

PREA Facility Audit Report: Final

Name of Facility: AMIkids Escambia Boys Base

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/26/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 11/26/ 2023

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	10/11/2023
End Date of On-Site Audit:	10/12/2023

FACILITY INFORMATION	
Facility name:	AMIkids Escambia Boys Base
Facility physical address:	640 Roberts Avenue , Building 3780, Pensacola , Florida - 32511
Facility mailing address:	640 Roberts Ave, pensacola, Florida - 32511

Primary Contact	
Name:	Jonathan Wiggins
Email Address:	jwiggins@amikids.org
Telephone Number:	18508302655

Superintendent/Director/Administrator	
Name:	Jonathan Wiggins
Email Address:	jwiggins@amikids.org
Telephone Number:	18508302655

Facility PREA Compliance Manager

Facility Health Service Administrator On-Site	
Name:	Dr. Van Willis
Email Address:	vanwillisii@gmail.com
Telephone Number:	816-7196612

Facility Characteristics	
Designed facility capacity:	28
Current population of facility:	23
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-19
Facility security levels/resident custody levels:	non secure

Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

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

Agency-Wide PREA Coordinator Information			
Name:	Wendell Watson	Email Address:	wlw@amikids.org

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:

3

- 115.341 - Obtaining information from residents
- 115.386 - Sexual abuse incident reviews
- 115.403 - Audit contents and findings

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-11
2. End date of the onsite portion of the audit:	2023-10-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Lake View Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	28
15. Average daily population for the past 12 months:	23
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	23
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>26</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I interviewed residents housed at the center from the housing unit. The center has only one housing unit, therefore the interviews were geographically diverse.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. 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.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, facility administrator and I met in the conference room and discussed each targeted category. The staff were extremely aware of the population dynamics. As part of the intake process, staff conduct a VSAB screening and contact the youth guardian and ask questions about the information found in the targeted population questionnaire. All youth receive a complete physical and mental health assessment within 72 hours of arriving at the center.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The residential program does not have a segregation unit or any mean to separate youth.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	<p>Interviewed the AMI Kids and Florida Department of Juvenile Justice Agency Head. Interviewed the AMI Kids and Florida Department of Juvenile Justice PREA Coordinator.</p>
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	<p>2</p>
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The Escambia Boys Base is located in Pensacola, Florida and is operated by AMikids, Inc. through a contract with the Florida Department of Juvenile Justice (FDJJ). The center is a 28-bed residential treatment facility and houses male residents 14-18 years old and the average length of stay is three to nine months. The non-secure residential commitment program provides Mental Health Overlay Services (MHOS). Located on an active military installation, the program incorporates active military personnel from all branches of the Armed Service who provide one-on-one mentoring as well as group involvement and day-to-day contact. Youth who are at least 17 years of age and who meet academic requirements are provided the opportunity to attend the Naval Technical Training School located at Pensacola Naval Air Station. As part of the treatment curriculum, the boys are taught social skills and the evidence-based Consequences of Crime curriculum. Each boy is required to complete a 13-week Challenge Course and demonstrate practical skills in effective teamwork and problem solving. The program incorporates Restorative Justice, and the boys are involved extensively in community service with non-profit organizations in the Pensacola community, helping to support their causes and build their reputations. The staff members and youths give back to the community through such efforts as building homes for Habitat for Humanity and washing cars for the Feed the Children Organization.

The facility's program is housed in one building. The front of the building contains a reception area and administrative offices. Beyond this area is a large multipurpose room which is divided into two sections. Additionally, beyond the front of the building are additional offices and three classrooms. One of the classrooms contains the computer lab. On the other end of the hall are the living unit, primary resident bathroom, laundry room, and medical clinic area. Residents are

provided a reasonable amount of privacy during showers, while using the toilet, and when changing clothes. The residents eat all their meals in the dining hall where the military personnel eat. The outside grounds behind the facility provide ample space for various outside large muscle exercises and other recreation activities. There is a basketball court and space for residents to walk, play soccer and football in the recreation yard. The residents also have access to additional space adjacent to the recreation yard which contains the ropes course.

The comprehensive tour of the facility included the housing areas, educational areas, dining areas, and administrative areas. The audit notice was posted using color and large print that was easy to see and read. The notices were strategically placed throughout the facility, accessible to residents, staff, visitors, and volunteers. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. No correspondence was received during any phase of the audit. The Audit notice was provided to the facility by the FDJJ PREA Coordinator and had previously been provided by the Auditor to the FDJJ PREA Coordinator. The notice was posted in English and Spanish at eye levels easy for a person to see either standing or sitting. All residents in the facility during the time of the interviews spoke and read English, posted signs were also observed regarding Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, Crisis Center telephone number and address, National Sexual Abuse Hotline, Florida Sexual Abuse Registry Hotline and Central Communication Center (CCC) telephone number. There was also a flyer that included calling 911 in an emergency. Posting included PREA brochure, End the Silence, and additional PREA posters identified in the standards. There was a total of 10 posters on display throughout the facility. There is an

office that is utilized by the resident to make these phone calls. The resident's attorneys and parent can utilize this same phone in emergency or legal information. The auditor called all the above numbers from a telephone that is in the office area. All telephone calls were answered. The call from the CCC received a text message to the facility administrator. The Lakeview staff requested if the call was to report an allegation or to talk to an on duty emotional support staff.

Residents were observed interacting with staff under staff's direct supervision during dinner time, leisure activities, and education activities in the classrooms. Residents were interviewed during the tour, and additionally when the resident's recreation time when the auditor went on the yard and talked informally with the residents. All residents indicated they felt safe at the facility. Resident knew the facility administrator and indicated she speaks with them daily including most weekends. Staff were engaging with the auditor. Several of the staff have been at the facility since the first implementation of PREA and provided a historical perspective of how the facility had implemented PREA into a cornerstone of training and programming. The first PREA audit of the facility was in 2014. A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. When the resident arrives staff bring the resident folder which includes a suicide risk assessment and Victimization Screening Instrument in a sealed envelope. The screening staff, medical and mental health staff are notified prior to receiving the residents and go to the intake area to begin the intake process. The screening staff review the screening instrument and complete another screening during the process. The mental health clinical director conducts a

comprehensive mental health assessment usually the same day, however always within 72 hours. The staff show the PREA video that was also shown at the sending Center. Staff then discuss the film, PREA brochure and general discussion about PREA. Medical Request Forms, PREA/grievance forms, and the locked boxes for each are posted in the common area, accessible to all residents, staff, and visitors. All residents have access to writing utensils needed for completing the forms. The doors to closets and storage rooms are kept locked. There was always a 1 to 6 ratio during each tour of the center. The staff were able to articulate their understanding of the center's emergency response plan and how to provide a safe environment for residents.

