy/procedures to reflect this process and submit the revised policies to the auditor for review.

Provision (e)

AMIKids Sand Hills Policies and Procedures, Policy 6.33 Resident Education states, “4. AMIKids Sand Hills will maintain documentation of resident participation in PREA education sessions in their case management file.” As previously stated, the program has a PREA Acknowledgement Form that youth are required to sign at intake. The auditor reviewed a sample of current and discharged youth files (n=10) and found that all youth files had a signed acknowledgement form. The acknowledgement form states, “I have read and understood the Sexual Abuse/ Assault policy.” The auditor determines the program is in compliance with this provision, although as mentioned previously, the program will be required to revise the existing acknowledgement form.

The auditor determines the program is in compliance with this provision, although as mentioned previously, the program will be required to revise the existing acknowledgement form.

Provision (f)

The AMIKids Policy OPER 1004 Abuse Free Environment states, “Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member accessible locations within each program facility.” In further support of this agency policy the AMIKids Sand Hills Policies and Procedures, Policy 6.33 Resident Education states, “5. AMIKids Sand Hills will ensure that key information about the agency’s PREA policies is continuously and readily available or visible through posters located in each building, resident handbooks, and/or other written formats.”

This PREA standard 115.333 (f) requires “...the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.” While the procedure states that numbers are posted throughout the facility, this was not the auditor’s observations while onsite. On each residential dorm there were very small signs on computer paper that simply stated PREA and a number. The program does not currently have easily visible posters throughout the facility reinforcing zero tolerance, no bullying, and/or relaying reporting options in a clear and consistent manner. The program is required to create signs that declare zero tolerance and provides this information in a more “loud” manner.

Corrective Action - Provision (f)

- The program is required to create posters that clearly relay a zero-tolerance environment and that provide clear visuals of the program-specific contact information for reporting abuse. The program may consider involving youth in this process by organizing a poster contest about zero tolerance for sexual abuse, sexual harassment, bullying, and retaliation. These posters should be displayed throughout the campus in various buildings. The program will submit the posters to the auditor for feedback and approval prior to printing and posting throughout campus. In addition, the program will be required to send photos and a list of the areas where the posters are displayed as

- evidence of compliance with this provision.
- The program is also required to connect with the Pee Dee Coalition to acquire larger posters that display contact information for emotional support services for victims of sexual abuse. These should also be posted in visiting areas and residential dorms, cafeteria, etc. The program will be required to send photos and a list of the areas where the posters are displayed as evidence of compliance with this provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all youth entering the program have been provided the requisite comprehensive 10-day training (and have signed forms verifying their understanding). Staff have also been formally trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards SC DJJ Policy 328: Investigations (POLICY Investigations.pdf (sc.gov) AMIKids Sand Hills Policy 6.34 Specialized Training: Investigations AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations Interview with SC DJJ Investigator responsible for conducting administrative reviews of sexual abuse (along with the Sherriff’s Office) Interview with AMIKids Regional Director and Project Director Interview with Sand Hills PCM Interview with Director of Youth Grievances and Family Support, SC Department of Juvenile Justice Interview with SC DJJ Director of Criminal Investigations Division Interview with SC DJJ Program Monitor |

Provision (a)

As previously mentioned, the Sand Hills program is not responsible for conducting criminal sexual abuse investigations. The Chesterfield Sheriffs Office and the SC Department of Juvenile Justice are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. The Sand Hills Executive Director, the Director of Operations, and the HSP are responsible for conducting administrative investigations for incidents of youth-to-youth sexual harassment (not sexual abuse allegations). Sand Hills is required to notify SC DJJ immediately of any significant incident including all allegations of sexual abuse and sexual harassment) through the an ERMIS report to initiate the investigation. SC DJJ has an Investigation Policy SC DJJ Policy 328: Investigations (POLICY Investigations.pdf (sc.gov) although this policy does not reference specialized training.

The SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, “ In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)].” The SC DJJ also has an Investigation Policy SC DJJ Policy 328: Investigations (POLICY Investigations.pdf (sc.gov) although this policy does not reference specialized training.

The AMIkids Sand Hills Policy 6.34 Specialized Training: Investigations states, “1. The Department of Juvenile Justice, Sand Hills County Sheriff, or Department of Justice component shall conduct investigations of allegations of sexual abuse (including resident-on-resident sexual abuse and staff sexual misconduct). 2. It is the responsibility of the entity which the investigators are employed to ensure all its agents and investigators are trained in conducting sexual abuse investigations in confinement settings.” This same policy explains “All investigators are to be trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components. The documentation of such training will be kept by the entity which employees the investigators. AMIkids Sand Hills does not employ investigators.”

An interview with interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two (as reported by the SC DJJ Director of Criminal Investigations Division).

Provision (b)

As previously mentioned, the SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, “ In addition to general training provided to all

employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)].”

The AMIKids Sand Hills Policy 6.34 PREA: Specialized Training Investigations states, “All investigators are to be trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components.” The policy clearly states that the AMIKids Sand Hills program does not employ investigators and that they rely on the local law enforcement agency (Sand Hills Sherriff’s Office) and the Department of Juvenile Justice to conduct sexual abuse investigations. Interviews with the AMIKids Regional Director/ Project Director, the Sand Hills Executive Director, and the PCM confirmed that all sexual abuse allegations would be investigated by the Sand Hills Sherriff’s Office.

This practice was also confirmed in interviews with three SC DJJ staff. An interview with the SC DJJ Director of Criminal Investigations, an interview with the Director of Youth Grievances and Family Support (SC Department of Juvenile Justice), and the SC DJJ Program Monitor confirmed that SC DJJ investigators have all completed specialized training on conducting investigations of youth in confinement settings. More specifically, the the SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two. She reported that training completion would be presumptively a part of their official training record and that direct supervisors are responsible for ensuring these requirements are met.

Provision (c)

As previously mentioned, an interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two. She reported that training completion would be presumptively a part of their official training record and that direct supervisors are responsible for ensuring these requirements are met.

Provision (d)

The state of South Carolina is responsible for ensuring investigators conducting sexual abuse investigations involving youth in secure care are properly trained. The Department of Justice does not investigate incidents of sexual abuse at Sand Hills.

Review of all evidence and due to the fact that the program is in compliance on this standard.

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| 115.335 | Specialized training: Medical and mental health care |
| | <p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 919 378"><i>Evidence Used in Compliance Determination:</i></p> <ul data-bbox="352 445 1477 1016" style="list-style-type: none"> • AMIKids Sand Hills Policy 6.35 Specialized Training: Medical and Mental Health Care • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • MOU Between Private Matters Counseling Services (PMCS) and AMIKids Sand Hills (executed May 2021) • Interview with Pee Dee Coalition Rape Crisis/Advocate • Forensic Nurse Examiner Program - McLeod Health • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interview with contracted mental health counselor <p data-bbox="280 1061 485 1095">Provision (a)</p> <p data-bbox="280 1128 1461 1375">The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards, “Consistent with PREA Standard §115.335, all medical and mental health (social workers, psychologists) personnel will receive specialized training on the identified items prescribed in Standard §115.335 (a) through (d). Such training will be renewed every two years with documentation placed in the employees file [PREA Standard §115.331 (C)].”</p> <p data-bbox="280 1420 1461 1823">The AMIKids Sand Hills Policy 6.35 Specialized Training: Medical and Mental Health Care states, “1. All full and part-time medical and mental health care practitioners who work regularly on certain topic area, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and reporting of allegations of sexual abuse and harassment will be trained in those areas on an annual basis via In Service Trainings. 2. AMIKids Sand Hills does not employ any medical staff to conduct forensic exams. 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 trainings.”</p> <p data-bbox="280 1868 1477 2069">Interviews with facility administrators and managers verified that the program does not currently employ any medical or mental health professionals. However, the program does contract with a mental health counselor to provide services to youth up to two days a week. The executed MOU Between Private Matters Counseling Services (PMCS) and AMIKids Sand Hills the MOU (page 2) states, “All services are to</p> |

be provided by fully qualified and supervised staff: Master's level staff (Clinical Mental Health Counselors, Social Workers, or Marriage and Family Counselors) for any counseling or therapy who are either fully licensed or provisionally licensed and supervised by a fully licensed LPC, LSW, or LMFT; Board-Certified Psychiatrists for any psychiatric services or psychiatric consultations; and Bachelor-level Case Managers for any case management, benefits or rehabilitation services. Staff qualifications will meet or exceed the State of South Carolina contract requirements." It is presumptively reasonable that a masters level therapist has received specific training on at least two or three items required by this PREA provision. More specifically, coursework would likely have included: 1) How to detect and assess signs of sexual abuse and sexual harassment; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment (mandated reporter in South Carolina).

An interview with the contracted mental health provider indicated they know what signs to look for when detecting sexual abuse and that they are a mandated report. However, the interviewee reported that they had not been formally trained by Sand Hills on the items put forth in this provision. Review of training records verified this individual has not been formally trained on the following topics by Sand Hills: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. It is important to note that the contracted provider did report that they would contact the Sand Hills Executive Director immediately in the event a youth disclosed they had been sexually abused at the facility. The program will be required to provide the PREA-related trainings as required in provision (d) of this standard.

Corrective Action - Provision (a)

- The program is required to train the contracted mental health professional, at a minimum, on the topics put forth in this provision: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The program will submit evidence to the auditor that this training has been completed and that the contractor understood the contents of the training.

Provision (b)

The AMIKids Sand Hills Policy 6.35 Specialized Training: Medical and Mental Health Care states, "2. AMIKids Sand Hills does not employ any medical staff to conduct forensic exams. 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 trainings."

Interviews with facility administrators and managers verified that the program does not conduct any forensic evaluation. In the event a youth alleges sexual abuse, the victim would be taken to the McLeod Hospital in Cheraw, SC to be examined by a medical doctor or ideally, to the McLeod Hospital in Florence to be examined by a certified SANE. This standard is N/A.

Provision (c)

Interviews with the HSP and the contracted mental health counselor verified the agency requires credentialed staff to keep up to date on their licensing requirements. That said, the program did not furnish documentation to support this provision. This PREA provision requires, "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere." The program is required to obtain sufficient documentation that the contracted mental health has been trained on the topics required in provision (a).

Corrective Action - Provision (c)

- The program is required to obtain adequate documentation from the contracted mental health clinician to support compliance with this provision. More specifically, documentation must show adequate training on, at a minimum on: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Evidence may include training descriptions and evidence of completion; training materials; copy of master's level certificate from the program; etc. Instead, the program may choose to train the contractor themselves using existing AMIkids trainings or developing a short one- or two-page document to review with the contractor. Training documents (materials and signed training completion forms) will be submitted to the auditor as evidence of compliance.
- The program is required to establish a clear process for gathering this information/evidence for all future contracted mental health professionals. The program must revise its existing procedure to clearly detail this process. The policy will be submitted to the auditor for review and feedback.

Provision (d)

This PREA standard puts forth: "Medical and mental health care practitioners shall also receive the training mandated for employees under 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the agency." Since the contracted provider has not yet completed a formal training, the program is required to train the mental health professional consistent with the topics referenced in PREA Standard 115.332. The program is required to submit to

the auditor the completed signature form demonstrating they understood the training and training completion certificates.

Corrective Action - Provision (d)

- The program is required to train the contracted mental health professional on the items required in Standard 115.332. The program will submit completed signature forms as evidence of compliance with this provision.
- The program is also required to create a process to ensure that all future mental health contractors receive the requisite PREA-related trainings on the topics outlined in 115.332. The program will need to update its policy/ procedures to reflect this new practice and submit to the auditor for feedback.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been formally trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness • Completed Sample of Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Tools (N=9) • Interview with Sand Hills Executive Director • Interview with Sand Hills HSP • Interview with Sand Hills Director of Operations • Interview with Sand Hills YCS Supervisors • Observations during facility tour that vulnerability information is accessible only to limited staff <p>Provision (a)</p> |

In support of DOJ PREA expectations, the AMIKids Sand Hills Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, "AMIKids Sand Hills will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will perform this assessment within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, and conduct the assessment using an objective screening instrument." The procedure section of this policy reiterates: "1. Every youth admitted to AMIKids Sand Hills will be screened for vulnerability to victimization and sexually aggressive behavior prior to room assignment....5. Youth may not be disciplined for refusal to answer any particular question on the screening instrument or for not disclosing complete information."

All Sand Hills youth are assessed for vulnerability risk the day they arrive to the program. Interviewees reported that most often youth arrive with numerous data sources that are reviewed by the Human Services Professional (HSP) to determine the level of risk. Among the documents reviewed while youth are being considered for placement at Sand Hills is a biopsychosocial completed while in a SC DJJ detention center. Within 72 hours of the youth arriving (most often within 24 hours of youth's arrival), the HSP meets with the youth to complete all intake paperwork including the "Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)." This instrument assesses specific factors associated with risk to be sexually victimized and/or sexual perpetration (see provision (c) for more information).

The auditor reviewed 9 youth files of current youth to verify vulnerability assessments are completed within 72 hours of arrival. The review found that most often these assessments were completed the day the youth arrived, although there was one youth in the sample whose assessment was not completed until five weeks after arrival. It appears that this departure from the program's practice is an anomaly. The auditor inquired about why this particular situation occurred and the HSP explained that at the time of that particular youth's arrival there were no trained staff to complete all of the requisite documents. Once the staff position was filled, a quality assurance check identified that the youth did not have a completed vulnerability assessment and had not signed other AMIKids required documents. The HSP reported that since this time (approximately six months ago) they have not had difficulty meeting the 72 hour timeline for completing the vulnerability tool. In the event the HSP is not available to conduct the assessment, the new practice is to have the Sand Hills Executive Director complete the instrument. The auditor finds the program in compliance with this PREA provision.

Provision (b)

A review of the "Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)" tool verifies the instrument is objective and includes structured questions specific to vulnerability risk outlined in standard provision (c).

The VSAB instructions direct persons completing the Vulnerability to Victimization Scoring section to "...Amend scores obtained in youth interview when increased

risk of vulnerability is reflected by collateral information (parent or file review). Amendments should only be made to increase a score as a result of collateral information. If the score is twelve (12) or higher, denote the youth as "Vulnerable to Victimization" in appropriate box at top of page one." There is similar information for the Sexually Aggressive Behavior questions instructing those individuals completing the tool: "If the youth provides a 'Yes' response to item 1, 2, or File/Face Sheet Review answers 'Yes' or collateral information [parent interview or file review] indicates 'Yes' to sexual aggression, sexual assault or sexual victimization of others, denote the youth as sexually aggressive in appropriate box on page one." A review of files as well as an interview with the Sand Hills HSP indicated that the VASB score obtained from youth is not adjusted based on the answers obtained from collateral sources. The program will be required to establish a practice of updating the vulnerability risk scores (i.e., victimization, perpetration, and totals) to reflect the appropriate history information (see Provision (d) for more information).

A review of the current instrument indicate that there is a need for improvement to better align with PREA standards. The VASB instructions state a total score for vulnerability for risk and vulnerability for perpetration is to be calculated and the score placed on page 1. The file reviews indicate that a "no" answer was placed on the first page where a numerical score is expected. All youth files in the sample had no history of sexual perpetration or victimization, which is why perhaps a "no" was placed in these fields. That said, there are a number of practice concerns this raises related to this standard:

- Youth reported that they completed the instrument on the computer themselves, rather than the HSP interviewing the youth to gather information. While this practice is not in direct conflict with PREA expectations, it does raise doubt regarding the accuracy of the instrument. The program will be required to more closely examine this practice and determine how it can better align with PREA expectations.
- All youth files reviews (N= 9) indicated there were no youth with either a history of sexual abuse or a history of sexual perpetration. Based on research in the field of juvenile justice while this is feasible, it is not likely. Having no youth with any history, may be the result of youth completing the questionnaire themselves online during the intake process (i.e., less likely to divulge personal information if simply clicking buttons). If the program chooses to retain the practice of having youth complete the instrument, the HSP must be required to review the answers with the youth for accuracy.
- The VASB has a section titled "Collateral Information" which prompts the assessor to ask a family member or probation officers additional questions (see Provision (d)). An interview with the HSP and file reviews indicated that the vulnerability assessment score is not being updated to reflect this information. As such, the program is likely making placement decisions on inaccurate information (Standard 115.342).
- The existing instrument does not have categories for low, medium, or high risk for victimization or for perpetration. The instrument may be loosely considered "objective" because it does provide a total score for vulnerability

for victimization (a score of 12 or higher) which prompts the assessor to check the box on page one that says, "Vulnerable to Victimization." That said, there is much work to be done to make this instrument a solid "objective screening instrument" as required by PREA standards.

The auditor understands that improving the instrument is a longer-term plan that will need to involve the AMIkids research unit. Re-tooling the existing VASB and training the appropriate staff is likely not feasible to accomplish in the six-month corrective action period. Therefore, the program will be required to develop a specific plan on how it will better meet the related federal PREA standards. This will ensure that AMIkids will align with PREA expectations as it relates to the vulnerability assessment process.

Corrective Actions - Provision (b):

- The program is required to research additional vulnerability risk tools to help inform the development of a more objective and accurate tool for meeting PREA expectations. It would be ideal if AMIkids could develop its own instrument based on AMIkids data, although this would take resources. At the very least, the instrument should have scores of low, medium, and high and total score (for risk for vulnerability and perpetration). It is critical that these cut scores are based on accurate data regarding level of vulnerability risk.
- Create a detailed plan to develop a new more robust tool, to include specific activities, who will be responsible, and target timelines. This plan must include, at a minimum, specific action steps to address:
 - Developing and piloting the instrument
 - Updates to specific agency policies and program procedures to support the new practice
 - Developing formal training on the new instrument
 - Conducting formal training on the VASB, particularly around scoring items and using collateral information to inform placement and programming decisions, for individuals responsible for the VASB assessment and their supervisors
 - Establishing a quality assurance process to include periodic reviews of the instrument to ensure it is scored accurately.

Provision (c)

Review of the Screening for VSAB tool verified that key variables associated with risk for sexual perpetration and/or victimization are explored using an objective method. More specifically, the tool has a series of questions including, but not limited to:

- Age of youth
- Current charges

- Is this your first time in a DJJ facility?
- Do you feel at risk from attack or abuse from other youth?
- Do you identify yourself as being lesbian, gay, bisexual, transgender, or intersex?
- Have you ever been attached, bullied, or abused by people your own age (peers)?
- Have you ever been sexually victimized or abused?
- Intellectual impairments - i.e. "This may include reference to contacts with organizations for those with developmental disabilities, having been in 'special classes' at school, assessments included as part of psychiatric or psychological reports or community probation reports (PACT)."
- Mental health issues - i.e., prior mental health or mental disability diagnosis
- Physical appearance - i.e., small build, physical disability, impaired vision, etc.
- Presentation and behaviors - i.e., inappropriate verbal behavior (e.g., giggling, odd remarks, etc.); speech impediment, appears slow or 'dull', gender non-conforming appearance, etc.
- Other prominent features - i.e., having a lack of exposure to criminal lifestyle; being from a minority not well represented in the offender population; membership in a gang that is likely to be a target of attack from others.
- Have you ever sexually assaulted or attempted to sexually assault someone?
- Have you ever forced someone into sexual acts against their will?

The screening addresses all key areas required in this PREA provision. As previously mentioned, the HSPs are responsible for completing the vulnerability risk screening tool at intake. Interviews with the Sand Hills HSP, review of the risk screening instrument, and youth file reviews provide minimal evidence for compliance with this standard provision. The auditor reminds the program of the identified concerns mentioned in provision (b) as it relates to the instrument structure and the current practice. All youth files reviewed did have completed VASBs that were completed at intake.

Provision (d)

In support of DOJ PREA expectations, the AMIKids Sand Hills Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, "AMIKids Sand Hills will obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The facility will perform this assessment within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, and conduct the assessment using an objective screening instrument. The standard provides a number of areas that the agency should attempt to ascertain information about during the screening, and requires that these areas be addressed through conversations with the resident during the intake process and medical/mental health screenings; during classification assessments; and through the review of court records, case files,

facility behavioral records, and other relevant documentation from the resident's files."

The vulnerability risk tool requires the screener to use other sources to corroborate youth testimony regarding previous history of sexualized behavior (adjudicated or non-adjudicated) and/or history of sexualized aggression or sexual assault. Interviews with the HSPs revealed that information is obtained mainly through an interview with the youth but often, youth arrive with other information from SC DJJ (i.e., biopsychosocial). The VSAB has a designated section titled "Collateral Information" which prompts the screener to consult additional resources. More specifically the tool prompts: "1. Review all available file information. Where possible ensure that Probation and Community Correction reports, judges sentencing notes, and any psychiatric or psychological reports written for the court or youth are obtained and reviewed." The tool also provides specific guidance when contact parents/guardians and foster care workers asking specific questions such as:

- How do you feel [youth] will cope in the youth facility?
- Do you believe that [youth] will be able to look after himself/herself in the youth facility?
- To your knowledge has [youth] ever been the victim of attacks, bullying or other victimization in the past?
- Is there any history of mental health issues concerning youth which would place them at risk of begin bullied or harmed in a facility?

Review of a sample of completed vulnerability risk tools provided some evidence that supports additional information is gathered from other sources. However, documentation of these contacts was not complete. In many situations the questions were answered with a simple yes/no and it was not clear to whom the assessor spoke and/or what documents were consulted to gather this information. In addition, as previously mentioned, the current instrument is not being updated based on new information obtained. The program will be required to develop and implement a new practice of documenting to whom the assessor spoke and the sources of collateral information. The new practice must also include updating the VASB scores to reflect the information obtained from collateral sources. The HSP and facility managers must be formally trained on his new practice and documentation of training completion be submitted to the auditor. Once the training has been completed, the program will be required to submit to the auditor, VASBs for any new intakes during the corrective action period.

Corrective Actions - Provision (d)

- The program is required to determine a clear process for documenting that collateral information was considered and the vulnerability assessment scores were updated accordingly. This process should be detailed in the programs policy/procedures. The program is required to submit the revised procedures to the auditor for review and feedback.

- The new practice should include a quality assurance process and/or regular management oversight to ensure the assessments are scored accurately. The program is required to create this QA system and revised its policies/procedures to reflect this oversight practice.
- The program must formally train the HSP and appropriate facility administrators/managers (i.e., those who serve as back-ups to the HSP assessors) on his new practice. Documentation of training completion will be submitted to the auditor.
- The program is required to submit to the auditor all completed vulnerability risk tools for all youth admitted during the corrective action period as evidence of compliance with this provision

Provision (e)

Interviews with the Sand Hills Executive Director, the HSP, Director of Operations, and YCS Supervisors verified that information provided in the VASB process is stored in an electronic youth record, to which only facility managers have access. The Sand Hills Policy 6.41 Screening for risk of victimization and abusiveness states, “3. If youth is determined to be at risk it will be documented in the alert log.” Interviews verified that if a youth was at high risk for sexual perpetration or sexual victimization, detailed information would not be shared with non-management staff. YCS Supervisors would be informed by the Director of Operations or HSP to closely monitor boundary issues with a particular youth. As per the Sand Hills policy, this basic information would be documented in the alert log.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms (i.e., completed vulnerability risk assessments) to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been formally trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidence Used in Compliance Determination:</i> |

- AMIKids Sand Hills Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness
- AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information
- Interview with the Executive Director
- Interview with Director of Operations/PREA Compliance Manager
- Interviews with the Human Services Professionals (HSPs) who conduct vulnerability assessments
- Interview with YCS Supervisors
- Interviews with YCS (direct care staff)
- Interviews with youth residents
- Observations during facility tour

Provision (a)

The DOJ PREA standard 115.342 requires information from the vulnerability tool be used to inform programming and placement decisions. Interviews with the HSP who conducts intakes and makes the initial recommendation for placement, indicate they consider a number of factors when placing youth in a particular dorm and in which bunkbed. Some of these include age of youth, prior offenses, and vulnerability risk. The Director of Operations provided an example of a new youth who may be young, small in stature, or high risk for victimization would be placed in the bunk in the direct line of sight where staff are positioned or may be placed closest to the staff's post.

Additionally, AMIKids Georegtown Policy and Procedure 6.42 Use of Screening Information declares, "AMIKids Sand Hills will use information obtained from policy 6.41, 2.04, and 2.05 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse." In further support of PREA expectations, the AMIKids Sand Hills Policy and Procedure 6.41 Screening for Risk of Sexual Victimization and Abusiveness states, " Room assignments by staff shall ensure a youth's potential for victimization or predatory risk has been reviewed using at a minimum the following: The screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form- RC 8050-2 Exhibit A, revised March 2014. The form will be placed in the youth's case management file. If youth is determined to be at risk it will be documented in the alert log."

A review of the AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information indicates that the policy doesn't describe its practice for using the information obtained from the assessment. To better support PREA standards the program must revise its current procedure to describe how it will use the information obtained from the VASB to safely place youth throughout the program. The revised procedure should detail who will be responsible for placement decisions and where this information will be documented.

Corrective Action - Provision (a)

- The program is required to create a structured process for using the vulnerability assessment information to make placement and programming decisions. This process must include how the placement and programming decisions based on the assessment data will be documented. One possibility is revising the current tool to include a section for documenting placement recommendations and rationale for the placement decision.
- The program will need to update its policies/procedures to reflect clear steps on how it will use the information obtained from the VASB to safely place youth throughout the program. The revised procedure should detail who will be responsible for placement decisions and where this information will be documented. This policy/procedure documents will be submitted to the auditor for review and feedback.
- The program is required to submit documentation to the auditor showing placement and programming decisions based on vulnerability information gathered from the VASB for all new admissions during the corrective action period.

Provision (b)

The AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information describes: “Residents will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKIDS SAND HILLS will ensure that residents have access to daily large-muscle exercise, treatment and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the facility will document the basis of the facility’s concern for the resident’s safety, and the reason why no alternate means of separation can be arranged. The AMIKIDS SAND HILLS will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation.”

Interviews with program administrators, YCS Supervisors, YCSs, and youth verified the program does not use “isolation” as defined by the larger juvenile justice community. The program’s residential dorms are set up in an open bay format with bunkbeds. There are no isolation rooms in any of the buildings, as confirmed during the audit tour. Staff interviews verified that if a youth needed protective custody would be moved to the other dorm and would likely be placed on one-on-one supervision with staff. The youth would also likely be placed in a bunk closest to where staff are posted to ensure closer “eyes on, ears on” supervision. Youth would not be placed in a locked cell. All staff interviewed confirmed that isolation is not used and one-on-one supervision would be used until an alternative means of protection could be arranged. It was also reported by staff and youth that youth who are on one-on-one supervision would still have full access to the dayroom, daily exercise, education, and other programming.

Provision (c)

In support of PREA expectations outlined in this provision, the procedure section of the AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information, the procedure section of this policy further describes “AMIKids Sand Hills prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. 1. AMIKids Sand Hills prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.” Staff and youth interviews verified the facility does not assign LGBTQI youth to a particular housing unit based solely on their gender identity.

Provision (d)

The AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information, the procedure section of this policy further “2. AMIKids Sand Hills makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis to ensure the youth’s safety.” The program reports that to date, they have not had a youth who identified as transgender or intersex. However, the Executive Director and Director of Operations/PCM both reported that safety is paramount and that information from the VASB is used to ensure youth safety. Placement and programming decisions for transgender and intersex youth would be made on a case-by-case basis.

Provision (e)

PREA standards require specific practices when working with transgendered and intersex youth. Standard 115.342 (e) requires: “placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by resident.” Interviews revealed that the Sand Hill program has not had an intersex or transgender youth to date. The HSPs who are responsible for conducting the vulnerability risk tool at intake were not aware of this federal PREA requirement (as indicated in the interview). The auditor reminded the HSPs about this requirement. To ensure the program has this practice in place in the future, the program is required to update its policy/procedures to the six-month re-reassessment requirement for transgender and intersex youth.

Corrective Action - Provision (e)

- The program is required to update its policy/procedures to reflect the six-month reassessment requirement for transgender and intersex youth. This revised document must be sent to the auditor for review and approval.
- The program is required to submit evidence (i.e., signed training rosters; description of the training/information shared, etc.) that the HSPs and other facility managers have been informed of this new practice.

Provision (f)

The PREA standard 115.342 (f) requires a transgender or intersex resident’s own

view with respect to his own safety be given serious consideration. Interviews with the Executive Director, Director of Operations, and YCS Supervisors verified that risk information from the VASB is considered when making placement decision. This includes specific items such as, "Do you feel OK being with groups of people you don't know well? Do you feel at risk from attack or abuse from other youth? Do you identify yourself as being lesbian, gay, bisexual, transgender, or intersex?" Interviews with youth confirmed that all youth feel safe at the program and that they feel they could tell staff if they didn't feel safe and staff would respond immediately to ensure their safety.

Provision (g)

The Sand Hills program has a separate building that includes toilets, sinks, and showers. Inside the building are seven sinks; three urinals; five toilets each with individual doors that latch; and eight showers with privacy curtains (from the head up is see-through but the shoulder down is covered). During the facility tour the Director of Operations explained there can be up to eight youth showering at one time and showed the auditor where male staff are required to stand to allow for appropriate supervision while ensuring youth privacy. All youth have privacy, although the Director of Operations reported that if they had a youth who identified as transgender or intersex, Sand Hills would make the appropriate arrangements to allow these youth to shower separately. All youth interviewed confirmed they have privacy when showering, using the toilet, and changing their clothes.

Provision (h)

The AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information states, "If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arranged. The AMIKids Sand Hills will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation." As previously mentioned, staff and youth interviews supported that the program does not use traditional isolation (i.e., locked single cells) but rather, uses one-on-one supervision. It was reported that on one-on-one supervision is documented in the shift log and would only be used for the shortest time necessary to ensure the youth's safety. Youth who are on individual supervision still have access to regular daily program (i.e. they participate in regular activities with their peers).

The auditor concludes the program is in compliance with this provision.

Provision (i)

The AMIKids Sand Hills Policy and Procedure 6.42 Use of Screening Information states, "If a resident is isolated pursuant to this section, the facility will document the basis of the facility's concern for the resident's safety, and the reason why no alternate means of separation can be arranged. The AMIKids Sand Hills will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation." Staff interviews supported that the program does not use formal

isolation and that when one-on-one supervision is needed to ensure youth safety this typically only lasts a couple of days (i.e. would never last 30 days). Youth interviews confirmed that the program does not use isolation.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been formally trained on the new practice changes. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • SC DJJ Policy 366 Application of PREA Standards • AMIKids, Inc. and Affiliated Program Team Member Reference Guide (January 2018) • AMIKids Student PREA Information Pamphlet • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • The AMIKids Sand Hills, Inc. Student Handbook - REVISED • AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting • Training Descriptions for Mandated Reporting and Creating a Child Safe Environment (3 hours) • PREA Resource Center: Confidentiality, Privilege, and Mandatory Reporting State Law Quick Chart for Rape Crisis Counselors (December 9, 2013) • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interviews with Sand Hills Youth Care Specialist (YCS - direct care staff) • Interviews with youth/student residents • Facility audit tour observations <p>Provision (a)</p> |

The SC DJJ Policy 366 Application of PREA Standards “Juveniles who allege sexual harassment or sexual abuse can report the event(s) in a number of ways. Juveniles can report to any employee, volunteer, contractor, or third party advocate, file a grievance with the Office of Juvenile and Family Relations (OJFR), fill out a sick call form, or communicate with through writing or calling a provided child advocacy center. [PREA Standard(s) §115.351 (a)(b)”

In support of this directive from SC DJJ (the contracting agency), AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) – “Youth and Team Members have unhindered access to report allegations of abuse, free from intimidation or reprisal, and do NOT have to obtain permission from management or any other party to make an abuse report.” This same policy also states, “Postings including the telephone number(s) to report abuse allegations must be prominently displayed in youth and Team Member accessible locations within each program facility.” Additionally, the AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting directs, “AMIKids Sand Hills will provide multiple ways for residents to report sexual abuse and harassment, and at least one way for residents to report to an entity that is not part of the agency.” More specifically, the procedure section of the AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting directs:

“1. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways: a. Inform their advisor, shift supervisor or any staff they may feel comfortable with verbally or through written communication. b. Complete and submit a grievance form. c. Request to speak with their treatment counselor. d. Request an appointment to speak with any Director including the Executive Director.”

2. Residents can report abuse or harassment to a public or private entity or office that is not part of a. Request to call the abuse hotline (1-800-96ABUSE) if 18 years of age or older they can call the Department of Social Services. These numbers are posted throughout the facility and are given to the residents during intake. b. Residents can call the Rape Crisis hotline. This number is posted throughout the facility.”

The Sand Hills program has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The AMIKids Student Handbook describes the grievance process by stating:

- “You should report immediately to any staff person if you are the victim of staff sexual harassment. Sexual harassment could be repeated sexual statements or comments to you and/or demeaning statements about your body or clothing. Sexual harassment can also include profane or obscene language or gestures.
- You should report immediately to any staff person if you are threatened, intimidated or actually assaulted. This staff person will immediately take

steps to separate you from the other juvenile(s).

- You should report any incidents where you have been or are currently a victim of any type of sexual assault/rape, sexual solicitation, or sexual threats while in this facility. If you have knowledge of a sexual assault, sexual solicitation, or sexual threats having occurred in this facility, then you should report this information immediately.
- If you are the victim of a sexual assault/rape or attempted sexual assault/rape, then you should report this information to any DJJ employee as soon as possible.
- You may also report this information confidentially through the DJJ sick call process or anonymously through the Juvenile Grievance Process.
- If you have been victimized by any type of sexual misconduct, your social worker will schedule appropriate counseling and medical care as needed.”

During the intake process youth receive the AMIKids Sand Hills, Inc. Student Handbook REVISED and the AMIKids Sand Hills Student PREA Information Pamphlet. The AMIKids Sand Hills Student PREA Information Pamphlet includes the following information: “You have the right to report abuse without retaliation. Reporting instructions/posters are posted throughout the facility. You may also speak to facility investigators (Executive Director, Director of Operations or Lead HSP.” The pamphlet also includes the PREA Rape Crisis/Abuse Hotline #843-669-4600 or 843-623-2147 (press 1).

It is important to mention that although the procedure states the numbers are posted throughout the facility, this was not the auditor’s observation during the onsite facility tour. On each residential dorm the auditor observed small signs on computer paper that simply stated PREA and provided a phone number. The program does not have methods for reporting easily visible throughout the facility. As previously stated, (in Standard 115.333), the program will be required to enhance its “marketing strategy” to clearly communicate multiple avenues for reporting. Also as stated in previous standards, many youth were not able to generate methods for reporting beyond telling a staff member.

The auditor is finding the program in compliance with this provision since it does technically have multiple internal ways for youth to privately report and the issue is around marketing and communicating this information more clearly (through the Student Handbook and additional posters placed throughout the facility). Related corrective actions are detailed in Standard 115.333.

Provision (b)

A document produced by the PREA Resource Center entitled, “Confidentiality, Privilege, and Mandatory Reporting State Law Quick Chart for Rape Crisis Counselors (December 9, 2013)” provides evidence that rape crisis counselors are by law mandatory reporters. The relevant statutes include:

- 1) “S.C. CODE ANN. § 63-7-310 (2012): Persons required to report

2) S.C. CODE ANN. § 43-35-25 (2012) Persons required to report abuse, neglect, or exploitation of adult; reporting method

3) S.C. CODE ANN. § 44-23-1150 (2012): Sexual misconduct with an inmate, patient, or offender

4) S.C. CODE ANN. § 43-35-25 (2012) Persons required to report abuse, neglect, or exploitation of adult; reporting methods”

This is important to mention as the Sand Hills program uses the Pee Dee Coalition rape crisis agency as the external agency to which youth or staff may report sexual abuse. Since Pee Dee Coalition advocates are mandated reporters and are an external partner to the Sand Hills program, this meets the requirements listed in this provision (external third-party that receives reports of sexual abuse). Interviews with the Pee Dee Coalition advocate and Sand Hills facility administrators and managers confirmed that the Pee Dee Coalition is one external avenue for reporting abuse and sexual harassment.

In further support of this provision, the AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting directs, “The standard also requires that agencies provide contact information to residents detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.” The procedure section of this sample policy also declares, “Residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security during the intake process.” Facility manager interviews revealed that the program does not hold youth solely for civil immigration purposes.

Provision (c)

The agency has several policies supporting expectations laid out in this provision. More specifically, the AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting directs, “Finally, staff must have a method to privately report sexual abuse and harassment of residents, and staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties.” The procedure section of this same policy also states, “4. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally in writing, anonymously and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports including verbal within 8 hours of gaining knowledge.”

Interviews with YCS Supervisors and direct care staff (i.e., YCSs, teachers, etc.) verified they understand that they are mandated reporters and must report everything whether verbal or in writing. The staff interviewed also understood that they must report anonymous and third-party reports of sexual abuse and sexual harassment.

Most of the youth interviewed did not know they could make a report of sexual abuse or sexual harassment anonymously. The program is found in compliance with this provision but, is required to include information about the role of advocates and the ability for youth and staff to make anonymous and third-party reports (reporting on someone else's behalf) in the comprehensive PREA training that will be developed.

Provision (d)

The AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting direct "Residents must be provided with the tools necessary to make a written report." As previously described, the program does have a written grievance process that includes youth asking for a grievance form and placing it in a grievance box. These boxes are required to be checked daily by designated facility administrators. During the audit tour the auditor observed that there were no grievance forms by the grievance box. Youth interviews confirmed that youth are required to ask for a grievance form. To better comply with this provision the program is required to make these forms more readily available. This includes placing them on the wall by the grievance box and providing each youth two grievance forms at intake.