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.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

The auditor requested some specific and some random training files for employees. The agency has developed a Skill Pro program with modules for general and specialized training. All staff go through the general training yearly.

Eight residential records were reviewed; Included in the review was age, date of arrival, date of initial PREA orientation, date of comprehensive PREA training, initial vulnerability screening and rescreening as needed based on staff interactions, allegations of sexual harassment or sexual abuse. A review of the residential records also included resident referrals for mental health or victim advocate programs. The auditor also provided and reviewed the resident alert notes reports.

The auditor requested random personnel background checks and reviewed six employee and one contractor file. The records included email indicating background clearance had been conducted by FDJJ Background Service Unit. The PREA questionnaire was provided for new hires, annual staff appraisal, and promotions. The personnel file also contained child registry checks including State Dana Checks.

The auditor requested PREA unannounced rounds for specific weeks that are conducted by intermediate and supervisory staff. The rounds were for weekends and at night and included a general description of PREA standards. It also included a test of telephones.

There was one investigative report to review as the facility for the last 36 months.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
--	---

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input 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>102. 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations made at the facility. The one allegation that was made included sexual abuse and sexual harassment as part of the initial allegation and was determined to be unfounded.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input 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>110. 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>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was one allegation made by a youth that claimed sexual abuse, sexual harassment and staff misconduct. It was referred to local law enforcement that declined to investigate. The Department of Child Service also declined to investigate. The OIG completed the investigation as an administrative investigation and determined the allegation was unfounded.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

Correctional Management and Communication Group

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Florida Department of Juvenile Justice Agency Org Chart</p> <p>AMI Escambia Boys Base (EBB) Policy 6.11 PREA</p> <p>AMIKIDS Org. Chart</p> <p>Facility Org chart</p> <p>Department of Juvenile Justice Policy 1919 PREA</p> <p>Zero tolerance poster PREA Postings</p> <p>115.311(a): The facility Policy 6.11 PREA provides direction to staff regarding the facility’s approach to preventing, detecting, and responding to conduct that violates</p>

the zero tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in Policy. It also includes sanctions for those found to have participated in the prohibited behaviors. The facility has additional policies which support the PREA standards. The DJJ agency Policy, FDJJ 1919, serves as the overarching PREA Policy for the contract facilities. The Florida Department of Juvenile Justice is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Department of Juvenile Justice Policy 1919 PREA establishes that all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment.

Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources.

Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Youth Environmental Services' efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interviews with clinical staff, the center has not only embraced PREA mandates but have adapted PREA standards and culture into the program model.

115.311 (b): Florida Department of Juvenile Justice appoints a PREA Coordinator that oversees the efforts to comply with the PREA standards in all Juvenile Facilities under the umbrellas of Division of Juvenile Services. The PREA coordinator that reports to the Division Director indicated he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. AMIkids employs a full-time Director of Case Manager who is also the PREA Coordinator. The PREA Coordinator reports to the Companies President.

115.311 (c): The PREA coordinator ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility administrator is designated as the PREA compliance manager at Youth Environmental Services. The assistant facility administrator works with the facility administrator to comply with the PREA standards. Interviews with the staff and residents at the facility ensures that the center provides training to residents, staff, parents, volunteers, and contractors. All residents have a treatment plan developed based on mental health evaluation, VSAB screening instrument and input with parents.

During this process family members are encouraged to have resident share concerns about sexual abuse or sexual harassment. All programs at the facility incorporates PREA standards in the programs. Each resident has a treatment plan

	<p>developed within 30 days of arriving at the facility. The facility has added questions about their sexual safety and history of victimization in the treatment plan process. The parents are encouraged to be part of the initial and monthly treatment plan process.</p> <p>Compliance was determined by review of the organizational chart and interviews with the PREA coordinator, PREA compliance manager, parent interview, staff and residents at the facility.</p>
--	---

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>AMI Kids Policy 6.12 Contracting With Other Entities for Confinement of Residents</p> <p>AMI Kids does not contract with other providers for housing youth. AMIkids is a non profit provider that serves youth throughout the United States.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Staff to youth ratio docs Unannounced Tours</p> <p>Department of Juvenile Justice Policy FDJJ Policy 1919 Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures Monthly Schedule Resident Daily Rosters PREA</p> <p>Pre-Audit Questionnaire Master Roster W Position-2023</p> <p>Staffing Plan - PREA 2023</p>

Staffing Plan - PREA 2022 (2Staffing Plan - PREA 2021

Facility Staffing Plan - PREA 2020

EBB Policy 6.13 Attachments 6.13A & 6.13B Prison Rape Elimination Act (PREA) -
Supervision and Monitoring

115.313 (a): Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in October 2022 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted 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 facility did not report deviations from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 28 residents. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing or cameras based on resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. At least once every year, the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with the staffing plan.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to pay overtime and utilize some non-essential staff in order to provide staff that ensured appropriate staff were available to meet the mandatory posts.

115.313 (c) Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility's plan strives to maintain staffing ratios of a minimum of 1 staff to 8 residents during resident waking hours and 1 to 16 during resident sleeping hours. The facility has not had in deviation in the ratios mandated by FDJJ Policy 1919. The facility has a holdover and overtime pay program to provide coverage as required. Staff interviewed indicated they are not allowed to abandon their post until properly relieved.

	<p>115.313 (d): EBB Policy 6.13 - Juvenile Prison Rape Elimination Act mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The facility staffing plan and annual assessment was conducted on June 6, 2023. EBB conducts an extensive review of all areas of facilities and assesses the need for additional cameras, staff programming, and overall operation of the facility.</p> <p>115.313 (e): The Facility administrator and PREA compliance manager conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of EBB that staff are not to inform other staff when the shift supervisor, facility manager or regional administrators are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor had signed the logbooks on each day including weekends. FDJJ has developed on PREA form that is utilized to conduct daily, weekly and monthly unannounced rounds by administrative staff that is then uploaded to the DJJ share drive.</p> <p>Throughout the audit the auditor made rounds throughout the facility. The ratio during the daytime was one to four on each visit. One tour for the overnight shift, the ratio was 1 to 6.</p> <p>Compliance was determined by review of policies, documentation, and interview with staff. During the audit the auditor visited all areas of the facility throughout the audit. During the visit the auditor counted the number of residents and number of staff in each area. The facility exceeded the requirement of this standard during each visit.</p>
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 PREA (Searches) Cross Gender viewing and searches.</p> <p>PREA statement of Preference</p> <p>EBB Policy 6.13 Prison Rape Elimination Act - Searches</p> <p>Female and Male Announcements</p> <p>Training on Cross gender -gender</p>

LBGTQ Cross-gender and transgender pat searches

Training Video on Guidance on Cross Gender and LBGTQ searches

2023-2023 Residential Facility Operating Procedures

EBB Policy 6.15 Limits to Cross-Gender Viewing and Searches

115.315 (a): Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months. An intake staff member indicated that upon admission to Escambia Boy Base, the resident is then taken to a private area by two staff of the same gender as the resident. The resident is asked to remove their outer garments, but not to remove their undergarments. The staff member then confirms that there is no contraband visually and identifies any tattoos, scars, bruises or other marks.

115.315 (b): Search Procedures mandates the facility always refrain from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All resident interviewed stated they had never been searched by a staff of the other gender.

115.315 (c): The facility had no resident that claimed to be transgender prior to the interviews. According to the PAQ there were no cross-gender searches during the last 12 months.

115.315 (d): A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process.

All residents stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and residents confirm that staff announce their presence and will knock on the door prior to looking in during counts.

115.315 (e): Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful

	<p>manner.</p> <p>Compliance was determined by review of policies, watching the cross-gender video, and interview with resident and staff.</p>
--	--

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Zero Tolerance Poster English- Spanish English and Spanish</p> <p>Third-Party Posters PREA Posters</p> <p>Bilingual Staff list</p> <p>Department of Juvenile Justice Policy- 1919 PREA</p> <p>FOP 3.15 Special Needs Program Information -</p> <p>Education Services Global Language Telephone Contract Youth Request for Reasonable Accommodation Recognizing Signs and Symptoms</p> <p>EBB Policy 6.13 Juvenile Prison Rape Elimination Act</p> <p>Escambia Boys Base Policies and Procedures - Residents with disabilities and residents who are limited English proficient.</p> <p>115.316 (a)(c): Department of Juvenile Justice Policy- 1919 PREA revised 4-16-19 and EBB policy Residents with disabilities and residents who are limited English proficient mandates that facilities will ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. EBB will ensure that all written materials to every resident is in format or through methods that ensure effective communication with residents with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on resident, readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an</p>

effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report. Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The facility has a cartoon style training book that is used to explain PREA to residents.

The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource.

The procedures outlined below will ensure that information about services, consent forms, rights, and program rules, etc. are communicated to youth with the use of interpreters or other auxiliary aids. Also, these procedures will provide for an effective exchange of information between staff/employees, youth and/or families while services are being provided. All aids and/or assistance shall be provided by the facility without cost to the person being serviced.

Escambia Boy Base will take such steps to provide reasonable accommodations as are necessary to ensure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/certified interpreters provided under contractual service without cost to the person being served.

Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used to translate.

115.315 (b): The facility has a contract for language services including sign language services. Staff would read all information required for an orientation into the facility and the comprehensive PREA training for residents that can't read. All of the residents interviewed were able to articulate the training programs, recalled the intake process and felt safe at the facility. At the time of the audit there were no residents that required additional resources to receive training, reporting, or other communication requirements. Whenever communication accommodations are needed, the Program Director or Director of Clinical Services is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth.

Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator.

--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>EBB Policy 6.18 PREA</p> <p>EBB Policy 6.17 Hiring and Promotion Decisions Attachment 6.17A</p> <p>AMIkids Employee Handbook</p> <p>FDJJ Policy 1800 - Background Screening and Hiring Practices Department of Juvenile Justice Policy 1919 - PREA</p> <p>Five-year rescreening</p> <p>115.315 (a): EBB shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. 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). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in 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. 4. EBB shall 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 youth. EBB shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. EBB shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ: FDJJ utilizes Live Scan Background checks on all staff. The program includes Florida Crime Information Center National Crime Information Center and Florida child registry reviews. At EBB, prior to being offered a position the facility also has a background check completed by the Florida Department of Background Services Unit (BSU).</p>

115317 (b): The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct.

According to the PAQ during the last 12 months the facility has no completed any background checks of potential staff and no background check on potential contractors. The evidence shows the facility considers any incident 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.

115.315 (c): During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. FDJJ shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ: 1. Criminal background or records check. 2. Child abuse and neglect registry check. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): EBB shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

115.317 (e): EBB shall conduct background checks or alternative background checks on all staff, volunteers, interns, and contractors every five (5) years. FDJJ utilized "Live Scan" for continuous background on staff, contracts or volunteers. This includes a background check by the sheriff's office. This was confirmed by reviewing Live Scan background check for staff with 5 year or more tenure at the facility. At the same time the agency conducts five year background checks on all staff prior to reaching their 5-year tenure.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.

115.317 (g): FDJJ Policy 1800 - Background Screening and Hiring Practices and EBB policy 1.04 mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal Charge, to their immediate

	<p>supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.317 (h): 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. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. Policy states the information would be provided when requested unless it is prohibited by law to provide the information.</p> <p>Based on the review of the documentation and the interview with the Facility Administrator, and Human Resources staff the facility exceeds compliance of all provisions of this standard. The agency utilizes Live Scan which will provide any background information while still completing a five-year background check on all staff with over 5-year tenure in the agency.</p>
--	---

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>EBB Policy Number: 6.18 Upgrades to Facilitates and Technologies Attachment 6.18A</p> <p>There have been no upgrades or expansion of the physical plant since the last update. There were no other needs noted in the yearly review for staffing or monitoring. The facility has upgraded several cameras and monitors during the last three years as a part of routine maintenance.</p> <p>Compliance was determined by review of the policies, camera video, tour of the facility and interview with staff.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

FDJJ Policy 1919 PREA - Forensic Medical Exams FDJJ Policy 1919 PREA - Investigative Protocols

Sexual Abuse Incident Check Sheet

Forensic Medical Examinations

IG Compliance Form-directive 3-05 IG Directive 4-03

OIG request Law Enforcement Officers to follow uniform evidence protocols. Investigative protocol

PREA Youth Posters

115.321 (a): Investigating PREA Allegations policy and guidelines establishes that the evidence protocol to be utilized in sexual assault cases involving residents to be developmentally appropriate and to mirror the U.S. Department of Justice Office of Violence Against Women's "A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents."