Corrective Action - Provision (d)

- The program is required to determine a way to make grievance forms more accessible to youth and to allow for anonymity. This may involve providing youth two grievance forms at intake and having grievance folder to hold blank grievance forms posted by the grievance box. The program will be required to submit photos of this new set up at various buildings throughout campus. The program will also be required to submit a list of places these grievance boxes and accompanying forms are located throughout campus.

Provision (e)

The AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting direct "Finally, staff must have a method to privately report sexual abuse and harassment of residents, and staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties." The procedure section of this same policy states, "5. AMIKIDS SAND HILLS has established procedures for staff to privately report sexual abuse and sexual harassment of residents via the following ways: a) Staff at anytime can call the abuse hotline to report sexual abuse and sexual harassment of residents. b) Staff can inform supervisors in writing anonymously. c) Staff can at anytime speak with a Director including the Executive Director on a one-on-one basis." Interviews with YCS Supervisors and YCS staff verified that they are able to report abuse using any of the avenues put forth in this AMIKids Sand Hills policy (and can do so, anonymously if they prefer).

In further support of this provision, the AMIKids, Inc. and Affiliated Program Team Member Reference Guide (January 2018) declares, "AMIKids also provides a Report It hotline - If a Team Member is uncomfortable voicing their concerns with their direct

Supervisor, Executive or Regional Director or Human Resources, Team Members have another avenue, the Report It service, an independent, third party hotline that provides a simple, risk-free way to anonymously and confidentially report suspicious activities such as: Ethics / Compliance; Fraud, Waste and Abuse ; and Safety / Health Related. To report ONLINE, go to www.reportit.net click "Report it Online" then "report now" enter Username and Password Username: amikids Password: amikids1 To report by PHONE, dial the hotline number 1-877-778-5463." The program should consider informing staff that this is an additional avenue for reporting exists.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted photos confirming blank grievance forms are available to youth (located by the grievance boxes). To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the PREA Compliance Manager; and a Shift Supervisor. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • SC DJJ Policy 328 Investigations • SC DJJ Policy 366 Application of PREA Standards • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Sand Hills Policy 6.52 Exhaustion of Administrative Remedies • AMIKids Sand Hills Policy 6.78 Disciplinary Sanctions for Residents • Test of critical function of grievance boxes: conducted onsite on 6/24/2024 • DOJ PREA Resource Center FAQ Standard 115.352 (dated July 19, 2022) • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors <p>Provision (a)</p> <p>Youth can file a grievance at any time while at the Sand Hills facility and are not required to use an informal grievance process such as attempting to resolve the</p> |

issue with the staff member who may be the subject of the grievance. AMIKids Sand Hills Policy and Procedure 6.52 PREA: Exhaustion of Administrative Remedies clearly states, "It is AMIKids Sand Hills policy that a resident grievance regarding sexual abuse is an allegation of sexual abuse. Therefore, reporting and investigation policy and procedures will be initiated. AMIKids Sand Hills does not have administrative procedures to address resident grievances regarding sexual abuse AMIKids Georgetown does not have administrative procedures to address resident grievances regarding sexual abuse due to them being considered an allegation of sexual abuse. Allegations of sexual harassment grievances will be addressed through the facility's grievance process."

A FAQ issued by the DOJ for Standard 115.352 (dated July 19, 2022) supports the AMIKids Policy 6.52 declaring it is exempt from this standard. Interviews with facility administrators verified that all allegations of sexual abuse are reported immediately to the SC DJJ, local law enforcement, and the AMIKids Risk Management Unit, who are responsible for investigating and resolving sexual abuse allegations. In support of the "exemption" status the DOJ FAQ clearly explains:

Q: Standard 115.52 (a) states: "An agency shall be exempt from this Standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse." What does an agency need to demonstrate in order to qualify for this exemption, if it has an inmate grievance process?"

A: "An agency that has an inmate grievance process or any other administrative remedies process is only exempt from Standard 115.52 if it can demonstrate that as a matter of written agency policy, grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process, and are not considered by the agency to be grievances.

In order to be exempt from compliance with Standard 115.52, it must be clear in written agency policy that the agency does not have an administrative procedure for inmates to exhaust, with regard to incidents or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse). If the agency does not have a written policy that is consistent with what is described in this FAQ, the agency is not exempt from the requirements in Standard 115.52.

If the agency is exempt from Standard 115.52, inmates must be provided notice that grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency's administrative remedies process and are not considered by the agency to be grievances. This notice to inmates can be provided in a number of ways, including in inmate handbooks and other written resources and notices to which inmates have regular access, and during the inmate education required by Standard 115.33..." which states: (a) During the intake process, inmates shall

receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents."

Although this standard is N/A the program the auditor reminds the program that as part of the comprehensive PREA training provided within the first ten days, youth must be informed that all sexual abuse allegations are investigated immediately and thoroughly by an outside party - either the local Sheriff's Office or SC DJJ.

Provision (b)

This PREA standard requires: "(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired."

The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

Provision (c)

This PREA provision upholds, "The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint." The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

However, it is worthy of mention that interviews with Sand Hills administrators and staff verified youth can file a grievance at any time while at the facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. Youth interviews also verified that they can go to any staff member to report and are not required to attempt to resolve the issue with the staff member of the alleged incident of sexual abuse.

Provision (d)

This PREA standard provision requires: "(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative

appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.”

The program is exempt as per Provision (a) and therefore, this provision standard is N/A. However, it is important to note that the SC DJJ Policy 328 Investigations (Section E 13) states, “All Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days. If extenuating circumstances prevent a case from being completed, the investigator must request in writing to the supervisor an extension. The supervisor must approve or disapprove the request in writing (Form 328B, Request for Extension).”

Provision (e)

This PREA provision requires: “(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident’s decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.”

The program is exempt as per Provision (a) and therefore, this provision standard is N/A.

Provision (f)

This PREA provision requires, “(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”

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| | <p>Since the program uses the grievance box as one of its methods for receiving emergency grievances, the auditor performed a test of critical function. The critical functions test involved the auditor (Sharon Pette) writing a note and asking a staff member to place it in one of the grievance boxes throughout the campus. It was decided she would place the note in the grievance box mounted on the wall as you enter the classroom building. The note explained the test of critical function and was dated 6/24/2024 at 10:15 AM (the time at which the staff interview had concluded). An email was received on Tuesday 6/25/2024 at 10:48 AM (approximately 24 hours later), providing evidence that grievance boxes are checked daily. In addition to the testimonies obtained during interviews, this test of critical function provides additional support that the program’s practices ensure that if a youth placed an emergency grievance (i.e., a written allegation of sexual abuse) in a grievance box, it would be responded to within the 48-hour timeline (as put forth in the federal PREA standard 115.352 (f) (2)).</p> <p>Provision (g)</p> <p>This PREA provision states, “The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.”</p> <p>The program is exempt as per Provision (a) and therefore, this provision standard is N/A.</p> |
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| 115.353 | Resident access to outside confidential support services and legal representation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services • AMIKids Sand Hills Student Handbook - REVISED • MOU between Pee Dee Coalition and AMIKids Sand Hills (executed June 18, 2021) • Interview with Sherriff’s Office Dispatch • Interview with Pee Dee Coalition representative • Interview with AMIkids Regional Director • Interview with the AMIkids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIkids Sand Hills Business Manager/HSP |

Provision (a)

The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "AMIKIDS SAND HILLS provides residents who allege sexual abuse while in the agency's custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations." The procedure section of this policy states, "1. 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. This will be done by entering into agreements with local service providers. 2. AMIKIDS SAND HILLS will ensure youth will have access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations by giving the students the contact information during intake and having the information posted throughout the facility."

A review of the MOU between Pee Dee Coalition and Sand Hills (executed June 18, 2021) the auditor concludes that the MOU is very basic and does not detail what will be provided by each of the parties. Specifically, the MOU only states that the Pee Dee Coalition Against Domestic and Sexual Assault agrees to provide residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations and contact information for immigrant services agencies for persons detained solely for civil immigration purposes. The MOU also states that the Pee Dee Coalition will enable responsible communication between residents in as confidential a manner as possible.

Although the MOU is technically in place, the MOU in its current form does not provide any information about the services provided by the Coalition; how it will maintain "confidential communication; whether they will accompany sexual abuse victims of sexual abuse through the medical forensic exam process; whether they will accompany sexual abuse victims through the forensic investigation process; how this will be accomplished; whether they will offer follow-up counseling services; etc. While the program is technically in compliance with this provision (the wording of the MOU is the PREA standard provision verbatim), this MOU does not capture critical information required by the standards. In addition, the MOU does not include any information regarding the role of the Sand Hills program (i.e., how it will allow confidential access to advocates; that it will offer a private call to the advocates immediately following an allegation of abuse; that the program will transport youth to the hospital where the advocates will meet them to provide additional counseling services; that the program will ensure that followup counseling services are provided in a private manner (whether in person or via phone); etc. The program is required to update the MOU and work with the Pee Dee Coalition to execute the MOU.

During an interview with a Pee Dee Coalition advocate, she explained that they would provide emotional support counseling services to youth from the Sand Hills program if they called the hotline number. If the youth needed medical attention, the advocate would direct staff to transport them to the nearest McLeod Regional

Hospital that operates a SANE program to be examined. The Pee Dee advocate would meet the youth at the hospital. The advocate further reported that they are allowed to accompany the youth through the forensic medical exam as well as the forensic investigative interviews, if the youth wishes to have this level of support. The advocate told the auditor that the Cheraw hospital does not have a SANE program and therefore, the Coalition would direct staff to transport the youth to the McLeod Regional Hospital in Florence.

Youth interviews revealed not all youth were aware of the emotional support services available to them if they are victims of sexual abuse. The program will be required to make this information available through the Student Handbook as well as visibly through posters provided by the Pee Dee Coalition (or created by the program).

Corrective Action - Provision (a)

The program is required to work with the Pee Dee Coalition to redraft and update the MOU. The program will be required to submit a draft to the auditor for review and approval. Once the MOU is updated, the program is required to send the auditor the executed agreement between the two parties as evidence for compliance.

The program is required to update the Student Handbook with additional information about what services the Pee Dee Coalition provides as well as the organization's mailing address. This information should also be included in the comprehensive youth training that they are required to develop (that has to be provided within 10 days of a youth arriving to the program). The program is required to send the auditor the revised section of handbook for review and feedback. Once finalized, this will serve as evidence of compliance with this PREA provision.

Provision (b)

The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "... agencies are to enable reasonable communication between residents and these organizations as well as inform residents (prior to giving them access) of the extent to which agency policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The procedure portion of The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, " 1. Youth will be informed during the intake process (prior to giving them access) of the extent to which agency policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

Youth interviews indicated that overwhelming majority of youth did not know what Pee Dee Coalition services were; how to access these services; or what level of monitoring would occur if they were to access these services. In addition, the Student Handbook does not describe how calls with the Pee Dee Coalition will be monitored or how youth access these confidential services. The program is required to update the Student Handbook to reflect these PREA expectations.

Corrective Action - Provision (b)

- The program is required to update the Student Handbook to specifically describe how communications with the Pee Dee Coalition will be monitored (or how privacy will be afforded) as well as how youth can request contact with a Pee Dee Coalition representative. The program is required to send this section of the handbook to the auditor for review and approval.
- The program is also required to include this information in the comprehensive PREA training for youth (provided within 10 days of intake). The program will submit evidence that this information has been incorporated into the comprehensive youth training.

Provision (c)

AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states "...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 procedure portion of The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "1. 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. This will be done by entering into agreements with local service providers."

As previously mentioned, although the Sand Hills program has an executed MOU with Pee Dee Coalition, the MOU is lacking in content. The auditor is finding the program "in compliance" with this particular PREA provision since the program does have an executed MOU. As mentioned in provisions (a) and (b), the program will need to enhance the existing MOU in order to demonstrate compliance with those provisions.

Provision (d)

The agency and facility has a policy to support this provision. The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, Additionally, AMIKIDS SAND HILLS provides residents with reasonable and confidential access to their attorneys, and reasonable access to parents or legal guardians. . The procedure portion of The AMIKids Sand Hills Policy 6.53 PREA: Resident Access to Outside Confidential Support Services states, "4. AMIKIDS SAND HILLS will inform youth during the intake process that they will be provided with reasonable and confidential access to their attorneys, and other legal representation. 5. AMIKIDS SAND HILLS provides residents with access to parents or legal guardians with a minimum of 1 phone call per week, 2 face to face visits or skype visits per month, and unlimited written communication via mail."

All youth interviewed verified they are permitted to talk with their parent or legal guardians. There was only one youth interviewed that reported having an attorney

and he confirmed that he can call his attorney if he chooses. He explained that he typically has these calls in the administration building in the conference room. He verified that he does have privacy - that staff are not sitting next to him or within ear shot. Staff interviewed explained how they provide privacy when a youth makes this call . Staff explained that youth are brought to the administration building to make these calls in the conference room. The process includes staff dialing the number; making sure it is the lawyer on the phone; waiting for youth to begin talking; and then stepping out of the room. Staff are required to monitor youth through the window to the conference room to make sure the youth does not hang up and dial another number.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised the Student Handbook to address the required actions detailed in the interim PREA audit report. The program provided photos of posters with the PD Coalition contact information posted throughout the facility. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. The Executive Director also reported that there was a new PD Coalition advocate hired recently. The Sand Hills ED invited the advocate to come to the facility. This tour and introduction was completed late in 2024. All information was examined and the auditor has determined the program is now in full compliance with this PREA standard.

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018) • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids Sand Hills Policy 6.54 PREA: Third-Party Reporting • AMikids website (AMIkids) • Interview with AMIKids Regional Director/Project Director • Interview with Sand Hills Executive Director • Interview with Sand Hills Director of Operations/PCM • Interviews with YCS Supervisors • Observations during facility tour <p>The AMIKids Sand Hills Policy 6.54 PREA: Third-Party Reporting states, “AMIKIDS SAND HILLS publically distributes information on how to report sexual abuse and</p> |

sexual harassment on behalf of a resident for third-party reporting.” The procedure section of this same policy puts forth, “1. Sexual abuse and sexual harassment posters with reporting information will be posted in various areas on campus. 2. Sexual abuse and sexual harassment pamphlets with reporting information will be available at the check in counter/desk of the facility and visitor areas.”

Facility administrator and staff interviews revealed that all Sand Hills leaders and managers understood they are required to accept third-party reports of sexual abuse and sexual harassment. While onsite the auditor observed some posters that provided the abuse hotline number. All direct care staff and facility leaders interviewed reported they are required to report all allegations of sexual abuse and sexual harassment to the appropriate authorities (i.e., supervisors, law enforcement, SC DJJ, etc.).

The PREA standard provision requires, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.” Although the program is making efforts within the facility to make this information known, guidance from Department of Justice regarding this PREA standard is that “publicly” means that this information must be distributed to a broader audience outside of the facility. Therefore, the program is required to publish third party reporting information and sources (mailing addresses and hotline numbers) on the publicly available AMIKids website.

Corrective Action

- The agency and program are required to publish third-party reporting information (how to report incidents of sexual abuse and sexual harassment on behalf of a Sand Hills resident) on the agency’s website. This is in addition to the other PREA-related information discussed previously in this audit findings report. It is advised that the program send a prototype of the information that will be included on the agency website prior to going live. After the content is approved, the program will send the link to the auditor to verify the link is in working order.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised the Student Handbook to address the required actions detailed in the interim PREA audit report. The program also entered into a new MOU with the PD Coalition. The program provided photos of posters with the PD Coalition contact information posted throughout the facility. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. A link to the AMIKids website containing the elements required by this provision was sent to the auditor. The auditor determined that the website link is in working order and the webpage contains all information required by this PREA provision. All information submitted by the program was carefully examined

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| | and the auditor has determined the program is now in full compliance with this PREA standard. |
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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018) • Sand Hills Staff Handbook (January 2018, page 14) • Sand Hills PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) • AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting • Mandated Reporters - South Carolina Department of Social Services (sc.gov) • MOU between Private Matters Counseling Services (PCMS) and AMIKids Sand Hills (executed May 5, 2021; contracted mental health provider) • Training descriptions for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours) • Training quizzes for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours) • Sexual Abuse Incident Check Sheet • Sample of training records for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours) • Interview with AMIKids Regional Director/Project Director • Interview with Sand Hills Executive Director • Interview with PREA Compliance Manager • Interviews with Youth Care Specialist Supervisors • Interview with SC DJJ Director of Criminal Investigation • Interview with SC DJJ Director of Youth Grievances and Family Support • Interview with SC DJJ Program Monitor • Interview with contracted Mental Health Clinician • Interviews with Human Services Professional • Interviews with Youth Care Specialists • Interviews with youth residents |

Provision (a)

The State of South Carolina Department of Social Services (DSS) requires individuals working with children, including juvenile justice workers, to make a report to the SC DSS when they suspect abuse. More specifically the DSS website clearly describes: “Mandated reporters must report abuse or neglect when, in their professional capacity, they receive information giving them reason to believe that a child’s physical or mental health has been, or may be, adversely affected by abuse or neglect. A decision to report must be based upon a reasonable belief that a child has been, or may be, abused or neglected. Thus, mandatory reporters need not have conclusive proof that a child has been abused or neglected prior to reporting abuse or neglect to the proper authorities. A person who is required to report and fails to do so is guilty of a misdemeanor. Upon conviction, he or she may be fined up to \$500 or imprisoned up to six months, or both” (Mandated Reporters - South Carolina Department of Social Services (sc.gov)).

In support of this regulation, the AMIkids Sand Hills program has PREA Policy 6.61 - Staff and Agency Reporting Duties (5/01/2024) that further clarifies mandatory reporter expectations. More specifically, the Sand Hills “PREA Policy 6.61 - Staff and Agency Reporting Duties” states that all staff are mandatory reporters and are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility (whether or not it is part of the AMIkids agency). This policy also informs staff that they are required to report retaliation against residents or staff who reported an incident as well as “...any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.” All interviews with facility administrators, shift supervisors, and direct care staff (YCSs) verified they are required to report allegations of sexual abuse and sexual abuse immediately to their supervisors.

In further support of this PREA provision, the AMIKids agency Policy OPER1004: Abuse Free Environment (revised 5/03/2024) states:

- “Youth and Team Members have unhindered access to report allegations of abuse, free from intimidation or reprisal, and do NOT have to obtain permission from management or any other party to make an abuse report.”
- “AMIkids program Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, including fellow AMIkids Team Members.”
- “The Team Member who witnesses, suspects, or becomes aware of an allegation of abuse will make an immediate report to the applicable abuse reporting agency. The Team Member does not have to have evidence of abuse. A reasonable suspicion or a report made to you is sufficient cause to report. a. If approached by a youth who wishes to report an allegation of abuse, the Team Member will escort the youth to the phone and permit them to call and make the report. 2. Immediately upon completing the report, the

Team Member will notify the Executive Director or comparable program Leader, unless the Executive Director is the subject of the allegation, in which case the Team Member will report the allegation to the Regional Director.”

The procedure section of the AMIKids Sand Hills Policy 6.51 PREA: Resident Reporting states, “4. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally in writing, anonymously and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports including verbal within 8 hours of gaining knowledge.” As previously stated, staff interviews (managers and director care staff) verified their understanding that they are mandated reporters and must report everything whether verbal, in writing, and anonymous and third-party reports.

Review of training descriptions, training quizzes (described further in Standard 115.331) and a sample of staff training records (for Mandated Reporting for Child Abuse and Neglect: State by State Guide and Responsibility of AMIKids and Staff (2.5 hours); Identifying Child Abuse and Neglect (1 hour); and Creating a Child Safe Environment (3 hours)) provided evidence that these training emphasize mandatory reporting responsibilities are addressed as well as how to make these reports. Training records verified all staff have been formally trained on reporting requirements. Staff interviews verified all staff (facility managers and direct care staff) understand they are mandatory reporters and are obligated to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, and/or retaliation.

Provision (b)

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) AMIKids program Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, including fellow AMIKids Team Members. All Sand Hill staff interviewed understand they are mandatory reporters under the state of South Carolina mandated reporter laws. As previously stated, the “PREA Policy 6.61 - Staff and Agency Reporting Duties” directs staff: “All AMIKids staff and the medical and mental health contracted staff are mandated reporters. Therefore, all staff are required to comply with any applicable mandatory child abuse reporting laws. Staff failing to adhere will face disciplinary action up to and including termination.” As previously mentioned, all staff interviews (managers and direct care staff) verified they are all mandated reporters.

Provision (c)

The Sand Hills program prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. When interviewed, staff stated

that that they are not permitted to investigate the incident or to share detailed information with anyone about the allegation (only the minimal information to ensure youth and staff safety). Several staff stated they could be terminated for sharing details and breaking privacy expectations. In support of this practice, the Sand Hills PREA Policy 6.61 states: "This policy prohibits all staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions."

Provision (d)

The AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) AMIKids program "Team Members are considered mandatory reporters with a legal obligation to immediately report knowledge or reasonable suspicion of child abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, including fellow AMIKids Team Members" this same policy also declares "All allegations of abuse and/or neglect against an AMIKids Team Member must be reported immediately to the state's abuse hotline or other designated authority for investigation. Such allegations must then be reported to both the Executive Director or comparable program Leader, and the Regional Director, and documented through the AMIKids Incident Reporting process. AMIKids will conduct an internal investigation of all allegations against Team Members. Such investigations will be conducted so as not to interfere with any law enforcement investigation."

As previously mentioned, the Sand Hills PREA Policy 6.61 - Staff and Agency Reporting Duties clearly states that all staff and medical and mental health contractors are required to comply with South Carolina mandated reporting laws. An interview the Human Services Professional (HSP) and the contracted mental health staff from Private Matters Counseling Services (PCMS) revealed they understood their obligation to report sexual abuse. In addition, the HSPs and the contracted mental health counselor verified during the audit interview that they disclose their responsibilities as a mandatory report to youth prior to engaging youth in services. All youth interviewed knew about confidentiality and understood that a staff's duty as a mandatory reporter supersedes the confidentiality clause in situations of alleged sexual abuse.

In further support of this provision the MOU between PMCS (the contracted mental health provider) and AMIKids Sand Hills states, "IV. Mandatory Reporting Requirement: South Carolina law requires that certain professionals report suspected cases of child abuse or neglect, because they have unique opportunities to observe and interact with children. As such PMCS is mandated to report child abuse or neglect." This agreement was signed by both parties and has been in place since May 2021.

Provision (e)

Provision (e) of this PREA standard requires the Program Director or designee to contact the alleged victim's parents or legal guardians; case worker if youth is under

the guardianship of the child welfare system; and youth’s attorney or legal representative within 14 days of receiving the allegation. Although the Sand Hills facility has not had an allegation of sexual abuse in the past 12 months, the program has a practice in place of making these notifications for all allegations of sexual harassment and/or sexual abuse.

In support of this federal requirement, the AMIKids Sand Hills the PREA Policy 6.61 - Staff and Agency Reporting Duties states: “It is the policy of AMIKids to report allegations of sexual abuse to the alleged victim’s parents or legal guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified); to the case worker if the alleged victim is under the guardianship of the child welfare system; and to the juvenile’s attorney or other legal representative if a juvenile court retains jurisdiction over the alleged victim.”

Staff interviews revealed that if there were an incident of alleged sexual abuse the Executive Director or Director of Operations for Sand Hills would contact the victim’s parents or legal guardian. This notification would be documented in the incident report that is sent to SC DJJ. The Sand Hills Sexual Abuse Incident Check Sheet explains that the Executive Director or the Director of Operations (DO) is responsible for ensuring that the agency required documentation is completed within 24 hours of the initial report or allegation of sexual abuse. The Director of Operations would also be responsible for contacting the youth’s lawyer to notify them of the allegation.

Although the program is in compliance on this provision, the program should consider adding additional items to the Sexual Abuse Checklist - i.e., notifications to the family, youth’s lawyer, and case worker (if under the guardianship of the state). This will better ensure all steps in the process are completed in compliance with PREA expectations.

Provision (f)

As previously mentioned, all staff interviewed articulated that they are obligated to report all allegations of sexual abuse and sexual harassment regardless of the source of the report (i.e., anonymous, third-party, etc.). In addition, the Sand Hills PREA Policy 6.61 clearly states, “AMIKids must also report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility’s designated investigators.”

All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance with this provision of this standard.

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Used in Compliance Determination:

- AMIKids Policy OPER 1004 Abuse Free Environment
- AMIKids, Inc. and Program: Team Member Reference Guide (September 2021)
- AMIKids Sand Hills Policy 6.62 Agency Protection Duties
- AMIKids Sand Hills Sexual Abuse Incident Check Sheet
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interview with AMIKids Sand Hills Business Manager/HSP
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)
- Interview with contracted mental health counselor

All Sand Hills direct care staff and managers interviewed verified they are formally trained on how to keep youth safe in the event they are at imminent risk for sexual abuse. Interviewees explained the process as taking the immediate action to separate the alleged perpetrator and victim. Interviews with facility leaders, PCM, and direct care staff also confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. This practice is supported by agency AMIKids Policy OPER 1004 Abuse Free Environment which states, "If the abuse allegation is against a Team Member, our first priority is ensuring the safety of program youth. The Executive Director will respond appropriately to ensure that the accused Team Member is not in contact with youth while a preliminary investigation is conducted." Review of training materials further supports compliance with this PREA standard.

In further support of this standard, the Sand Hills Policy 6.62 PREA: Agency Protection Duties states, "AMIKids Sand Hills will take immediate action to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse." More specifically, the procedure section of Policy 6.62 states:

"1. When at all possible the subject(s) who poses a substantial risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, education class and program assignments as the resident at risk with the goal of keeping all residents safe and free from sexual abuse. 2. If the above procedure is not appropriate then the resident at risk of imminent sexual abuse would be removed immediately from the same area, dorm, work, and education class and program assignments as the subject who poses the risk. 3. The Resident will be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternate means of keeping all residents safe can be arranged. During any period of isolation, AMIKIDS Sand Hills will ensure that residents have access to daily large-muscle exercise, treatment and any legally required educational programming or special education services. If a resident is isolated pursuant to this section, the facility will

document the basis of the facility’s concern for the resident’s safety, and the reason why no alternate means of separation can be arranged. The AMIKIDS Sand Hills will afford each isolated resident a review every 30 days to determine if there is continuing need for isolation. 4. The action taken will be documented in the daily shift log and the residents case management file.”

As previously mentioned, the Sand Hills program has not had any allegations of sexual abuse. However, the program has an AMIkids Sand Hills Sexual Abuse Incident Check Sheet that ensures that the proper response steps are followed in the event there was an allegation of sexual assault or abuse. Specifically, the Check Sheet lists specific activities that staff must check off and indicate the date and time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- “Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes.
- If alleged incident involves and identified staff perpetrator, ensure steps are taken to place this person in NO resident contact role or on administrative leave pending the investigation.”

There have been no allegations of sexual abuse reported by the program and therefore, the auditor is unable to determine via documentation whether youth would be separated when a youth is at substantial risk of imminent sexual abuse. That said, all other evidence including youth reporting they feel safe and staff who reported they understood their role of a first responder (to include immediate separation and protection), allows the auditor to reasonably conclude this would occur.

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • AMIkids Sand Hills Policy 6.63 Reporting to Other Confinement Facilities • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIkids Sand Hills Business Manager/HSP |

Provision (a)

The AMIKids Sand Hills Policy 6.63 PREA: Reporting to Other Confinement Facilities clearly states, "In the event that a resident alleges that sexual abuse occurred at another facility, AMIKIDS Sand Hills will document those allegations and report to the head of the facility or appropriate office of the agency where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification, Additionally, AMIKIDS Sand Hills will ensure that the allegation is investigated in accordance with PREA standards." The procedure section of this same policy specifically states, "1. The Executive Director or designee will notify the appropriate investigative agency (i.e., Chesterfield County Sheriff's Department, Abuse hotline, and th3e Department of Juvenile Justice). 2 The Executive Director or designee will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 3. Resident will be referred to Care South Carolina Cheraw for treatment services. 4. All allegations received from other agencies or facilities will be investigated."

In support of this practice the agency AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) states, "The Team Member who witnesses, suspects, or becomes aware of an allegation of abuse will make an immediate report to the applicable abuse reporting agency. The Team Member does not have to have evidence of abuse. A reasonable suspicion or a report made to you is sufficient cause to report. a. If approached by a youth who wishes to report an allegation of abuse, the Team Member will escort the youth to the phone and permit them to call and make the report. 2. Immediately upon completing the report, the Team Member will notify the Executive Director or comparable program Leader, unless the Executive Director is the subject of the allegation, in which case the Team Member will report the allegation to the Regional Director."

Facility administrators reported that they have not received an allegation of a resident who was sexually abused while confined at another facility. They reported that if this were to occur they would consult policy to determine who should make the proper notification. While in compliance, the program is strongly encourage to make sure it is clear on who specifically will make the notification to another facility in the event that this situation occurs.

Provision (b)

As previously stated, the AMIKids Sand Hills Policy 6.63 PREA: Reporting to Other Confinement Facilities clearly requires the head of the facility is required to notify the head of another facility where sexual abuse has been alleged to occur and the appropriate investigative authority. The policy requires this notification be make as soon as possible, but no later than 72 hours after receiving the notification. Facility administrator interviews verified this practice is in place if such an allegation was ever to occur.

Provision (c)

While the AMIKids Sand Hills Policy 6.63 states that the Executive Director is

responsible for informing the facility head within 72 hours, the policy does not describe where this should be documented. The policy also does not describe where documentation of law enforcement will be documented. The Executive Director reported she has not had to make these notifications to another facility to date. However, the program is required to determine where and how this notification will be documented and to update its policy accordingly.

Corrective Action - Provision (c)

- The program is required to revise its current policies to include specific information about where they will document notifications to another facility in the event a resident alleges that sexual abuse occurred in another facility. The program is required to send this policy revision to the auditor for review and approval.

Provision (d)

The South Carolina mandated reporting laws, AMIKids agency policy, and Sand Hills procedure all support that all allegations of sexual abuse are required to be reported and investigated. As previously stated, AMIKids, Sand Hills, and DJJ staff interviews verified that all allegations of sexual abuse are all referred for investigation and fully investigated. In the event the Sand Hills facility receives notification that abuse had occurred in its facility, the staff member would be obligated as a mandatory reporter to report this to the proper authorities (consistent with the facility’s coordinated response plan). As previously discussed, SC DJJ and AMIKids have several policies that support their practice that all allegations are investigated and that all proper notifications are made consistent with PREA expectations.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidence Used in Compliance Determination:</i> |

- AMIKids Sand Hills Policy 6.64 Staff First Responder Duties
- AMIKids Sand Hills Sexual Abuse Incident Check Sheet
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)

Provision (a)

The AMIKids Policy 6.64 Staff First Responder Duties directs, “ Security staff members who are the first to respond to a report that a resident was sexually abused are required to follow the four following steps: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.”

As previously mentioned, the Sand Hills program has not had any allegations of sexual abuse. However, the program has an AMIKids Sand Hills Sexual Abuse Incident Check Sheet that it would be used to ensure all proper steps are taken in the event there was an allegation of sexual assault or abuse. Specifically, the Check Sheet details specific activities that staff must check off and indicate the date/time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- “Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- Resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence).
- Shift Supervisor obtains a brief statement from the alleged victim, while in the Nurses office.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
- If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes.
- The Shift Supervisor notifies local law enforcement officers of the allegation

and asks for guidance in crime scene preservation and coordinating the investigation.

- If the alleged incident involves and identified staff perpetrator, ensure steps are taken to place this person in NO resident contact role or on administrative leave pending the investigation.”

All managers and direct care staff interviewed verified that they understand the first responder steps including: Separating the alleged victim and offender; preserving and protecting the crime scene; and not allowing the perpetrator and the victim to shower, go to the bathroom, change their clothes, or brush their teeth.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance with this standard provision.

Provision (b)

As previously stated, The AMIKids Sand Hills Policy 6.64 PREA: Staff First Responder Duties directs security staff members who are the first to respond to a report that a resident was sexually abused are required to follow four critical steps. More specifically, the policy states, “If the first staff responder is not a direct care staff or supervisor, that responder shall be required to do the following: 1. Request that the alleged victim not take any actions that could destroy physical evidence (see #3 above). 2. Notify security staff.”

As mentioned above, the AMIKids Sexual Incident Check Sheet provides clear direction on the first responder steps. Interviews with Youth Counselor Specialists and Shift Supervisors verified that staff are aware of their first responder duties to include their responsibility to preserve the scene and not allow youth to shower, use the bathroom, or change clothes. All interviewees reported that part of the response protocol is to immediately notify the Shift Supervisor (there is a Supervisor on all shifts, seven days a week). Staff members have also been provided small palm cards that delineate the steps related to protecting youth and preserving evidence.

| 115.365 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidence Used in Compliance Determination:</i> <ul style="list-style-type: none">• AMIKids Sand Hills Policy and Procedure 6.64 Staff First Responder Duties• AMIKids Sand Hills Policy and Procedure 6.65 Coordinated Response• AMIKids Sand Hills Sexual Incident Check Sheet• Interview with the Sand Hills Executive Director• Interview with the Sand Hills Director of Operations/Sand Hills PREA |

Compliance Manager (PCM)

- Interview with AMIkids Sand Hills Business Manager/HSP
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)

Provision (a)

The facility's coordinated response plan is thoroughly described in agency and program policies. The AMIkids Policy 6.64 Staff First Responder Duties explains, " Security staff members who are the first to respond to a report that a resident was sexually abused are required to follow the following steps: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a direct care staff or supervisor , that responder shall be required to do the following: 1. Request that the alleged victim not take any actions that could destroy physical evidence (see #3 above). 2. Notify security staff."

As previously mentioned, the Sand Hills program has not had any allegations of sexual abuse. However, the program has an AMIkids Sand Hills Sexual Abuse Incident Check Sheet that it would use to ensure all proper steps are taken in the event there was an allegation of sexual assault or abuse. Specifically, the Check Sheet details specific activities that staff must check off and indicate the date/time the activity was completed. Some of the items on the Check Sheet include (not a complete list):

- "Shift Supervisor notifies CCC, Law Enforcement, and mental health/victim services.
- Resident is not allowed to shower, remove clothing without medical supervision, use the restroom, or consume any liquids (in order to preserve evidence).
- Shift Supervisor obtains a brief statement from the alleged victim, while in the Nurses office.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/treatment.
- If report is within 72 hours of physical abuse/penetration, Shift Supervisor and/or Investigator preserves the crime scene by sealing access if possible, and photographing the scene and visible evidence at the scene (e.g. tissue or blood).
- If the alleged perpetrator is a resident, staff ensures he is placed on continuous sight supervision on his bunk in the event evidence collection is required. The resident is not allowed to wash, shower, or change clothes.

- The Shift Supervisor notifies local law enforcement officers of the allegation and asks for guidance in crime scene preservation and coordinating the investigation.
- If the alleged incident involves and identified staff perpetrator, ensure steps are taken to place this person in NO resident contact role or on administrative leave pending the investigation.”

In further support of this provision, the AMIkids Sand Hills Policy and Procedure 6.65 Coordinated Response that states, “AMIKIDS SAND HILLS has written institutional plans to coordinate the actions taken in response to incidents of sexual abuse. The plan coordinates actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership.” The procedure of this same policy states, “AMIKIDS SAND HILLS will take the following steps and will attempt to complete the steps in the following order:

- The nurse on duty will do assessment of the victim’s acute medical need. If there is no nurse on duty the resident will be transported to McLeod Regional Medical Center for a medical assessment by the victim advocate.
- The victim will be offered the presence of a victim advocate or a qualified staff member to be present during the exam. They will provide any special needs the victim may have.
- The victim will be informed of his rights under relevant Federal or State law by the nurse or the victim advocate or a qualified staff member.
- The nurse will explain the need for a forensic medical exam and offer the victim the option of undergoing one. The victim advocate or a qualified staff member will explain the need for a forensic medical exam and inform the victim of his options if the victim is transported to the emergency room.
- Private Matters LLC counselors will provide crisis intervention counseling.
- Facility Leadership (shift supervisor and directors) will ensure PREA facility operating procedures are adhered to.
- Trained Investigators will collect forensic evidence.”

Interviews with program leaders (i.e., Executive Director, Director of Operations, Shift Supervisors, etc.) and Youth Counselor Specialists verified the Sand Hills program has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

It is important to note that the auditor spoke with a Pee Dee Coalition advocate who believed that the McLeod Regional Hospital in Cheraw did not have a SANE program. The advocate explained that in the event of a sexual assault she would encourage Sand Hills staff to transport the youth to McLeod Regional Hospital in Florence, SC for a SANE exam. The program should consider revising its policy to reflect that the program will transport a sexual abuse victim to McLeod Hospital in Florence, unless the medical emergency is life threatening at which point the youth would be taken to the nearest hospital in Cheraw.