115.321 (b): and (F): The Department does not conduct criminal investigations for youth related sexual abuse reports. Local Law enforcement and the Department of Children and Families hand such investigation involving youth in Florida. The Department conducts administrative investigation and management reviews, separate and apart for a criminal investigation. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

115.321 (d)(e): The facility utilizes Lake View Medical Center to conduct SANE

	<p>evaluations. A qualified victim advocate would accompany a resident for a SANEs and during the law enforcement investigations. Lake View Medical Center has a SART program that would provide a victim advocate and the center has identified staff that are trained to provide victim advocacy services.</p> <p>115.321 (g) The facility has staff and Chaplains from the host Air Force base to provide services to the residents at the facility during a SANE evaluation.</p> <p>The center is in compliance with the standard based on review of policies and contracts, interviews with Mental Health Provider, Medical Administrator, Facility Director and Chief of Investigations (OIG).</p>
--	--

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Investigative Protocols</p> <p>OIG Compliance Form- Directive</p> <p>OIG Directive request to Law Enforcement Officers to follow uniform evidence protocols.</p> <p>FDJJ Website</p> <p>CCC Investigator Data Base</p> <p>115.322 (a & b) EBB does not conduct criminal investigations for residents related sexual abuse reports. Local Law enforcement and the Department of Children and Families handle such investigation involving youth in Florida. The Department conducts administrative investigation and management reviews, separate and apart for a criminal investigation. The DJJ PREA Policy describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Florida DJJ's website. This information is available in both English and Spanish. Further the agency has a Policy that requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. Staff including the facility administrator and residents indicated that any allegations that are received by residents, staff, volunteers, or contractors would be "Hot Line" by the person with the most information when possible. This information is sent to Central Communication Center (CCC), Sexual Abuse Hotline and local law enforcement within 2 hours of first staff or volunteer is made aware of</p>

	<p>an allegation. This information is documented on the Investigative database maintained by the OIG office.</p> <p>115.322 (c): FDJJ Policy 1919 and staff training mandates that that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested. There has been one allegation that was referred for criminal investigation referral during the last 12 months. The local law enforcement determined it was not criminal and declined to investigate. The one investigation was conducted by CCC and was determined to be unfounded.</p> <p>Compliance was verified by reviewing policies, procedures, Florida DJJ website and interviews with agency designee, facility administrator, investigators, AMI Kids and Florida PREA Coordinator</p>
--	--

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 PREA - Staff Training PREA Acknowledgement form</p> <p>Developmentally Disabled Resident identification training</p> <p>PREA Skill Pro training curriculum Part one and Part 2</p> <p>PREA training 2022</p> <p>PREA training 2023</p> <p>PREA training 2022</p> <p>PREA VSAB Training</p> <p>EBB Policy and Procedure 6.31 (PREA) Staff Training</p> <p>EBB 2023 Annual Training</p> <p>115.331 (a): EBB utilizes the Florida Department of Juvenile Justice Training Program and augments the training for the specialized residents' programs components. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of</p>

policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All staff members interviewed, and documentation reviewed verified the general topics below were included in the training: 1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. The training is extremely thorough in each standard and application of the standards.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. All employees receive training that includes managing and communicating with male and female residents. The facility houses male residents. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The agency training for all staff also includes working with LGBTI youth in DJJ facilities. Additionally, the agency has developed training for First Responder duties and responsibilities. EBB provides services for residents that present with adjustment problems and the facility has developed and implemented behavioral management training programs the includes levels systems, deescalating and staff response to nuisance behavior.

115.331 (c): The agency provides each employee with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender frisk searches (pat down). All staff are required to complete this training. The training roster and training records were reviewed and documented this training for staff working at EBB. Additional training is provided at the facility for the onsite training staff. A review of the topic included an additional refresher to most topics found in the Skill Pro Curriculum. The agency Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and contracting staff and files of non-direct care and contracting staff confirmed that all staff working at EBB receive the same training. Policy and procedure mandate that staff are training a minimum of once

each year. All staff indicated they had to complete preservice prior to working with any residents. Several stated they had to shadow staff for at least two weeks after receiving their preservice training.

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document reviewed verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. Interviewed included questions about the specialized training programs. Staff were able to articulate an understanding of working with LGBTI youth.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Volunteers and General Contractors Training</p> <p>FDJJ Policy 1919 - Volunteer and contractor Training</p> <p>Training Sign in Sheets</p> <p>FDJJ Policy 8.17 Volunteer/Contractor</p> <p>Information Sheet (PREA)</p>

	<p>115.332 (a): Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero tolerance Policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.</p> <p>115.332 (b): All volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information. During the last year, two contractors or volunteers have received the Volunteer and Contractor training.</p> <p>A review of the training curriculum, staff acknowledge forms and interviews with volunteer, personnel staff and PREA compliance manager confirm compliance with this standard.</p>
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Youth Training and education PREA acknowledgement form</p> <p>EBB Policy: 6.33 Prison Rape Elimination Act (PREA)</p> <p>Attachment 6.33A</p> <p>Ten Different PREA Brochures (French Creole, Spanish, and English) Special accommodations for disability</p> <p>Youth education sign in</p> <p>Youth training acknowledge Forms Youth Training Sign In</p> <p>Education material Advocacy brochure Resident Files</p>

115.331 (a): 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 agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements. At the present time the facility is providing comprehensive training when resident complete the intake process. The resident and parent get a copy of the resident handbook that contains information about PREA.

115.331 (b): Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. According to documentation and interview with Facility Director, the local school system will assist with the provision of services for disabled and limited English proficient residents. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. Special needs youth are provided training that is age and maturity-based training per FOP Special Needs. Compliance was confirmed by review of the. The staff conducting the comprehensive training reviews the resident brochure and read the training that is found in a "comic strip" type training book.

115.331 (c): FDJJ Policy 1919 - Youth Training and education requires that residents receive such education upon arrival or transfer at the facility and shall receive education upon transfer to a different DJJ center to the extent that the policies and procedures of the resident's new facility differ from those of the previous center. Residents that were transferred to the facility interviewed indicated they received training on the day of the arrival and saw the video and read the comic book for their third time in two weeks.

115.333 (d): 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 facility has the capability to provide the PREA education in formats accessible to all

residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to residents, staff, contractors, volunteers, and visitors. Staff interviews confirmed residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor and medical staff would work with the community resources to provide education to residents regardless of his limitations or disabilities.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for residents. Staff ensures residents' receipt of the information, including the resident signing the acknowledgement form. A review of ten resident files confirmed they acknowledged the received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility. In the last 12 months 45 residents received comprehensive trainings as indicated in the PAQ.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There were PREA educational documentation noted throughout the facility including the lobby, visitation and living units.

All resident interviewed formally and informally during tour and subsequent visits to the recreation area confirmed that their therapist of administrative staff talks to them on a daily basis about PREA. They indicated that the staff that conduct round will ask them questions about PREA. They also indicated that during their initial treatment team meetings the therapist will talk about PREA with their parents.

Compliance was determined by review of the agency policies, training curriculum, posters, and resident files and interviews with staff and residents.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Prison Rape Elimination Act - OIG investigator training</p> <p>PREA Management PREA Compliance Form 2022</p> <p>PREA Current Inspector's Training Roster</p> <p>115.334 (a): Youth Environmental Services does not conduct any form of administrative or criminal sexual abuse investigation. All OIG investigators undergo extensive training prior to conducting administrative investigations which includes the “Basic Investigation Training” requirement.</p> <p>115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A copy of the training curriculums was accessible to the auditor and was reviewed for compliance with this standard.</p> <p>115.334 (c): The agency provided certifications from all staff that have received the specialized training. Twelve (12) OIG investigators have received the specialized and general PREA training in the last 12 months as reflected in the documents provided in the PAQ.</p> <p>Compliance was determined by review of the training curriculum, interviews with Chief investigator, Florida PREA coordinator and the facility administrator.</p>
--	--

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Specialized Training Medical-MH Medical training Medical/ Mental health training</p>

	<p>PREA-Mental Health and Medical Professionals Specialized training for medical and mental health</p> <p>PREA-Mental Health and Medical Professionals Pro Skill - Medical/Mental Health Modules</p> <p>115.335 (a): FDJJ Policy 1919 PREA - Specialized Training Medical-MH Medical training provides medical and mental health staff members receive the regular PREA training and the specialized training is provided as part of FDJJ Sill Pro training modules. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 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. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.</p> <p>115.335 (b): Forensic medical examinations are not conducted by the facility medical staff or mental health staff.</p> <p>115.335 (c): The facility acknowledges training indicating that medical and mental health staff had attended medical specialized training. Based on PAQ, all medical and mental health staff have received specialized training. There were 4 medical or mental health staff trained.</p> <p>115.335 (d): The mental health and medical staff completed the general and refresher training provided for all staff members. Since this a diverse population of residents the clinical staff provide additional training on de-escalation, suicide prevention, recognizing the needs of transgender residents, and sexual orientation, gender identify expression.</p> <p>A review of the training curriculum, acknowledgement documentation and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that exceeds the expectations of the standards.</p>
--	---

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Screening procedures Vulnerability for Victimization and Sexual Aggressive Behavior (VSAB)

FDJJ Policy 1919 - Screening (VSAB) Sample VSAB Male

EBB Policy 3.03 Mental Health and Substance Abuse Intake and Screening Process

EBB Policy 2.10 Sexually Violent Predator Screening

EBB Policy 6.41 Screening for risk of victimization and abusiveness

Suicide Risk Screening Instrument

Facility Operating Procedure 3.03 Behavioral Confinement

Staff VSAB Training

115.341 (a) (b) FDJJ Policy 1919 PREA - Screening mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. The Florida Department of Juvenile Justice has developed a seamless system to provide youth in the State of Florida the best possible program to succeed. Prior to arriving at the facility, the Juvenile Assessment Center will meet with the resident, review PREA and conduct the VSAB screening. This information is transported in a sealed envelope to the facility intake staff. When the resident leaves the Regional Juvenile Detention Center, the VSAB accompanies the resident. Medical and mental health review the VSAB prior to admission of the resident. The intake staff will administer a new VSAB when the resident arrives at the facility. 45 residents were screened upon arrival at the facility, 45 residents remained at the facility for more than 72 hours. FDJJ Policy 1919 - Screening (VSAB) mandates that staff conduct a screening. All residents that make an allegation or sexual abuse or are named in the sexual abuse allegation will be rescreened. Medical, mental health, and supervisory staff may conduct an additional rescreening based on reasonable concerns of the resident safety. Each resident has a treatment team meeting monthly. During the treatment team meeting staff will discuss the resident's safety and ask him questions related to his sexual safety.

All staff that utilize the VSAB must complete the Skill Pro Training on conducting Screenings. The facility uses the information gathered to make room and programming assignments for the residents with the goal of keeping him safe and free from sexual abuse. The program is prohibited from using isolating. The staff member conducting the intake process will complete the screening using the PREA screening tool and will immediately report any heightened risks to the supervisor on

duty before making housing decisions. Residents will be reassessed as needed. A review of the resident files determined that most residents have been rescreened on several occasions. Resident that was involved in an allegation of sexual abuse or sexual harassment were rescreened during the investigative process.

115.341 (c): Risk of Victimization and Sexually Aggressive Behavior screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be (LGBTQI) or gender nonconforming.

115.341 (d): FDJJ Policy mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the residents court records, suicide screening reports, family information and any other documents that are provided to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes conversation with the resident in a private setting. The screening staff indicated they introduce the screening instrument to the resident by explaining the purpose of the questions and acknowledges to the residents that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial screening or prior to the screening the medical staff interviews the residents and conducts a medical screening. The nurse indicated she talks about sexual transmitted diseases and residents' perception of vulnerability. The clinical staff then interview the resident, review the resident's file, the VSAB and suicide screening and have a general conversation with the resident to determine the clinician's opinion on best placement for the residents. During the meeting or within 72 hours of this meeting the mental health staff conducts a comprehensive mental health assessment that is utilized in developing the initial treatment plan, the housing plan, the determination of appropriate therapist, and risk levels of the youth.