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidenced Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser • Interview with AMIKKids Regional Director/Project Director • Interview with Sand Hills Executive Director • Interview with Sand Hills Director of Operations/PCM • Interview with AMIKids HR Business Partner • Interview with Sand Hills Shift Supervisors • Interviews with YCSs (direct care staff) <p>Provisions (a)</p> <p>In support of provisions in this standard, AMIKids Sand Hills Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser states: “AMIKids Sand Hills does not enter into collective bargaining agreements. Therefore, AMIKids Sand Hills will not enter into or renew collective bargaining agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation.”</p> <p>Interviews with agency leaders and facility staff members (management and non-management), confirmed that AMIKids Sand Hills program does not have collective bargaining agreements. In the event an allegation of sexual abuse is made, a staff member would immediately be placed on administrative leave until a thorough investigation has been completed.</p> <p>Provisions (b)</p> <p>In support of provisions in this standard, AMIKids Sand Hills Policy 6.66 PREA: Preservation of Ability to Protect Residents from Contact with Abuser as well as interviews with agency and facility leaders supports that the Sand Hills program does not have collective bargaining agreements. In the event a sexual abuse allegation is made against a staff member, the individual would be immediately placed on administrative leave until the investigation has been completed. This was verified through interviews with the AMIKids Regional Director, the Sand Hills Executive Director, the Sand Hills Director of Operations, the HSP, and the AMIKids</p> |

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| | HR Business Partner. |
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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy 6.67 PREA: Protection Against Retaliation • PREA Retaliation Monitoring Report (30/60/90) form • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff) <p>Provision (a)</p> <p>The AMIKids Sand Hills Policy 6.67 PREA: Protection Against Retaliation states, “It is the policy of AMIKIDS SAND HILLS to protect all residents and staff members from retaliation if they report sexual abuse and sexual harassment or to protect from retaliation those who cooperate with sexual abuse or sexual harassment investigations.” The procedure section of this same policy states, “1. Shift Supervisors will be directly responsible for ensuring all residents and staff members who report sexual abuse and sexual harassment are protected from retaliation. 2. The Operations Department, headed by the Director of Operations, is responsible for monitoring possible retaliation. 3. Director of Operations will report to the Executive Director any instances of retaliation. 4. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination. 5. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.”</p> <p>Interviews with the Director of Operations and Shift Supervisors highlighted that all staff are responsible for monitoring retaliation but that ultimately, the Director of Operations and Shift Supervisors are responsible for monitoring for retaliation.</p> <p>Provision (b)</p> <p>The Sand Hills facility uses multiple protection measures to ensure safety of staff and residents, particularly from retaliation for making a sexual abuse report or cooperating with an investigation. Staff interviews with the Director of Operations, Shift Supervisors, Business Manager, HSP, and AMIKids Human Resources staff, and Shift Supervisors verified that if staff was the alleged perpetrator they would be</p> |

removed from the facility. If another youth was the alleged perpetrator, youth would be placed on separate residential dorm. The procedure section of the AMIKids Sand Hills Policy 6.67 PREA: Protection Against Retaliation requires, “4. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination. 5. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.” Interviews with facility administrators and Shift Supervisors said that they would separate the youth victim and perpetrator immediately. An interview with the AMIKids HR Business Partner reported that staff would be placed on administrative leave until the investigation was completed.

Provision (c)

As previously mentioned, the program has the AMIKids Sand Hills Policy 6.67 PREA: Protection Against Retaliation requires that addresses some of the components of this standard. However, the policy/procedures does not state that monitoring will occur for at least 90 days. In addition, interviews with Shift Supervisors and some facility administrators were not aware of this 90-day requirement. Facility administrators and managers reported that “everyone “ is responsible for monitoring retaliation. During interviews, the auditor received inconsistent answers regarding who is responsible for monitoring retaliation, and most could not clearly describe what retaliation monitoring looks like. The program is required to establish a clear process around retaliation monitoring and enhance its existing policy to reflect a practice that aligns with PREA expectations.

It is important to note that the program does have a form titled the AMIKids “PREA Retaliation Monitoring Report (30/60/90)” form. This form includes fields to document the type of status check in (i.e., first 30 days, 60 day, 90 days, and beyond 90 days) as well as the monitor’s comments. The program is required to update its policy/procedures to require this form be used as part of the retaliation monitoring practice.

Corrective Actions - Provision (c)

- The program is required to revise its policy to clearly state that retaliation will be monitored for 90 days; describe what this monitoring will look like (i.e. periodic check-ins with youth); how often these will occur; where these check-ins will be documented; who will document these check-ins; etc.
- The program is required to train facility administrators and Shift Supervisors on their responsibilities related to monitoring for retaliation when a youth or a staff member makes a report of sexual abuse, sexual harassment, or retaliation. The program is required to submit to the auditor documentation that this policy and practice information has been communicated to the appropriate staff (i.e., submitting signed and dated training rosters and a description of what information was shared).

Provision (d)

This PREA standard requires the program to conduct periodic check-ins with youth

as part of its retaliation monitoring practice. As previously mentioned, interviews with facility administrators and managers indicate there is a need to clarify the process for monitoring retaliation. That said, all individuals interviewed stated that they would check-in with youth and staff a minimum of weekly to determine if retaliation for making a report of sexual harassment or sexual abuse was occurring. The auditor is finding the program in compliance on this provision. Corrective actions are provided in provision (c).

Provision (e)

This PREA provision requires, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.” Program managers and direct care staff interviewed were able to verbalize what to look for when identifying retaliation. Responses included a youth being verbally attacked by other youth; a staff member taking away behavior points from a youth repeatedly and the youth’s behavior not aligning with the consequence; staff or youth not including a particular youth in group activities; etc. As previously stated, facility administrators and program managers reported they would immediately address youth and/or staff who was the source of the retaliation. This would include placing staff on administrative leave and/or moving the youth to a different residential dorm. Interventions might also include consequences for youth who is the source of the retaliation.

Provision (f)

Interviews with facility administrators and managers verified they understood that the obligation to monitor retaliation ends if the youth leaves the facility or if the investigation determines the allegation is unfounded.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff) • Interview with contracted mental health counselor • Interview with youth/student residents <p>During onsite interviews, staff and youth reported they do not use protective isolation for victims of sexual abuse. As previously described in this report, the facility does not use isolation but if needed the program would place youth on one-on-one supervision. The facility would separate youth for safety reasons by placing youth on different residential dorms with one-on-one supervision. If the youth was on one-on-one supervision, they would not be confined to the dorm. Youth would continue to receive education, large-muscle exercise, and all other programming and services (i.e., counseling, recreation, etc.).</p> |
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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024) • State of SC Department of Juvenile Justice Policy 328: Investigations POLICY Investigations.pdf (sc.gov) • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018) • AMIKids Sand Hills Policy 6.34 PREA: Specialized Training • AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations • AMIKids Sand Hills Policy 6.71 Criminal and Administrative Agency Investigations • AMIKids Program Investigation Report • Review of a AMIKids Program Investigation Report involving a staff member and sexual harassment (not from the Sand Hills program) • MOU between AMIKids Sand Hills and Chesterfield County Sheriff's Department (executed March 2017) |

- Interview with AMIKids Regional Director/Project Director
- Interview with Executive Director
- Interview with Director of Operations/PCM
- Interview with AMIKids HR Business Partner
- Interview with SC DJJ Director of Criminal Investigation
- Interview with SC DJJ Director of Youth Grievances and Family Support
- Interview with SC DJJ Program Monitor

Provision (a)

The SC Department of Juvenile Justice and the Sherriff's Office are responsible for conducting investigations of sexual abuse occurring in the program. Allegations of sexual harassment involving a staff member are investigated by SC DJJ and AMIKids Human Resources (with SC DJJ taking the lead). Allegations of youth-to-youth sexual harassment are led by SC DJJ, although depending on the incident the SC DJJ may direct Sand Hills facility administrators to assist with the investigation. This assistance might include reviewing video footage and conducting interviews with the victim, witnesses, and/or alleged perpetrator. Interviews with the Sand Hills Executive Director, Director of Operations/PREA Compliance Manager (PCM), SC DJJ Director of Criminal Investigation, and SC DJJ Director of Youth Grievances and Family Support verified that allegations of sexual abuse are investigated by SC DJJ; incidents of sexual harassment involving staff are investigated jointly by SC DJJ and AMIKids Human Resources unit; and incidents of youth-to-youth sexual harassment are reported and investigated by the SC DJJ, with assistance from the Sand Hills Executive Director and Director of Operations/PCM.

The following documents explain the current structure and process regarding investigations:

- AMIKids Sand Hills Policy 6.71 Criminal and Administrative Agency Investigations: "AMIKIDS-SAND HILLS does not have the legal capability of conducting its own investigations into allegations of sexual abuse and sexual harassment. AMIKIDS-SAND HILLS will rely on the Clinton Department of Public Safety and/or the Department of Juvenile Justice to investigate sexual abuse. AMIKIDS-SAND HILLS will fully cooperate with these entities during the course of an investigation. AMIKIDS-SAND HILLS will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKIDS-SAND HILLS will document its efforts to remain informed about the progress via progress notes."
- AMIKids Sand Hills Policy 6.22 Policies to Ensure Referrals of Allegations for Investigations: "AMIKids-Sand Hills will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and will also ensure that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations."
- AMIKids Policy OPER1004: Abuse Free Environment (revised 5/03/2024): "All

allegations of abuse and/or neglect against an AMIKids Team Member must be reported immediately to the state's abuse hotline or other designated authority for investigation. Such allegations must then be reported to both the Executive Director or comparable program Leader, and the Regional Director, and documented through the AMIKids Incident Reporting process.

AMIKids will conduct an internal investigation of all allegations against Team Members. Such investigations will be conducted so as not to interfere with any law enforcement investigation."

- The AMIKids, Inc. and Affiliated Programs: Team Member Reference Guide (January 2018): "The Executive Director and Regional Director, in consultation with the Human Resources Department will conduct, or appoint a person to conduct, a prompt and thorough investigation of the allegations or charges....Investigatory leaves extending beyond a total of 90 days without a resolution may result in separation of employment. However, based on the outcome of the investigation or business needs, separation of employment may occur prior to the 90 days."

The State of South Carolina Department of Juvenile Justice has two policies that guide their practice related to investigations: SC DJJ Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy. The investigation policy is posted on the SC DJJ website (POLICY Investigations.pdf (sc.gov)). The SC DJJ Investigation Policy 328 Investigations, Section E 14, states "All Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days. If extenuating circumstances prevent a case from being completed, the investigator must request in writing to the supervisor an extension. The supervisor must approve or disapprove the request in writing (Form 328B, Request for Extension)."

Existing policies coupled with interviews with the SC DJJ Director of Criminal Investigations; the SC DJJ Director of Youth Grievances and Family Support; SC DJJ Program Monitor; and Sand Hills facility administrators confirmed that investigations are typically completed within 45 and often times are completed sooner. There have been no allegations of sexual abuse or sexual harassment at the Sand Hills program in the past 24 months.

An interview with the SC DJJ Director of the Criminal Investigation Division verified that the cases are referred to the local Sheriff's office when needed. She explained that many times in order to reduce the response time, when a program calls with an allegation of sexual abuse she directs them to contact the local Sheriff's office. This allows for a more immediate response in which the Sheriff's Office can begin to process the scene and begin the investigative interviews.

There have been no sexual abuse or sexual harassment allegations at the Sand Hills program that have involved an AMIKids staff member. However, in support of this provision, the AMIKids HR Business Partner provided an example of an administrative investigation report to demonstrate the agency conducts thorough and timely investigations. The auditor reviewed the report and verified the report

was thorough and included detailed statements from several witnesses; a full account of the victim's experience (victim statement); alleged perpetrator statements; additional documents/sources reviewed; investigation conclusion; and corrective actions taken. According to the example investigation report, the alleged incident occurred on 12/11/2023. The investigation began on 12/29/2023 and was completed on 1/05/2024. This allows the auditor to confidently conclude that administrative investigations in which AMIKids HR would be involved are objective and thorough and are completed in a timely manner.

The auditor confidently concludes the program is in compliance with expectations in this standard provision.

Provision (b)

AMIKids Sand Hills Policy 6.34 PREA: Specialized Training states, "All investigators are to be trained in conducting investigations of sexual abuse in confinement settings, including investigators employed by local, state entities, and DOJ components. The documentation of such training will be kept by the entity which employees the investigators. AMIKids Sand Hills does not employ investigators.

AMIKids Sand Hills will rely on Law Enforcement agencies and the Department of Juvenile Justice to conduct investigations and will cooperate with their investigation."

As previously mentioned, the Sand Hills program is not responsible for conducting criminal sexual abuse investigations. The Chesterfield Sheriff's Office and the SC Department of Juvenile Justice are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. The Sand Hills Executive Director, the Director of Operations, and the HSP are responsible for assisting (at times) with administrative investigations for incidents of youth-to-youth sexual harassment (not sexual abuse allegations). Sand Hills is required to notify SC DJJ immediately of any significant incident including all allegations of sexual abuse and sexual harassment) through an ERMIS report to initiate the investigation.

In support of this provision, the SC Department of Juvenile Justice Policy 336 Application of PREA Standards states, " In addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years with documentation placed in the employees file [PREA Standard §115.331 (C)]." An interview with SC DJJ Director of Criminal Investigations Division verified that all investigators conducting sexual abuse investigations are required to have specialized training in conducting investigation including how to interview youth sexual abuse victims; how to preserve evidence; and using the proper interview protocols. The DJJ requires all investigators to complete continuing education units each year or two.

Provision (c)

As stated previously SC DJJ and the local Sherriff's Office are responsible or conducting investigations of allegations of sexual abuse. In support of this provision, the SC DJJ Policy 326 Investigations, Section D states: "1. Allegations serious in nature with potential criminal violations will be assigned to the Criminal Investigations Section for criminal investigation. 2. Investigators will normally interview victims first, followed by possible witnesses, and then any suspects. 3. Investigators will provide suspects with Miranda Warnings prior to questioning them concerning the incident. Suspects may elect not to discuss the incident. 4. Investigators will process crime scenes for potential physical evidence. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory as soon as possible."

An interview with the SC DJJ Director of Criminal Investigations Division verified that investigators are trained in how to preserve physical evidence; how to interview alleged victims, suspected perpetrators, and witnesses; and are required to consult previous reports or sexual abuse or assault involving the suspected perpetrator. In addition, an MOU between AMIKids Sand Hills and Chesterfield County Sheriff's Department (executed March 2017) states, "Chesterfield County Sherriff's Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions."

Provision (d)

An interview with the AMIKids HR Business Partner (responsible for administrative investigations) and the SC DJJ Director of Criminal Investigations (responsible for sexual abuse investigations) confirmed that if a youth victim recants the allegation, the investigation would still continue. These individuals also reported that if a staff member left their position (resigned) or a youth left the program, the investigation would continue until completion.

Provision (e)

Interviews with the Sand Hills Executive Director, the Director of Operations/PCM, the HSP, and the AMIKids HR Business Partner all confirmed that if in the course of assisting with an administrative investigation (in some cases of youth-to-youth sexual harassment), if there was anything revealed that could be criminal, they would immediately stop the interviews and contact SC DJJ and local law enforcement to assume the lead in the investigation.

The SC DJJ Policy 326 Investigations, Section E9 (Administrative Inquiry) states "If information is received that could lead to possible criminal charges at any time during the course of an administrative inquiry, the Quality Control Manager will stop the inquiry and return the case to the Chief of Criminal Investigations for review and reassignment." Section D of this same policy states, "All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if probable cause exists for criminal charges." An interview with the SC DJJ Director of the Criminal Investigation Division verified that the cases are referred to the local Sherriff's office when needed. She explained that many times in order to

reduce the response time, when a program calls with an allegation of sexual abuse she directs them to contact the local Sherriff's office. This allows for a more immediate response in which the Sherriff's Office can begin to process the scene and begin the investigative interviews.

Provision (f)

An interview with SC DJJ Director of Criminal Investigation verified that they take all allegations of sexual abuse seriously and interview the victim, as many witnesses as there are, and the perpetrator to uncover the truth. Investigators are trained to gather information from the individuals and analyze the data. They do not base a person's credibility on their status of a resident or a staff member. The SC DJJ Director of Criminal Investigation also reported that they would not polygraph the victim but they are allowed to polygraph an alleged suspect. This practice is supported in SC DJJ Policy 328 Investigations, Section D (4) which states, "Polygraphs can be used as an investigative tool, but suspects cannot be compelled to submit being polygraphed."

Provision (g)

The PREA standard (f) requires: "Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

An interview with the AMIKids HR Business Partner who conducts HR investigations verified that all witnesses, the victim, and alleged perpetrator are all interviewed as part of the comprehensive administrative review process. All HR Business Partners responsible for conducting administrative investigations are required to produce a written report detailing what individuals heard, saw, and said; an analysis of the facts; and the investigation findings. The AMIKids HR Business Partner provided an example of an AMIKids HR investigation report for the auditor to review. An review of the report (not of the Sand Hill program) verified that the investigation report included a detailed summary of the complaint; a list of witnesses along with who interviewed each of them; dates of each of the interviews; witness statements from each of the witnesses; other documents/sources reviewed; conclusion; and the corrective actions. The evidence provided supports compliance with this provision.

Provision (h)

As previously SC DJJ Policy 328 Investigations Section E "Following the administrative inquiry, a report of findings and recommendations will be issued. The Quality Control Manager and the Inspector General will review reports and make a final determination whether any policy violations occurred in the alleged incident." The SC DJJ Director of Investigations verbally verified that these reports are extensive and all documentation feeding into the investigation outcome are retained. Sand Hills has not had a criminal allegation of sexual abuse or sexual harassment to date.

Provision (i)

In support of this provision, the SC DJJ Policy 326 Investigations (Administrative Inquiry, Section D) states “All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if probable cause exists for criminal charges.” Section E of this same policy states, “If information is received that could lead to possible criminal charges at any time during the course of an administrative inquiry, the Quality Control Manager will stop the inquiry and return the case to the Chief of Criminal Investigations for review and reassignment.” An interview with the SC DJJ Director of the Criminal Investigation Division verified that all allegations of sexual abuse that are substantiated and criminal in nature are referred for prosecution.

Provision (j)

The SC DJJ Policy 328 Investigations states: “1. File cabinets containing investigation/inquiry records will be maintained by the ERS Coordinator, will be clearly marked CONFIDENTIAL, and secured. Anyone seeking to enter a confidential file cabinet without proper authorization will be subject to disciplinary action /criminal action. 2. Access to the records is limited to: the SCDJJ Director; Legal Counsel; Inspector General; Chief of Investigations; Quality Control Manager; Investigators and Camera Surveillance Officer assigned to the case; OIG Administrative Assistants; and the ERS Coordinator. 3. Investigative records will be maintained for 7 years and then destroyed.”

An interview with the SC DJJ Director of Criminal Investigations confirmed that SC DJJ has an electronic system for retaining records and that investigation related documents are stored on a different drive to which only investigators have access. She also explained that the hardcopies of PREA case files are stored in a secure and locked location for 10 years.

Provision (k)

An interview with the AMIKids HR Business Partner (responsible for administrative investigations) and the SC DJJ Director of Criminal Investigations (responsible for sexual abuse investigations) confirmed that if a staff member left their position (resigned) or a youth left the program, the investigation would continue until completion.

Provision (l)

The SC DJJ Criminal Investigations Division is responsible for conducting sexual abuse investigations along with local law enforcement. Interviews with the SC DJJ Director of Criminal Investigations, the SC DJJ Grievance Coordinator, and a SC DJJ Program Monitor verified they follow the expectations as outlined in SC DJJ investigation-related policies.