The auditor reviewed an intake and noted that medical saw the resident and then the resident was interviewed in a private office by a case manager where they were reviewing the previous VSAB with the resident and asking him questions from a new VSAB she was completing on the resident.

Based on the review of the agency Policy and procedures, observations and information obtained through staff and resident interviews, and review of 12 resident files, the facility has demonstrated exceed compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

FDJJ Policy 1919 - Placement of Youth

EBB Policy 6.42 Use of Screening Instrument

EBB Policy 11.3 Admissions and Classification

VSAB Training Screening information

VSAB skill Pro training

Suicide Risk sample

Screening Instrument sample

Mental Health Assessment

Statement of Fact

115.42 (a): FDJJ Policy 1919 - Placement of Youth establishes protocol to house residents in a safe environment, taking into consideration his VSAB, programming plan, and sexual orientation. Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk. The center also utilizes the comprehensive Mental Health evaluation on all new intakes to assist in making a determination of housing assignment, program assignments and appropriate therapist to develop and implement the final treatment plan with the youth.

115.42 (b): Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have an option of refusing these services. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA compliance manager, and facility administrator interviewed indicated that the

	<p>center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis.</p> <p>115.42 (c): Policy and practice mandates that making housing and programming assignments for transgender or intersex residents, the facility will consider on a case by-case basis whether the placement would present management or security problems.</p> <p>115.42 (d) - (f) A transgender or intersex resident's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the resident. Transgender and intersex residents' placement and programming are reviewed as needed, but at least every six months. A transgender or intersex residents' own views of their safety is taken into consideration.</p> <p>115.42 (g-l) Transgender and intersex residents are offered the opportunity to shower separately from other residents as indicated in their Statement of Search/ Shower/Pronoun Preference Form. The facility did have a transgender or intersex resident during the audit timeframe. The facility does not use isolation as a way to separate residents. The facility has one-man rooms and multiple housing unit to house residents. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.</p> <p>The agency PREA coordinator, and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis.</p> <p>The staff place predator resident close to the officers' station.</p> <p>Compliance of this standard were determined by review of the screening instrument, interviews with medical and mental health director, and facility administrator.</p>
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>CCC Florida Administrative code 63F</p>

FDJJ Policy 1919 PREA -

Youth reporting General Counsel - PREA immigration status.

Youth/Parent Handbook

PREA Brochures

Memo from DJJ General Counsel - Civil Immigration. N/A Employee Handbook - mail and phone procedures Youth reporting Posters

CCC Hotline

Child Abuse Registry Hotline (DCF)

2020 Florida Statutes Title V Chapter 39 Proceedings related to Children.

115.351 (a) The above policies, MOUs and External reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are Reporting registry hotline, confidential access through Victim Advocacy program to receive and forward reports of sexual abuse and sexual harassment to FDJJ officials, allowing residents to remain anonymous upon request. Also, the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents. Florida Law explicitly mandates reporting of sexual abuse sexual harassment. It also establishes a State Child Abuse Hotline which is under the supervision of the Department of Children Services. The reporting of child abuse, abandonment, or neglect is codified in 2020 Florida Statutes Title V Chapter 39-"39.201" Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.— (1)(a) Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2). (b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection

(2). (c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion

to the department in the manner prescribed in subsection (2). (d) Reporters in the following occupation categories are required to provide their names to the hotline staff: 1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons; 2. Health or mental health professional other than one listed in subparagraph 1.; 3. Practitioner who relies solely on spiritual means for healing. 4. School teacher or other school official or personnel; 5. Social worker, day care center worker, or other professional childcare, foster care, residential, or institutional worker; 6. Law enforcement officer; or 7. Judge.” Resident’s training and brochure encourages residents to talk to privately, call or send a letter or note to any of the following: A staff member you trust. program administrator your attorney or advocate, your parents or guardians, Child Abuse Hotline, Crisis Center Advocacy Services Hotline, Central Communication Center telephone reporting. Residents have the right to privately report sexual assault, abuse, harassment or 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 to Direct Care Staff, Volunteer, Intern, Supervisor, PREA Compliance Manager, and Facility Administrator Resident can request facility staff call CCC, Sexual abuse registry (DCF), victim advocate center to make an allegation of sexual abuse or sexual harassment. These programs were called using the telephone available for residents and was able test the telephone. In each case the auditor was able to make a report to the program.

115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the sexual abuse registry hotline (DCF), Central Communication Center (OIG), or Crisis Center. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. A resident can request writing materials to write and send a letter to one of these sources. Random residents interviewed were aware of the abuse hotlines and were able to articulate how they could gain access.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

115.351 (d): The facility provides residents with access to tools necessary to make a

	<p>written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the auditor observed the accessibility of writing utensils to the residents. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the State Sexual Abuse Registry Hotline. Staff and Facility Administrator confirmed that staff may report directly to the facility administrator, and he will coordinate with the staff to call CCC, sexual abuse registry, local law enforcement and legal guardian.</p> <p>115.351 (e): Staff may make anonymous reports of sexual abuse and sexual harassment of residents to their local law enforcement, state reporting agency (CCC), Department of Family and Children Hotline, PREA Coordinator, facility administrator or the PREA compliance manager.</p> <p>The resident/family handbook provides the following information to resident and family members.</p> <p>If you have any questions at any time always feel free to talk with a staff member. Florida Child Abuse Hotline: 1-800-96-ABUSE</p> <p>If you are 18 years older, the number to call: 1-800-355-2280 Department of Juvenile Justice Central Communication Center Reporting Hotline</p> <p>Compliance was determined by review of posters, policy, and interview with staff, calls to CCC child abuse registry hotline, Crisis Center, and PREA Coordinator. Also compliance was determined by interviews with PREA compliance manger, residents and staff.</p>
--	---

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 Youth Grievance Youth/Parent Handbook Youth Grievances Forms EBB Policy 5.19 PREA</p> <p>EBB Policy 6.52 Exhaustion of Administrative Remedies</p> <p>Florida Administrative Code Rule 63f-11 Central Communications Center (CCC)</p> <p>15.252 (a): An allegation of sexual abuse on a PREA Form will be considered as an allegation of sexual abuse, therefore PREA Policy and Procedures will be</p>

	<p>immediately initiated. When a PREA Form is received Escambia Boys Base considers the PREA Form to be an emergency as well as an allegation of sexual abuse. Therefore, PREA Policy and Procedures will be immediately initiated and within a 24 hour period. The procedures will include a report to the Florida Department of Juvenile Justice to initiate an investigation and notification to local law enforcement.</p> <p>The facility will not undertake investigations of the grievance, however if it is an emergency grievance and the resident claims or appears to be imminent danger or if the grievance claims staff member sexual abuse, the facility director will take immediate steps to protect the resident, to preserve the crime scene and to remove the staff from the areas where the resident is housed or placed staff member on administrative leave pending investigation. Instructions on how to file grievances are provided to residents on PREA Education Manual for Residents and PREA posters. While the agency utilizes the Grievance system only for residents to make allegations of sexual abuse or sexual harassment, the grievance system does meet the standards for reporting non PREA related allegations.</p> <p>Florida Administrative Code Rule 63f-11 Central Communications Center (CCC) requires that any allegation of sexual misconduct or youth-on-youth sexual activity be reported to the CCC. The person making the report shall provide basic information such as the date and time of the incident, where the incident occurred, the supervising staff, and who may be involved. The CCC will make appropriate notification to senior DJJ management who will in turn make subsequent notification to management overseeing the facility where the alleged abuse occurred. Other than making appropriate notification through department channels, staff should take no further actions other than those directed by law enforcement or first responders. There is no time limit on when a youth may report an allegation of sexual misconduct. Youth shall be provided multiple internal ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Compliance was determined by review of the policies, interview PREA compliance managers, residents, and presence of grievance provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents in the resident's handbook and PREA posters.</p>
--	--

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, memorandum and agency or facility supplements

were reviewed for compliance with this standard.

PREA Brochure Posted Information

EBB Policy 5.19 PREA

FDJJ Website

FDJJ Policy 1919 PREA- Third Party Reporting

FDJJ Policy 1.12 Incident Reporting

Youth/Family Handbook

Copy of proposed MOU

Email with Center Director and staff of the Lake View Youth Services.

AMIkids Website

115.353 (a): Escambia Boys Base FOP PREA ensures residents are provided access to outside confidential support services. The facility has made attempts to establish an MOU with the Lake View Center which provides the following: a 24/7 hotline staffed by certified victim advocate; certified victim advocates to respond to requests for advocacy and accompaniment during forensic examination; counselling; follow-up support; and referral for treatment after release or transfer to another facility. Signs containing the Lake View Center hotline number and basic information about the service were observed throughout the facility. During the audit it was determined that the facility had an MOU with Lake View Center, however it was no longer in effect. The facility implemented a Corrective Action Plan. In interviews with staff of the Lake View Center, the center has maintained the hotline, victim advocate program and providing emotional support, however they were no longer continue the MOU program. The center director has worked with the Lake View Center Youth Services program that has agreed to continue the MOU through the Lake View Youth Program.

Contact information for advocacy services is a part of the PREA education sessions and is also provided to each resident in the PREA brochure. Information is also provided through signs and posters in various parts of the facility including each living unit. The hotline telephone was observed in each living unit and the contact information for services from the agencies was posted. The telephone number was tested and deemed in working order.

115.353 (b): The FOP addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by the Lake View Center. Samples of acknowledgement statements were reviewed.

115.353 (c): The FOP states the resident may use the phone, located on each living

	<p>unit, and push the appropriate number to gain access and speak with a victim advocate. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility director confirmed the availability and accessibility of outside confidential support services to residents. A staff member of the advocacy agency stated that an advocate would go to the facility or the hospital upon request.</p> <p>115.353 (d): The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated families could visit and they provided the days and times of visitation and for phone calls.</p> <p>Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA and an acknowledgement statement is signed. A sample of PREA Acknowledgement forms were reviewed, including that of an attorney. The Facility director confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal guardians. Based on interviews with residents and the Facility director, the evidence shows the facility follows this provision of the standard.</p> <p>The center has implemented the corrective action plan and is working to renew or update the MOU with services provided through the Youth Services Program. The center provided a copy of the proposed MOU and email documentation from the Center Director and staff at the Lake View Youth Services staff.</p> <p>Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with Staff of Lake View Victim Advocate, facility administrator and random staff and residents.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA Brochure Posted Information EBB Policy 5.19 PREA</p>

	<p>FDJJ Website</p> <p>FDJJ Policy 1919 PREA- Third Party Reporting</p> <p>FDJJ Policy 1.12 Incident Reporting</p> <p>Youth/Family Handbook</p> <p>AMIkids Website</p> <p>Escambia Boy Base shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DJJ Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through FDJJ websites provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/ guardian with a packet containing varied forms, victim advocate services and third- party reporting information. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment.</p> <p>Reporting Posters were posted in the visitation room during the audit and the main lobby of the facility. The Crisis Center provides third party reporting for reports of child abuse, neglect or trafficking. The youth/family handbook contains phone number and the various ways for families to make notification of sexual abuse or sexual harassment to FDJJ or to AMIkids Inc. through calling the facility, agency head or agencies websites.</p> <p>Compliance was determined by interviews with random staff and residents as well as review of policies and posters.</p>
--	--

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 PREA; - Reporting Allegations</p> <p>FDJJ Staff PREA Education and Training</p> <p>Florida Code 39 Section 201-2020</p> <p>FDJJ Policy 1.12 Incident- CCC reporting</p>

EBB Policy 5.19 PREA

Staff Training

Team Member Reference Guide

Florida AMI Kids Residential Operating Manual

115.361 (a) (b): During the intake process, residents are informed of the facility's duty to report and the limitations of confidentiality. Medical and Mental Health Staff meet with the resident upon arrival at the facility. Medical conducts a nurse's appraisal and mental health does a suicide screening. During the intake process residents are informed on their duties to report and sign an acknowledgement form.

1. Employees, Contractors, and Volunteers are required to immediately report any of the following:

a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility.

b. Retaliation against residents or employees who reported such an incident.

c. Any employee, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.

3. Any employee, contractor, or volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to DJJ CCC and child abuse registry hotline.

4. Following a report, the employee, volunteer, or contractor suspecting sexual abuse or sexual harassment will immediately notify the PREA Compliance Manager or Administrator On-Duty.

5. If an alleged crime occurs against a child or adolescent, the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities.

6. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.

7. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation.