Provision (m)

In support of this provision, the AMIKids Sand Hills Policy 6.71 PREA: Criminal and

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| | <p>Administrative Agency Investigations states, “AMIKids Sand Hills will fully cooperate with these entities during the course of an investigation. AMIKids Sand Hills will also remain informed about the progress of the investigation that is conducted by the outside entity. AMIKids Sand Hills will document its efforts to remain informed about the progress via progress notes.”</p> <p>Interviews with the Executive Director and the Director of Operations/PCM verified that they would email the SC DJJ Investigator approximately once every week or two to stay up to date on the progress of the investigation. The Sand Hills program has not had a sexual abuse or sexual harassment allegation to date.</p> <p>All evidence indicates the facility is in compliance with provisions in this standard.</p> |
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| 115.372 | Evidentiary standard for administrative investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • SC DJJ Policy 328 Investigations • AMIKids Sand Hills Policy 6.72 Evidentiary Standards for Administrative Investigations • Interview with AMIKids HR Business Partner • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interview with SC DJJ Director of Criminal Investigation • Interview with SC DJJ Director of Youth Grievances and Family Support • Interview with SC DJJ Program Monitor <p>The AMIKids Sand Hills Policy 6.72 PREA: Evidentiary Standard for Administrative Investigations states, “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.” In further support of this provision, the SC DJJ Policy 328 Investigations states “In determining if a case violates policy, the burden of proof is a preponderance of evidence. If it is more likely than not that a violation occurred, then the case is substantiated.”</p> <p>During an interview with the SC DJJ Director of Criminal Investigations explained that administrative investigations the agency uses a preponderance of evidence standard. When investigating criminal cases then the agency uses a “beyond a reasonable doubt” standard. An interview with the AMIKids HR Business Partner also verified that during administrative reviews they determine whether the incident was more likely than not to have occurred when substantiating the allegation.</p> |

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| 115.373 | Reporting to residents |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 919 376"><i>Evidence Used in Compliance Determination:</i></p> <ul data-bbox="354 443 1378 896" style="list-style-type: none"> • AMIKids PREA Policy 6.73 Reporting to Residents • AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions • SC DJJ Policy 336 Application of PREA Standards • SC DJJ Policy 328 Investigations • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills Business Manager/HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors • Interview with SC DJJ Director of Youth Grievances and Family Support • Interview with SC DJJ Program Monitor <p data-bbox="280 936 485 972">Provision (a)</p> <p data-bbox="280 1008 1458 1164">This PREA Standard requires “Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p data-bbox="280 1205 1458 1406">The AMIKids PREA Policy 6.73 Reporting to Residents does not set forth the requirement for informing the youth victim of the investigation outcome. The policy does provide information about notifying a youth victim about the status of the accused abuser but does not require staff to inform youth of the investigation outcome whether substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 1447 1481 1688">The auditor reviewed the two SC DJJ policies referenced in the AMIKids policy (the SC DJJ Policy 328 Investigations and SC Policy 336 Application of PREA Standards). Neither of these policies speak to the process of notifying the youth victim regarding the outcome of the investigation. In addition, interviews with facility administrators and managers revealed there is a need to clarify who is responsible for informing the youth of the investigation outcome.</p> <p data-bbox="280 1729 794 1765"><u>Corrective Action - Provision (a)</u></p> <ul data-bbox="354 1832 1481 2074" style="list-style-type: none"> • The program is required to work with SC DJJ to clearly identify the process for notifying youth victims as to the outcome of a sexual abuse investigation. The program is required to update its policy to reflect specific details about who will make these notifications for all investigation outcomes (i.e., substantiated, unsubstantiated, and unfounded); when this will be done; how these notifications will be documented, etc. The program is |

required to submit the revised policy to the auditor for review and feedback. Ideally, the SC DJJ would update their policy to reflect this expectation, although the auditor recognizes that it cannot require DJJ to revise their policies.

- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of this notification process.

Provision (b)

This PREA provision requires, “If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.” As previously mentioned, interviews with facility administrators and SC DJJ staff revealed there is a need to clarify responsibilities related to the notification process related to investigation outcomes. In addition, the AMIKids PREA Policy 6.73 Reporting to Residents does not set forth the requirement regarding Sand Hills obtaining this information nor does the policy describe how this information will be obtained. The program is required to update its existing policy to clearly reflect compliance with this PREA provision.

Corrective Action - Provision (b)

- As previously directed, the program is required to revise its existing policy to require the program obtain information regarding the outcome of the investigation and how it will communicate this information to the youth victim. In addition to the corrective actions outlined in provision (a), the revised policy should also include who and where this notification will be documented as required in provision (e). The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of their responsibility in obtaining investigation outcome information and the youth victim notification process.

Provision (c)

PREA standards require, “Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

The AMIKids Sand Hills Policy 6.73 Reporting to Residents states, “Unless an allegation is determined to be unfounded, at the conclusion of the investigation AMIKIDS SAND HILLS will inform the resident who made the allegation of sexual abuse of the status of the accused staff abuser. “Status” includes whether the staff member is posted within the resident’s unit; whether the staff member is employed at the facility; and whether the staff member has been indicted or convicted of a charge related to sexual abuse within the facility. AMIKIDS SAND HILLS will inform the resident of indictments or convictions of alleged resident abusers.” The procedure section of this same policy states, “1. The victim will be informed of the above via written documentation. The victim will sign acknowledging that he was informed. 2. If the victim is no longer a resident at AMIKIDS SAND HILLS then Department of Juvenile Justice will be responsible for notification. Please see South Carolina Department of Juvenile Justice policy and procedure concerning this standard.”

Although the program has not had an allegation of sexual abuse that involved a staff member, facility administrators reported that they would adhere to the agency and program policies regarding notifying youth of the status of the staff member alleged to have committed the abuse.

Provision (d)

This PREA provision requires, “Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

While the AMIKids PREA Policy 6.73 Reporting to Residents describes in which situations a youth would be informed of the status of a staff member alleged to have committed sexual abuse, the policy does not describe these circumstances in the event the abuser is another resident. This information is also not described in SC DJJ Policy 336 Application of PREA Standards or the SC DJJ Policy 328 Investigations. The Sand Hills program will be required to revise its existing policy/procedures to align with PREA expectations.

Corrective Actions - Provision (d)

- In addition to the corrective actions previously described, the program is required to update its policy to include a process of informing youth victims of the status of the resident abuser. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of these additional practice requirements.

Provision (e)

This PREA provision requires, "All such notifications or attempted notifications shall be documented."

The AMIKids PREA Policy 6.73 Reporting to Residents declares, "1. The victim will be informed of the above via written documentation. The victim will sign acknowledging that he was informed. 2. If the victim is no longer a resident at AMIKIDS SAND HILLS then The Department of Juvenile Justice will be responsible for notification. Please see South Carolina DJJ's policy and procedure concerning this standard." This policy language relates specifically to notifying a youth victim as to the status of the staff abuser. However, the current policy does not address documenting notifications for all investigation outcomes (i.e., substantiated, unsubstantiated, and unfounded). In addition, the existing policy is vague and does not identify who and how the documentation will occur. The existing policy also does not clarify where and how the program will document notifications when another youth is the abuser. The program will be required to create a clear policy to address these deficiencies.

Corrective Actions - Provision (e)

- In addition to the corrective actions previously described, the program is required to update its policy to include a clear process for documenting the investigation outcomes required in this standard. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and managers who are responsible for staying abreast of sexual abuse investigations, are aware of these additional practice requirements.

Provision (f)

The auditor is not required to audit this provision.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/ PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) • AMIKids Policy OPER 1004 Abuse Free Environment • AMIKids PREA Team Member Guide Addendum A – Standards of Conduct • AMIKids Sand Hills Policy 6.11 Zero Tolerance; PREA Coordinator • AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decision • AMIKids Sand Hills Policy 6.76 Disciplinary Sanctions for Staff • AMIKids Sand Hills Policy 6.77 PREA: Corrective action for contractors and volunteer • Interview with AMIKids HR Business Partner • Interview with the AMIKids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>This PREA provision requires, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”</p> <p>As previously described in this report, the SC DJJ and AMIKids have several policies supporting zero tolerance. These policies describe the agency’s disciplinary sanctions including termination if a staff member violates the agency’s sexual abuse and harassment policies. Some of the support for this provision include:</p> <ul style="list-style-type: none"> • AMIKids Policy OPER 1004 Abuse Free Environment - “If the investigative process determines that a Team Member did indeed abuse a youth, that Team Member will be subject to disciplinary action up to and including termination in accordance with AMIKids policy.” • AMIKids PREA Team Member Guide Addendum A <ul style="list-style-type: none"> ◦ “30. All AMIKids Team Members, interns, volunteers, and contractors shall refrain from engaging in any actions or conduct of a sexual nature (verbal or physical) directed toward a youth including, but not limited to, sexual advances, requests for sexual favors or sexually explicit language or conversation. Team Members, interns, volunteers, and contractors shall not form inappropriate social or romantic relationships with youth, regardless of whether or not the |

youth is 18 years old or no longer in program.” (Standards of Conduct, pages 36-37).

- “Certain behaviors/actions will not be tolerated and may result in immediate suspension and/or termination.” However, interviews with the AMIKids Regional Director, AMIKids Agency PREA Coordinator, the Sand Hills Executive Director, Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM), the Sand Hills Business Manager/HSP, and SC DJJ staff verified that in situations of substantiated sexual abuse these individuals would be terminated from employment. (Standards of Conduct, page 35).
- AMIKids Sand Hills Policy 6.11 Zero-tolerance; PREA Coordinator - “Any act of sexual abuse, or sexual harassment committed against a youth in the program on or off campus or at program sponsored events is prohibited. Any youth or staff in the program found responsible for a violation of this standard will be subject to criminal prosecution as well as discipline up to and including termination for staff members.”
- AMIKids Sand Hills Policy 6.76 PREA: Disciplinary Sanctions for Staff - “It is the policy of AMIKids Sand Hills that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”
- AMIKids Sand Hills Policy 6.17 Hiring and Promotion Decisions - “Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resource personnel will report the new arrest or notice to appear to the Background Screening Unit, who will determine whether or not the offense disqualifies the employee from employment.”

In support of the AMIKids policies referenced above, the South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, “3. Consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a juvenile is termination. [PREA Standard(s) §115.376].” The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website.

Interviews with AMIKids Regional Director/Project Director, AMIKids HR Business Partner, Sand Hills Executive Director, the Director of Operations, and the HSP verified that if a staff member violated zero-tolerance policies addressing sexual abuse and sexual harassment, they would be terminated.

Provision (b)

Interviews with agency and facility leaders confirmed that any staff member substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the investigation process). If an allegation of staff-to-youth sexual harassment was substantiated, agency and facility leaders

reported that the agency would be prohibit the staff member from working directly with any youth and would likely terminate their employment AMIKids.

Provision (c)

This PREA standard (c) requires, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

An interview with the AMIKids HR Business partner confirmed compliance that disciplinary sanctions for incidents of sexual abuse and sexual harassment are “commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offense by other staff with similar histories,” as set forth in this PREA standard.

Provision (d)

This PREA Standard (d) requires, “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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

Interviews with the Sand Hills Executive Director, the Director of Operations, the program HSP, and the AMIKids HR Business Partner confirmed there is a need to clarify who is responsible for making the notification to licensing body in the event a staff member is substantiated on a sexual abuse or sexual harassment allegation. Responses from individuals interviewed were not consistent, with some people stating the Executive Director was responsible while others reported that SC DJJ was responsible. The AMIKids policy AMIKids Sand Hills Policy 6.76 Disciplinary Sanctions for Staff does not provide any details pertaining to these notifications.

Corrective Action - Provision (d)

- The program is required to update its policy to include a clear process and responsibilities related to notifying relevant licensing bodies in the event a staff member is substantiated on allegation of sexual abuse or sexual harassment. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and SC DJJ are aware of their roles as it relates to notifying licensing bodies.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. There were no additional sexual abuse allegations

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| | <p>(as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p> |
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| 115.377 | Corrective action for contractors and volunteers |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards • SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) • AMIKids Sand Hills Policy 6.11 Zero Tolerance; PREA Coordinator • AMIKids Sand Hills Policy 6.77 PREA: Corrective action for contractors and volunteer • Interview with AMIKids HR Business Partner • Interview with the AMIKids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) <p>Provision (a)</p> <p>This PREA Standard requires, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>The AMIKids Sand Hills Policy 6.77 PREA: Corrective action for contractors and volunteers states, “...any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. Contractors or volunteer engaging in sexual abuse are prohibited from contact with residents.”</p> <p>Similar to the previous standard (115.376) interviews with the Sand Hills Executive Director, the Director of Operations, the program HSP, and the AMIKids HR Business Partner confirmed there is a need to clarify who is responsible for making the notification to licensing bodies in the event a contractor or volunteer is substantiated on a sexual abuse allegation. Responses from individuals interviewed were not consistent with some people stating the Executive Director was responsible while others reported that SC DJJ was responsible. In addition, the AMIKids Sand Hills Policy 6.76 Disciplinary Sanctions for Staff does not provide any</p> |

details pertaining to these notifications.

Corrective Action - Provision (a)

- The program is required to update its policy to include a clear process and responsibilities related to notifying relevant licensing bodies in the event a contractor or volunteer is substantiated on an allegation of sexual abuse. The program is required to submit the revised policy to the auditor for review and feedback.
- The program will submit evidence to the auditor (i.e., signed and dated training rosters) demonstrating that facility administrators and SC DJJ are aware of their roles as it relates to notifying licensing bodies.

Provision (b)

The AMIKids Sand Hills Policy 6.77 PREA: Corrective action for contractors and volunteers states, "...any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. Contractors or volunteer engaging in sexual abuse are prohibited from contact with residents." Interviews with facility administrators and managers verified that in the event a contractor or volunteer is substantiated on a violation of the sexual harassment or the sexual abuse policies, they would be prohibited from having contact with AMIKids youth.

To date, there have not been any contractors or volunteers who have violated these policies.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidence Used in Compliance Determination:</i> |

- AMIKids Sand Hills Policy 6.11 Zero Tolerance; PREA Coordinator
- AMIKids Sand Hills Policy 6.77 PREA: Corrective action for contractors and volunteers
- State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov))
- AMIKids Sand Hills Student Handbook
- Interviews with Executive Director
- Interview with Director of Operations
- Interviews with Shift Supervisors
- Interviews with YCSs (direct care staff)
- Interviews with youth residents

Provision (a)

The AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “AMIKIDS Sand Hills will subject residents who are found guilty of engaging in resident-on-resident sexual abuse, either through an administrative investigation or criminal investigation, to disciplinary sanctions. The standard establishes requirements to determine the type and level of sanction that can be imposed.”

The procedure section of the AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “1.Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. 2.Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. 3. AMIKIDS Sand Hills does not use isolation as a disciplinary sanction. 4. AMIKIDS Sand Hills will refer residents to the Privacy Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 5. Residents will not be denied access to general programming or education for refusing to participate in such interventions. 6. AMIKIDS Sand Hills will only discipline residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 7. AMIKIDS Sand Hills prohibits all sexual activity between residents. 8. AMIKIDS Sand Hills deems such activity to constitute sexual abuse only if it determines that the activity is coerced. AMIKIDS Sand Hills will not take disciplinary action unless findings are substantiated.”

The Sand Hills Student Handbook provides information regarding disciplinary actions regarding various infractions. The handbook explains that among the reasons to be placed on disciplinary work detail include, but are not limited to fighting (placing your hands on another student or a staff member at any point in time); horse playing; gang-activity (written, verbal, or signs); and not following the rules (e.g., internet use without permission or contraband). All youth interviewed confirmed that they understood the program rules including not physically touching another youth or staff to include fighting and/or sexually assaulting other individuals. All youth explained that if they break the rules they are assigned to work detail and

have to wear different clothes for a few days.

During interviews with facility administrators and Shift Supervisors it was reported that if a youth was substantiated on a sexual assault of another youth or a staff member they would be transferred to another program with SC DJJ (a more secure program that could better serve this type of youth).

Provision (b)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, “4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378]. 5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378.” The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website.

In support of this PREA provision, the procedure section of the AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states: “3. AMIKIDS Sand Hills does not use isolation as a disciplinary sanction. 4. AMIKIDS Sand Hills will refer residents to the Privacy Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 5. Residents will not be denied access to general programming or education for refusing to participate in such interventions.” Interviews with facility administrators and Shift Supervisors verified that if a youth sexually abused or assaulted another student the offender would either be offered counseling services with the contracted mental health clinician or transferred to a more secure SC DJJ facility (depending on the severity of the incident).

As previously mentioned, interviews with youth and staff (agency and facility levels), the Sand Hills program does not use isolation. Youth who receive consequences for behaviors would be enrolled in work detail and if needed, placed on one-on-one supervision and referred to mental health services or transferred to a more secure program. All staff and youth stated that when youth are on one-on-one supervision they are still required to participate in daily large-muscle exercise, school, and other daily programming and activities.

Evidence reviewed supports compliance with this provision.

Provision (c)

Although the AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents policy does not specifically state that the disciplinary process would take into consideration the resident’s mental disabilities or illnesses, interviews with the Executive Director, Director of Operations, Shift Supervisor, YCSs (direct care staff),

and youth verified that the program factors in the youth's mental state. If disciplinary measures are necessary the behavior modification system outlined in the student handbook would be used. Review of the behavior modification system verified consequences are not in conflict with PREA standards. Disciplinary decisions are made by the Executive Director and the Director of Operations, in consultation with Shift Supervisors to ensure all individual factors are carefully considered.

As stated previously, the program does not use isolation. For serious infractions such as sexual abuse or sexual assault incidents the youth would be placed on one-on-one supervision, referred to mental health counseling services, and most likely transferred to another program.

Provision (d)

The AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states, "3. AMIKIDS Sand Hills does not use isolation as a disciplinary sanction. 4. AMIKIDS Sand Hills will refer residents to the Private Matters for therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse." Interviews verified that providing counseling services to the offender to address and correct the underlying reasons or motivations for the abuse would be one action the program could take. The majority of facility administrators and Shift Supervisors interviewed believed that the perpetrator would be transferred to a more secure SC DJJ program.

Provision (e)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, "5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management - Incentive System and Progressive Discipline. [PREA Standard(s) §115.378." The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) are posted on the SC DJJ website.

To support this PREA provision the procedure section of the AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states, "6. AMIKIDS Sand Hills will only discipline residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 7. AMIKIDS Sand Hills prohibits all sexual activity between residents. 8. AMIKIDS Sand Hills deems such activity to constitute sexual abuse only if it determines that the activity is coerced. AMIKIDS Sand Hills will not take disciplinary action unless findings are substantiated." Interviews with facility administrators and managers verified this practice is in place.

Provision (f)

This PREA provisions directs, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if

an investigation does not establish evidence sufficient to substantiate the allegation.”

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards and the SC DJJ Investigation Policy (POLICY Investigations.pdf (sc.gov)) is posted on the SC DJJ website. State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states “4. Juveniles who willingly submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigations and 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378].”

The procedure section of the AMIKids Sand Hills Policy 6.78 PREA: Disciplinary Sanctions for Residents states, “AMIKIDS SAND HILLS prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contact. AMIKIDS SAND HILLS is prohibited from considering a resident report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred to constitute false reporting or lying. AMIKIDS SAND HILLS is also prohibited from assuming that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.”

Interviews with facility administrators and Shift Supervisors verified youth are not punished for making reports in good faith. However, youth consistently reported they were not sure if they would be punished for reporting an incident they thought occurred if the investigation concluded that it had not occurred. The program will be required to take actions to ensure youth understand that if they made a report in “good faith” they will not be punished.

Corrective Action - Provision (f)

- The program is required to update its Student Handbook to include detailed information about “good faith” reporting. The program will submit the revised section of the Student Handbook for review and approval.
- The program is required to incorporate information about “good faith” reporting in the comprehensive PREA training it will develop (pursuant to Standard 115.333).
- As previously directed in Standard 115.333, the program is required to provide the comprehensive PREA education it will develop to all current and new admissions.

Provision (g)

The State of South Carolina Department of Juvenile Justice Policy 336 Application of the PREA Standards states, “5. Any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Juvenile Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378].”

In further support of this provision, the AMIKids Sand Hills Policy 6.78 PREA:

Disciplinary Sanctions for Residents states “AMIKIDS SAND HILLS prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contact. AMIKIDS SAND HILLS is also prohibited from assuming that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.” Staff interviews confirmed that all physical interactions (i.e., touching) between staff and youth and youth-to-youth are prohibited. Youth receive consequences for violating the “no touch” rule. Specific disciplinary sanctions are outlined in the Sand Hills Student Handbook. The facility administrators interviewed confirmed their understanding that an incident involving two students engaging sexually would only be considered sexual abuse if the act was coerced. Staff and youth interviews confirmed that physical interactions and sexual activity is not permitted while in program (either with staff or another resident).

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The program also submitted training records verifying all staff have been trained on the new practice changes. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

| 115.381 | Medical and mental health screenings; history of sexual abuse |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse • Review of random sample of youth files indicating youth who disclosed sexual victimization and/or perpetration were referred for follow-up meeting with a medical and/or mental health practitioner within 14 days (VASB tool) • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) • Interview with AMIKids Sand Hills HSP • Interviews with the Sand Hills Youth Care Specialist Supervisors |

- Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)
- Interview with contract mental health provider (Private Matters)

Provision (a)

The AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “AMIKIDS Sand Hills requires that any resident that is identified as a past sexual abuse victim or abuser pursuant to the screening conducted in standard 115.341) in an institutional setting is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening.” The procedure section of the AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “1. Medical and Mental Health staff will maintain a form documenting compliance with the above required services.” It is important to note that the procedure section only states that youth have previously perpetrated sexual abuse will be offered mental health services within 14 days. The program is required to include youth who have previous history of sexual abuse to be referred for services as well.

This PREA provision directs, “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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.” Interviews with the Executive Director and the HSP indicated they were not aware of this requirement. In addition, the contracted mental health clinician was not aware of this and stated they were unsure as to how the program made referrals to them (i.e., not all Sand Hills youth see the contracted clinician).

As previously described, review of a sample of the vulnerability risk tools highlighted some significant challenges that call into question the accuracy of the VASB information. Some of these challenges outline in Standards 115.341 and 115.342 include there were no youth (N=9) who reported a history of sexual victimization or sexual perpetration. In addition, the HSP reported that she does not update the VASB score based on collateral information gathered. Because the information on the VASB may not be accurate, the program has not made referrals for youth who have a history of prior sexual victimization to the contracted mental health clinicians within 14 days.

Corrective Action - Provision (a)

- The program is required to expand its current policy to include referring youth who have previous history of sexual victimization be offered mental health counseling within 14 days. The policy should also explain where these referrals will be formally documented. The program will submit this revised policy to the auditor for review and feedback.
- The program is required to work with the contracted mental health clinician to develop a formal method for tracking this referral information as

mentioned in the Sand Hills Policy 6.81. This information should be shared with the auditor and supportive documents (i.e. completed forms on youth who report prior sexual victimization) submitted as evidence of compliance.

- In addition to the corrective actions detailed in Standards 115.341 and 115.342, the program is required to provide documentation that the HSP, the contracted mental health clinician, and other individuals who conduct the vulnerability risk assessments (i.e., Executive Director as the backup) are informed of this practice (i.e., youth who report prior sexual victimization are referred to the contracted mental health clinician within 14 days of learning this information). Documentation of this communication will be sent to the auditor as evidence for compliance.

Provision (b)

The AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “AMIKIDS Sand Hills requires that any resident that is identified as a past sexual abuse victim or abuser pursuant to the screening conducted in standard 115.341) in an institutional setting is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening.” The procedure section of the AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “1. Medical and Mental Health staff will maintain a form documenting compliance with the above required services.”

This PREA provision directs, “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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.” Interviews with the Executive Director and the HSP indicated they were not aware of this requirement. In addition, the contracted mental health clinician was not aware of this and stated they she was unsure as to how the program made referrals to her (i.e., not all Sand Hills youth see the contracted clinician).

As previously described, review of a sample of the vulnerability risk tools highlighted some significant challenges that call into question the accuracy of the VASB information. Some of these challenges outline in Standards 115.341 and 115.342 include there were no youth (N=9) who reported a history of sexual victimization or sexual perpetration. In addition, the HSP reported that she does not update the VASB score based on collateral information gathered. Because the information on the VASB may not be accurate, the program has not made referrals for youth who has a history of prior sexual victimization to the contracted mental health clinicians within 14 days.

Corrective Action - Provision (b)

- The program is required to work with the contracted mental health clinician

to develop a formal method for tracking this referral information as mentioned in the Sand Hills Policy 6.81. This information should be shared with the auditor and supportive documents (i.e. completed forms on youth who report prior sexual perpetration) submitted as evidence of compliance.

- In addition to the corrective actions detailed in Standards 115.341 and 115.342, the program is required to provide documentation that the HSP, the contracted mental health clinician, and other individuals who conduct the vulnerability risk assessments (i.e., Executive Director as the backup) are informed of this practice (youth who report prior sexual perpetration are referred to the contracted mental health clinician within 14 days of learning this information). Documentation of this communication will be sent to the auditor as evidence for compliance.

Provision (c)

The AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states, “The standard limits information related to sexual victimization or abusiveness in an institutional setting only to medical and mental health practitioners and other necessary staff.” The procedure section of this same policy states, “1. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and shall be kept in medical and mental health files.”

An interview with the HSP, who is responsible for the gathering information via the vulnerability assessment, confirmed that information related to sexual abuse or victimization is stored in the youth’s electronic record. Direct care staff cannot access this sensitive information, although basic information is shared with all staff for the purposes of keeping the facility safe. The HSP and the Sand Hills Executive Director stated that they would tell staff that a particular youth has a history of sexual victimization so make sure that they keep a close watch on them, especially around those youth who have a history of sexual perpetration. They provide this same basic information when it is known that youth have a history of sexual perpetration.

Staff interviews and review of completed vulnerability risk tools support that client information is protected and staff adhere to policies regarding privacy. The facility is in compliance with this PREA provision.

Provision (d)

The AMIKids Sand Hills Policy and Procedure 6.81 PREA: Medical and Mental Health Screenings; History of Sexual Abuse states “AMIKIDS SAND HILLS also requires medical and mental health practitioners to 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).”

Interviews with the contracted mental health counselor and facility managers confirmed that the facility only houses youth who are under 18 and therefore, this

provision is N/A.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. The HSP is responsible for documenting the referral to a clinician on referral form and sending to the clinician via email as well as in the electronic records system (LAURIS). All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

| 115.382 | Access to emergency medical and mental health services |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination</i></p> <ul style="list-style-type: none">• AMIKids Sand Hills Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services• MOU with Pee Dee Coalition (executed June 18, 2024)• Interview with the Sand Hills Executive Director• Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)• Interview with AMIKids Sand Hills HSP• Interviews with the Sand Hills Youth Care Specialist Supervisors• Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)• Interview with contracted mental health counselor <p>Provision (a)</p> <p>This PREA provision requires, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p>The facility reports there have been no incidents of sexual abuse that have involved penetration or that would require serious medical attention. AMIKids Sand Hills Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, “ AMIKIDS Sand Hills will provide treatment services to every</p> |

victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Interviews with facility administrators and Shift Supervisors verified that youth who have experienced sexual abuse would be transported to the local hospital and receive immediate medical attention. Interviewees also stated that youth would be offered emotional support through the Pee Dee Coalition – i.e., offering a phone call to the youth and/or having the advocate meet the youth at the hospital for additional support.

Provision (b)

Interviews with the Director of Operations/ PREA Compliance Manager (PCM), HSP, Youth Care Specialist Supervisors, and Youth Care Specialist (YCS - direct care staff) all confirmed that if they are first responders they are first supposed to protect the victim (by separating and closely supervising the alleged perpetrator). They are also required to notify their supervisor immediately so that youth can get the necessary emotional support and medical attention as soon as possible.

Provision (c)

While onsite, facility administrators and managers consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews with the Executive Director, Director of Operations/ PREA Compliance Manager (PCM), the HSP, and Youth Care Specialist Supervisors verified compliance with this standard. Since the program does not employ nurses or contract with medical professionals, resident victims of sexual abuse would be immediately transported to the local hospital. As part of a standard SANE exam, SANE nurses offer pregnancy testing, emergency contraception, and sexually transmitted infections prophylaxis. Since this is a male facility some of these services may not apply.

An interview with the Executive Director and Director of Operations also verified that if youth did not want to be transported to the hospital for a SANE exam, the program would offer to take the youth to the local medical clinic for the requisite testing.

The program’s policy does not describe what is meant by “treatment services” as spelled out in this PREA provision. Since the program does not employ or contract with medical professionals, it is important that the program be clear about what services sexual abuse victims are entitled. The program is required to revise its existing policy and procedures to further detail the steps that it will take to ensure compliance with this provision.

Corrective Action - Provision (c)

- The program is required to expand its current policy to clearly state that it will transport youth victims to the hospital for a SANE exam to be offered specific services including but not limited to: pregnancy testing, emergency contraception, and Sexually Transmitted Infection (STI) testing and

prophylaxis. The policy should also explain that in the event a youth does not want to go for a full SANE exam, the program will offer to transport the youth to a local physician or care clinic to receive these services. The policy should also explain that the youth accepted or denied these services and where it will be documented. The program will submit this revised policy to the auditor for review and feedback.

- The program will be required to submit a description of how this information was shared with facility administrators and Shift Supervisors and what was discussed (i.e., meeting minutes or training/communication description). Documentation of this communication/training will be sent to the auditor as evidence for compliance.

Provision (d)

In support of this PREA provision the agency’s AMIKids Sand Hills Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, “AMIKIDS SAND HILLS will provide treatment services to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” As previously mentioned, interviews with facility administrators verified that a resident who suffers sexual abuse would not be responsible for costs associated with the needed medical treatment and follow-up.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <i>Evidenced Used in Compliance Determination:</i> |
| | <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.82 PREA: Access to emergency |

medical and mental health services

- AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- MOU Between Private Matters Counseling Services (PMCS) and AMIKids Sand Hills
- Interview with the Sand Hills Executive Director
- Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM)
- Interview with AMIKids Sand Hills HSP
- Interviews with the Sand Hills Youth Care Specialist Supervisors
- Interviews with Sand Hills Youth Care Specialists (YCS - direct care staff)
- Interview with contracted mental health counselor

Provision (a)

The AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, “AMIKIDS Sand Hills offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been an abuser in any jail, lockup, or juvenile facility.” The procedure portion of this same policy states, “1. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. 2. 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 documented via the referral process.”

In support of this provision, the program has a formal MOU with Private Matters Counseling Services (PMCS). Page 2 of this executed agreement upholds: “Private Matters Counseling Services (PMCS) will provide to eligible AMIKids’ Youth the following services....Evaluation and assessment of AMIKids’ Youth that fit the requirements for medical necessity for mental health services, AMIKids’ Internal Practices and the requirement of AMIKids’ contract(s) with the State of South Carolina, Department of Juvenile Justice. AMIKids’ Youth that fit these requirements may receive: Individual or Group therapy, including one or more ‘Evidence-Based Practices’ according to the each Youth’s individual needs. All services are to be provided by fully qualified and supervised staff: Master’s level staff (Clinical Mental Health Counselors, Social Workers, or Marriage and Family Counselors) for any counseling or therapy who are either fully licensed or provisionally licensed and supervised by a fully licensed LPC, LSW, or LMFT; Board-Certified Psychiatrists for any psychiatric services or psychiatric consultations; and Bachelor-level Case Managers for any case management, benefits or rehabilitation services. Staff qualifications will meet or exceed the State of South Carolina contract requirements.” An interview with the contracted mental health professional stated that they would provide the necessary evaluations to youth victims as needed and/or connect the youth with a psychologist or psychiatrist to conduct a more extensive mental health evaluation as needed.

The program has not had any incidents of sexual abuse at the facility. However, interviews with the Executive Director and Director of Operations verified that in the event an incident occurred the program would follow the coordinated response protocol and related agency policies. Interviews with verified that youth victims would be referred to the contracted mental health counselor and offered a call with the Pee Dee Coalition. Facility administrators also explained that the youth would be transported to the local hospital for medical evaluations if needed.

Provision (b)

As previously mentioned, the AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, “AMIKIDS Sand Hills offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized or have been an abuser in any jail, lockup, or juvenile facility.”

A review of the MOU Between Private Matters Counseling Services (PMCS) and AMIKids Sand Hills (Executed May 2021) allows for additional evaluations and counseling sessions as needed for youth (see provision (a)). As previously mentioned, facility administrators and the contracted mental health counselor reported that in the event of a sexual abuse or assault incident, they would closely follow the recommendations of the medical professionals (either at the hospital and/or the local medical facility) and the rape crisis advocates. Facility administrators verified youth would receive ongoing counseling services from the contracted mental health provider based on the mental health professional’s treatment recommendations.

Provision (c)

This PREA provision requires facilities to provide: “...victims with medical and mental health services consistent with the community level of care.” While not explicitly stated in the program’s policy, interviews with the contracted mental health provider verified that a sexual abuse victim would be evaluated and an individualized treatment plan developed based on their needs. Since the mental health counselor is a contractor this might involve ensuring he is able to meet with youth twice per week (instead of the typical once per week) if the need existed. The auditor determines the facility would provide services consistent with the community level of care and therefore, is compliant on this provision.

Provision (d)

This PREA provision requires resident victims of sexually abusive vaginal penetration be offered pregnancy tests. While the Sand Hills program serves primarily a male population, the facility is still required to comply with this federal provision when/if they serve transgender or intersex youth. The existing policy does not clearly state they will offer pregnancy testing. While the facility has not served youth who identify as transgender or intersex, facility administrators reported that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the

hospital, the youth would be offered to go to a medical clinic in the community to receive the required services (i.e., pregnancy testing, STI testing, and emergency contraception).

Provision (e)

This PREA provision requires victims of sexual abuse to specifically have access to all lawful pregnancy-related medical services. As stated previously, interviews with facility administrators verified that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the hospital, the youth would be offered to go to a medical clinic in the community to receive the required services (i.e., pregnancy testing, STI testing, and emergency contraception).

Provision (f)

This PREA provision requires resident victims be offered STI testing. The AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, “1. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.” As stated previously, interviews with facility administrators verified that in the event a sexual abuse or sexual assault incident occurs the youth would be transported to the local hospital for a full SANE exam. If a youth refused to go to the hospital, the youth would be offered to go to a medical clinic in the community to receive the required services, including testing for Sexually Transmitted Infections (STIs), as required by this PREA standard provision.

Provision (g)

Although the AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers does not include specific language about providing treatment services to victims without financial cost, other Sand Hills policies do clearly state this practice. More specifically, the AMIKids Sand Hills Policy and Procedure 6.82 PREA: Access to emergency medical and mental health services declares, “ AMIKIDS SAND HILLS will provide treatment services to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” As previously mentioned, interviews with facility administrators verified that a resident who suffers sexual abuse would not be responsible for costs associated with the needed medical treatment and follow-up.

Provision (h)

This PREA provision requires “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.”

The AMIKids Sand Hills Policy and Procedure 6.83 PREA: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states, “2. 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 documented via the referral process.” Interviews with facility administrators and managers revealed that they were not aware of this 60-day federal PREA requirement, likely because a sexual abuse or sexual assault has not occurred. The program is encouraged to communicate clearly this expectation and determine who will be responsible for ensuring compliance with this federal PREA standard in the event there is a significant incident.

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • Interview with the Sand Hills Executive Director • Interview with the Sand Hills Director of Operations/Sand Hills PREA Compliance Manager (PCM) <p>Provisions (a)</p> <p>The AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews states, “AMIKIDS Sand Hills conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.” The procedure portion of this same policy describes, “1. Sexual abuse incident review will ordinarily be conducted within 30 days of concluding the criminal or administrative investigation. 2. The sexual abuse incident review team will include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement and submit such report to the Executive Director and PREA compliance manager.4. AMIKIDS Sand Hills will implement the recommendations for improvement or document the reasons for not doing so.”</p> <p>Although the program has not had any allegations of sexual abuse, interviews with facility administrators and managers verified that there is currently a process in place to review critical incidents. Interviewees report that if there was a substantiated or unsubstantiated allegation of sexual abuse, the team would meet within 30 days to include the Executive Director, the Director of Operations/PCM, the HSP, Shift Supervisors, and likely Agency PREA Coordinator. The auditor has no</p> |

reason to believe the program would not follow agency and facility policies and procedures and therefore, is determined to be in compliance with this PREA provision.

Provision (b)

The AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews requires a sexual abuse incident review team to be conducted within 30 days of concluding the criminal or administrative investigation. As previously mentioned, although there have been no allegations or investigations of sexual abuse at the program, facility administrators understood the practice of the incident review committee convening within 30 days of the investigation conclusion. The Executive Director and Director of Operations reported that all incidents are reviewed with the AMIKids Risk Management unit to discuss what they could do better or if there is a need for policy changes. The auditor reasonably presumes that in the event that the program had a substantiated or unsubstantiated allegation of sexual abuse this practice of incident reviews would continue. That said, it will be important that this review is structured and addresses all items required in provision (d) of this standard.

Provision (c)

The AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews states, "AMIKIDS SAND HILLS conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded." The procedure portion of this same policy describes, "2. The sexual abuse incident review team will include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners."

Facility administrators and management interviews verified that program administrators and managers meet to discuss all incidents to discuss what occurred and what be improved upon. Since the program has not had any allegations of sexual abuse, it is reasonable to assume that in the event of a sexual abuse allegation (substantiated or unsubstantiated) the Sand Hills program would follow agency policy. This is further supported by the fact that SC DJJ Investigators and SC DJJ Program Monitors would help ensure these occur consistent with state policies. That said, it is important to note it is the Sand Hills program who is ultimately responsible for ensuring these reviews occur, not SC DJJ. The auditor is finding the program in compliance on this provision.

Provision (d)

This PREA provision requires discussion and conclusions (and actions to prevent future situation and address current deficiencies) around the following items at a minimum: "The review team shall:

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

- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Although the AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews directs, “3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement and submit such report to the Executive Director and PREA compliance manager” and “4. AMIKIDS Sand Hills will implement the recommendations for improvement or document the reasons for not doing so” there is not sufficient evidence that all the required items are adequately addressed. The policy does not provide details regarding what will be discussed in this meeting or what will be included in the Director of Operations report.

Since the program has not yet had a substantiated or unsubstantiated incident of sexual abuse, the auditor requires the program to develop a form that will be used in the future to sufficiently address the items this provision. If one already exists the program is required to submit it to the auditor to conduct a review to ensure all items are included (i.e., the date of the review; date of the incident; date investigation was completed; outcome of the investigation; list the participants; indicate sources discussed (i.e., video footage review; DJJ investigation outcomes and testimonies; etc.).

Corrective Actions - Provision (d)

- The program is required to develop a form that will sufficiently address items in this provision and submit the form to the auditor for review and feedback. The program must ensure all components are included - e.g., the date of the review; date of the incident; date investigation was completed; outcome of the investigation; list the participants; indicate sources discussed (i.e., video footage review; DJJ investigation outcomes and testimonies; etc.); how input from line staff was included; and ensure that discussion around each of the items required in provision (d) are addressed.
- If any incidents of sexual abuse are substantiated or unsubstantiated the

program will be required to submit completed sexual incident review forms to the auditor as evidence for compliance.

Provision (e)

This PREA provision requires, “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.” The AMIKids Sand Hills Policy and Procedure 6.86 PREA: Sexual Abuse Incident Reviews mirrors this PREA language by stating, “4. AMIKIDS SAND HILLS will implement the recommendations for improvement or document the reasons for not doing so.”

Based on the evidence previously discussed, the program is required to include in its revised policy who will be responsible for ensuring implementation of the corrective actions. The policy must also include how and by whom this information will be tracked or checked to ensure the action steps have been fully implemented. The program will be required to submit signed and dated training rosters to demonstrate the staff impacted by this policy have been officially informed.

Corrective Actions - Provision (e)

- The program is required to revise its policy to more clearly describe how the program will identify recommendations for improvement through the incident review process; who will be responsible for ensuring implementation of the corrective actions; how and by whom this information will be tracked or checked to ensure the action steps have been fully implemented; how this information will be communicated; etc. The program is required to submit documentation that the staff impacted by this policy have been officially informed about this revised practice.

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. There were no additional sexual abuse allegations (as reported by the facility) during the CAP. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Used in Determining Compliance:

- PREA Reports | South Carolina Department of Juvenile Justice (sc.gov)
- Review of AMIKids PREA incident data reports
- AMI Kids Sand Hills Policy and Procedures 6.87 PREA: Data Collection
- Review of program-specific sexual abuse and sexual harassment allegation data (12-month period)
- Review of incident reports and supporting information (i.e. documents demonstrating follow-up to incidents)
- Correspondences with AMIKids Risk Management Unit staff
- Interview with the AMIKids Regional Director
- Interview with the Sand Hills Executive Director

Provision (a)

The AMI Kids Sand Hills Policy and Procedures 6.87 PREA: Data Collection states, “The South Carolina Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions. AMIKids-George Town will provide South Carolina Juvenile Department with information/data when requested in order to accomplish that task.”

This PREA provision requires, “The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.” It is important to note that the term “agency” is defined as AMIKids. SC DJJ is considered the contracting agency or the oversight agency. Therefore, AMIKids is responsible for adhering to this PREA standard.

The auditor reviewed data provided by the AMIKids Risk Management unit. The auditor reviewed the data reports which included a short description of each incident, where it occurred, when it was reported, as well as a bar graph showing the total number of incidents in a 12-month period.

The term “accurate” is a critical part of this standard. The auditor has some concerns related to the data. Among these include that all four of the allegations that occurred in the past 12 months, were inaccurately categorized as abuse. Based on PREA definitions three of these incidents should have been classified as sexual harassment and one as a sexual abuse allegation. The agency’s research unit and program leaders are required to review the PREA definitions and determine a strategy for ensuring data is accurate (allegations of sexual abuse and harassment are properly categorized).

Corrective Actions - Provision (a)

- The agency staff responsible for data collection as well as program leaders

are required to carefully review the PREA definitions to better understand the classification criteria (i.e., sexual abuse versus sexual harassment). If the agency does not already have one, it must create a category to track incidents of sexual harassment.

- The program must create an oversight or quality assurance process for how these allegations are categorized (program level and agency level checks). The agency must submit a description of this process and/or a revised policy to the auditor for approval.
- The program is required to communicate the PREA definitions, new data categories, and submit evidence that new PREA definitions and related categories were communicated to the appropriate parties (i.e., program investigators, PREA Compliance Managers, the AMIKids PREA Coordinator, Risk Management Unit, etc.).
- Additionally, the program is required to revise its existing policy to reflect that the AMIKids is responsible for collecting these data; provide the standard definitions used (i.e., sexual abuse, sexual harassment, referred, unfounded, unsubstantiated, and unfounded); who collects the data, how often; how these data are tracked to be aggregated later; when data is aggregated; how data is used to improve facility safety; etc.
- The agency will be required to submit any PREA-related data (incident and outcome) to the auditor for review during the corrective action period.

Provision (b)

The AMI Kids Sand Hills Policy and Procedures 6.87 PREA: Data Collection states, “The South Carolina Department of Juvenile Justice is responsible for collecting accurate, uniform data for every allegation of sexual abuse at facilities under the direct control using a standardized instrument and set of definitions. AMIKids-George Town will provide South Carolina Juvenile Department with information/data when requested in order to accomplish that task.”

Correspondences with the AMIKids Risk Management Unit and an interview with the AMIKids Regional Director verified that aggregate data reports of PREA are provided to each program each quarter for discussion. The auditor applauds this practice and encourages AMIKids to continue providing and discussing the data displayed in these reports. The auditor reviewed a sample of these automated reports and verified the program is in compliance on this standard provision.

Provision (c)

This PREA standard requires, “The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”

The DOJ Survey of Sexual Victimization Juvenile Survey requires agency to report on numerous variables/data points. It is critical that the persons who will be responsible for gathering these data establish the structure for collecting these data, as they can be called upon by DOJ or SC DJJ to furnish this information at any time. No

evidence related to this standard was submitted for review and therefore the program is not in compliance on this provision.

Corrective Action (c)

- The agency is required to describe their method for tracking the required DOJ variables and submit a written description of the process. The agency will share the tracker with current data with the auditor.
- The existing policy should be revised to describe what information will be collected; who will be responsible for gathering these data; any quality control strategies that will ensure the accuracy of the data; and how the data will be aggregated, communicated, and shared as required by other provisions in this standard. The program will submit this revised policy to the auditor for review and feedback.

Provision (d)

Interviews with the Regional Director and program Executive Director as well as correspondences with the AMIKids Risk Management Unit indicate that all incident-based documents, including reports, investigation files, and sexual abuse incident reviews are all part of the AMIKids electronic records system. This information is retained in perpetuity.

Provision (e)

The agency does not contract with private agencies for confinement of residents. The AMIKids Sand Hills program is contracted by the SC DJJ to provide housing and treatment services to youth in South Carolina. Therefore, this item is N/A and by default, the program is in compliance with this provision.

Provision (f)

Interviews with AMIKids Regional Director verified that the program will submit data to DOJ when/if it is requested. As mentioned in provision (c), it is unclear to the auditor whether the current tracking mechanisms will allow for data to be produced to meet all data elements on the Survey of Sexual Violence conducted by the Department of Justice. Since AMIKids has not yet had to provide these data, the auditor finds the program in compliance on provision (f) since she can neither prove nor disprove that the agency is capable of providing the requisite data. It is important to note that the program is required to furnish evidence that it has a structure in place to collect the required DOJ survey variables (see provision (c) for specific corrective actions related to this provision).

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care

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| | <p>Specialist Supervisor. The AMIKids agency submitted a new PREA Incident Reporting policy that includes all information (e.g. definitions, processes, responsibilities, etc.) as required by this standard provisions. During the CAP, the auditor also had several e-email communications with the AMIKids compliance manager to confirm the new process. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p> |
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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure Policy 6.88 PREA: Data Collection • 2023-AMIKids-Annual-Impact-Report-Final.pdf • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014 • Interview with AMIKids Regional Director • Interview with the AMIKids Agency PREA Coordinator • Interview with the Sand Hills Executive Director • Correspondences with the AMIKids Risk Management Unit <p>Provision (a)</p> <p>This PREA provision requires, “The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.” PREA provision (b) requires this report to include a comparison of the current year’s data and corrective actions with those from prior years. Provision (c) requires the report to be approved by the agency head and be made readily available to the public through its website.</p> <p>An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014 provided further clarification on data gathered from agencies/facilities with whom AMIKids contracts with to house and treat youth. The FAQ stated:</p> <p>Q: “Is an agency that holds inmates on behalf of another agency pursuant to a contract responsible for posting the data and reports described in standards 115.87, 115.88, and 115.89 on its own website, in addition to reporting that information to the agency with which it holds the contract?”</p> |

A: Yes. Standards 115.87, 115.88, and 115.89 require the agency to collect and post certain data and reports on its website or, if it does not have a website, to make the data available through other means. “Agency” (standard 115.5) means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority. Therefore, a contracting agency is required to do the following with the data described in standards 115.87, 115.88, and 115.89:

- "Provide the data to the parent agency in the contractual relationship; and
- Post the data on its website or, if it does not have a website, to make it available through other means.
- The parent agency in the contractual relationship is also required to post the data from the contracting agency on its website or, if it does not have a website, to make it available through other means."

The AMIKids Sand Hills Policy and Procedure Policy 6.88 PREA: Data Collection states, “The South Carolina office of Juvenile Justice is responsible for reviewing 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, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and corrective actions from each facility, as well as the agency as a whole.” This same policy states, “The South Carolina Office of Juvenile Justice is responsible for completing any annual reports. AMIKids Sand Hills will provide The South Carolina Office of Juvenile Justice with information/data when requested in order to accomplish this task. The South Carolina Office of Juvenile Justice will review the collected data to identify problem areas and develop a corrective action plan if needed.” It is important to clarify that the AMIKids agency is considered the “agency” as outlined in the PREA standards, not DJJ. The SC DJJ is considered the oversight body and/or the contracting agency, and therefore AMIKids is required to produce its own annual report.

The auditor reviewed the AMIKids Annual Impact report posted on the agency’s website (2023-AMIKids-Annual-Impact-Report-Final.pdf. The report did not have any PREA-related data or the other items required in this provision. Compliance with PREA standards requires AMIKids (the “agency”) NOT the oversight or contracting agency (SC DJJ) to produce an annual report that includes identified program areas; corrective actions taken; current and prior year’s PREA related data; and an assessment of the agency’s progress in addressing sexual abuse. The program will be required to establish a clear practice on ensuring compliance with this standard.

Corrective Action - Provision (a)

- The agency is required to draft an annual PREA report that, at a minimum, it includes identified program areas; corrective actions taken; current and prior year’s PREA related data; and an assessment of the agency’s progress in

addressing sexual abuse. The report must include data from all juvenile justice AMIKids programs. The agency is required to submit the annual report to the auditor for review and feedback.

- Once approved by the auditor and agency head, the program is required to publish the report on its website.
- The agency is required to create the new process for ensuring compliance with this standard. The agency and program are required to revise its policy and procedures to more accurately reflect that AMIKids will draft the annual report (not SC DJJ). The revised policy should address the process for drafting the report, ensuring the agency head reviews and signs the report (provision c), and that specific identifiers will be removed prior to publishing the report (provision (d)). The agency and program must update its existing policy to reflect and support this new practice.

Provision (b)

A link to the SC DJJ meeting was provided to the auditor to demonstrate compliance with this provision - PREA Reports | South Carolina Department of Juvenile Justice (sc.gov). While this includes aggregate data for SC DJJ programs the last data report posted to the website is from 2019 and PREA standards required the agency (AMIKids) to have a report that includes "...a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse." As previously mentioned, the program is required to demonstrate compliance with this provision as outlined in the corrective actions in provision (a).

Corrective Actions - Provision (b)

- AMIKids is required to draft an annual report to include comparison data over the years and submit it to the auditor for review and approval (see corrective actions in provision (a)).

Provision (c)

This PREA provision requires, "The agency's report shall be 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." The agency will be required to ensure that the new practice and associated policies reflect this requirement.

Corrective Action - Provision (c)

- The agency is required to establish a practice that includes the agency head approving the annual report (with signature and date as evidence of approval) and posting it on its website in a timely manner.
- In addition to the agency submitting the report to the auditor, the agency will be required to send the link to the annual report once it is posted.

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| | <p>Provision (d)</p> <p>This PREA provision requires, “The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.” The program will be required to ensure this is part of the newly developed practice of publishing the annual PREA report.</p> <p><u>Corrective Action - Provision (d)</u></p> <ul style="list-style-type: none"> • The program will be required to include language regarding redacting specific material from the reports in any revised agency and program policy and procedures and submit to the auditor for review and feedback. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. To further verify compliance, the auditor conducted remote interviews with four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. The AMIKids agency submitted a new PREA Incident Reporting policy that includes language to support the annual PREA progress reporting requirement. The program also provided a detailed reporting template for the annual agency report. The auditor was informed that the full 2024 annual report will be completed, approved, and posted to the agency website by March 31st of each year. During the CAP, the auditor also had several e-email communications with the AMIKids compliance manager to confirm the new process. All evidence submitted was examined and analyzed. The auditor has determined the program is now in full compliance with this PREA standard.</p> |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><i>Evidence Used in Compliance Determination:</i></p> <ul style="list-style-type: none"> • AMIKids Sand Hills Policy and Procedure 6.89 PREA: Data, Storage, Publication, and Destruction • 2023-AMIKids-Annual-Impact-Report-Final.pdf • PREA Reports South Carolina Department of Juvenile Justice (sc.gov) • An FAQ provided by the PREA Resource Center (PRC) on August 27, 2014 • Review of agency aggregate data • Interview with AMIKids Regional Director |

- Interview with the AMIkids Agency PREA Coordinator
- Interview with the Sand Hills Executive Director
- Correspondences with the AMIkids Risk Management Unit

Provision (a)

The AMIKids Sand Hills Policy and Procedure 6.89 PREA: Data, Storage, Publication, and Destruction states, “The South Carolina office of Juvenile Justice is responsible for ensuring that incident-based and aggregate data are securely retained. AMIkids Sand Hills data will be made readily to the public at least annually through the South Carolina Website. The South Carolina Office of Juvenile Justice is responsible maintaining sexual abuse data collected pursuant to 115.387 for at least 10 years after the data of initial collection, unless Federal, State, or local law requires otherwise. AMIkids Sand Hills will provide South Carolina with information/data when requested in order to accomplish this task.”

As previously explained, the “agency” in the federal PREA standards refers to AMIkids, not SC DJJ. The SC DJJ is considered the oversight agency or contracting agency. AMIkids does not currently have an annual report that addresses PREA standards.

Corrective Action - Provision (a)

- The agency is required to include in its updated policies a description of how these data will be retained; when and how aggregated sexual abuse data available to the public through its website (provision (b)); and that it will remove any personal identifiers before making these data publicly available (provision (c)).
- The program is required to submit evidence that this policy has clearly communicated to those agency and program managers who will be impacted by this policy change.

Provision (b)

PREA standard requires, “The agency shall 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.” As stated in provision (a) the program will be required to update its policy and practices to comply with this standard’s PREA provisions.

Corrective Action - Provision (b)

- The program is required to update its policies to reflect PREA provisions and as detailed in the corrective action section of provision (a).

Provision (c)

The PREA standard requires, “Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.” As previously mentioned, AMIKids does not currently have an annual PREA progress report.

Corrective Action - Provision (c)

- The program is required to update its policies and practices to reflect PREA provisions and as detailed in the corrective action section of provision (a).

Provision (d)

PREA standard provision requires, “The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”

Corrective Action - Provision (d)

- The program is required to update its policies to reflect PREA provisions and as detailed in the corrective action section of provision (a).

FINAL AUDIT DETERMINATION

During the six-month corrective action period (CAP), the program submitted revised policies and related documents and forms to address the required actions detailed in the interim PREA audit report. The AMIKids agency submitted a new PREA Incident Reporting policy that includes language to support the annual PREA progress reporting requirement. The program also provided a detailed reporting template for the annual agency report. The auditor was informed that the full 2024 annual report will be completed, approved, and posted to the agency website by March 31, 2025. To further verify compliance, the auditor also interviewed four facility leaders: The Sand Hills Executive Director; the Director of Operations; the Lead HSP/PREA Compliance Manager; and a Youth Care Specialist Supervisor. All evidence submitted was examined and analyzed. During the CAP, the auditor also had several e-mail communications with the AMIKids compliance manager to confirm the new processes. The auditor has determined the program is now in full compliance with this PREA standard.

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This is the third PREA audit the Sand Hills program has undergone (the previous audit was conducted in 2018 and 2021). This audit report details information obtained from the third PREA audit, the onsite portion of which was conducted on |

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| | <p>June 24th and 25th, 2024. This is the second year of the fourth cycle. AMIKids Georgetown is in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.</p> <p>The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports, and conducting a facility tour. The process also included interviews with several staff, contractors, and volunteers. To the best of her knowledge, the auditor adhered to the expectations outlined in the PREA Auditor Handbook Version 2.1 (revised November 2022) – i.e., sampling methods; not receiving additional financial compensation from AMIKids; and other provisions.</p> |
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| 115.403 | Audit contents and findings |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor has confirmed that the Sand Hills final PREA audit reports (2018 and 2021) are posted on the SC DJJ website.</p> <p><u>Corrective Action:</u></p> <ul style="list-style-type: none"> • The agency is required to post the current PREA audit final report (after the corrective action period has ended) as well as previous PREA audit reports on the AMIKids website. The working link will be sent to auditor program as evidence of compliance. <p><u>FINAL AUDIT DETERMINATION</u></p> <p>During the corrective action period (CAP), the program the AMIKids agency submitted a new PREA Incident Reporting policy that includes language requiring AMIKids to post final PREA audit reports to the agency website. The auditor checked the link submitted to confirm previous audit reports are posted. During the CAP, the auditor also had several e-email communications with the AMIKids compliance manager to confirm the new process. The auditor has determined the program is now in full compliance with this PREA standard.</p> |

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

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| | 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".) | yes |
| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| | 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.) | na |
| | 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.) | na |
| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.352 (e) | Exhaustion of administrative remedies | |

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| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| | 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.) | na |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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