All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented. FDJJ Policy 1919 - Reporting Allegations and FDJJ Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that

occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Upon receiving any allegation of sexual abuse, facility administrator promptly reports allegations to the Agency's Central Control Center (CCC). Florida Administrative Code Rule 63f-11 Central Communications Center (CCC) requires that any allegation of sexual misconduct or youth-on-youth sexual activity be reported to the CCC. The person making the report shall provide basic information such as the date and time of the incident, where the incident occurred, the supervising staff, and who may be involved. The CCC will make appropriate notification to senior DJJ management who will in turn make subsequent notification to management overseeing the facility where the alleged abuse occurred. Other than making appropriate notification through Department channels, staff should take no further actions other than those directed by law enforcement or first responders.

115.361 (c): Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.

115.361 (d): Medical and Mental Health staff interviewed confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality during the intake process.

115.361 (e): PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.

115.361 (f): Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify CCC and child abuse registry hotline within 2 hours of be informed of an allegation of sexual abuse or sexual harassment. CCC will make notification to OIG. The facility staff on duty will immediately notify Local Law Enforcement of any allegation that is criminal in nature. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.

	<p>In interviews with staff, they were extremely familiar with the reporting responsibilities and were able to provide a detailed explanation of relevant Child Reporting laws, the age of consent and their reporting responsibilities. Almost all staff indicated that the mandate at the facility is to report allegations to CCC within 2 hours, even if you can only report partial of the information. There a reminder poster in the control room, staff break area and sign in area that reminds staff they have 2 hours to make a report of any incidents including PREA within 2 hours of becoming aware of an incident.</p> <p>Compliance was determined by review of policies, training, and interviews with direct care staff and first responders that are not direct care staff, the facility administrator, and the agency head designee and the PREA coordinator.</p>
--	--

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Agency Protection Duties</p> <p>EBB Policy 6.52 Agency Protection Duties</p> <p>PAQ</p> <p>115.362 (a) Facility Policy 6.52 Agency Protection Duties and FDJJ Policy 1919 require staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety and are discussed during the intake process and during the administration of Screening assessments. Policies require that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility administrator. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. All residents participate in a treatment team meeting once a month with EBB, community staff and parents. During this meeting resident are asked if they feel safe at the facility. There have been no instances where residents were at imminent danger of sexual abuse.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1.12 Incident- CCC reporting EBB Policy 5.19 PREA EBB Policy 6.63 Reporting to Other Confinement Facilities</p> <p>FDJJ Policy 1919 - Reporting to other facilities Statement of Fact</p> <p>115.363(a-d) In the event that a resident alleges that Sexual Abuse occurred while confined at another Facility, the Facility will document the allegations, notify the send facility administrator, CCC, DFC and local law enforcement of the allegations. If the allegation was criminal in nature the facility administrator would also notify local law enforcement and OIG. The report will be reported to the sending center as soon as possible, but no later than 72 hours after receiving the notification. The facility will notify CCC within 2 hours of being advised of the reported allegations.</p> <p>During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by EBB from other facilities.</p> <p>Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>EBB First Responder Plan</p> <p>FDJJ Policy 1919 - Responding to Allegations</p> <p>FDJJ Policy 1.12 Incident/CCC reporting PREA -</p>

EBB Policy 6.64 Staff First Responder Duties

Volunteer and Contractor Training

Investigation procedures from OIG

OIG Investigator Training Roster

Statement of Fact

115.364 (a): Upon receipt of a report that a resident was sexually abused, or if an employee sees abuse, the first staff member to respond will: a. Separate the alleged victim and abuser. b. Call for emergency medical care for the victim, if necessary. c. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel. d. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all residents from the room or area. e. Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee. f. If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave).

If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). h. Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). i. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident. j. Document detailed description of 1) Victim and abuser locations and affect (e.g., emotions, appearance) 2) Wounds and their location 3) Anything the victim or abuser reported to the employee.

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred. Random interviews indicated residents would go directly to the medical or facility assistant director to report and understood that they would need to provide evidence for the center to prosecute the resident or staff that sexually assaulted them. While this information is no germane with staff duties it is further documentation that the center trains staff and resident duties in cases of a sexual abuse.

During the last 12 months there was one allegations of sexual abuse. This allegation was made after the resident was no longer at the center.

	Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including administrative support staff that do not deal directly with resident, however, do go to the area where resident a located.
--	--

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 PREA - Coordinated Response</p> <p>EBB Attachment 6.22A Response checklist</p> <p>Coordinated Response Plan</p> <p>EBB Policy 6.65 Coordinated Response</p> <p>EBB Coordinated Response includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. FDJJ has a system in place providing the staff with clear actions to be taken by staff including contacting administrative staff, medical and mental health staff, OIG and law enforcement, victim advocate services, & parent/guardian and several other individuals. Staff members are directed to follow the steps outlined and to utilize the checklist in addressing the situation.</p> <p>EBB Coordinated Response Plan</p> <p>EBB will take the following steps and will attempt to complete the steps in the following order:</p> <ol style="list-style-type: none"> 1) 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 the Crisis Center of Tampa Bay for a medical assessment by the victim advocate. 2) 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. 3) 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.

	<p>4) 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.</p> <p>5) AMIkids Behavioral Health counselors will provide crisis intervention counseling.</p> <p>6) Facility Leadership (shift supervisor and directors) will interview the victim and any witnesses. Interviews will be documented, and attempts will be made to get those interviewed signatures on their documented statements.</p> <p>7) Trained Investigators will collect forensic evidence.</p> <p>8) In addition to EBB policies and procedures, EBB and its staff will adhere to the Department of Juvenile Justice standards of compliance Prison Rape Elimination Act</p> <p>Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, PREA compliance manager, medical and mental health staff, shift supervisors, and victim advocate</p>
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Sexually Abusive Behavior Prevention and Intervention Program (PREA) (updated 11-03-21)</p> <p>Employee Handbook</p> <p>EBB Policy 666 Preservation of ability to protect residents from contact with abusers</p> <p>Florida Department of Juvenile Justice contracting language for AMIkids. (EBB).</p> <p>115.366 (a): In every case where the alleged abuser is an employee, contractor or volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management. A memorandum will be printed and maintained as part of the related investigation file.</p>

	<p>FDJJ will not enter any agreement or contract with a private vendor to operate juvenile facilities that limits a facility's ability to remove alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>EBB will not enter or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged Employee sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance was determined by agency heads, PREA coordinators and facility administrator.</p>
--	---

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Protection against Retaliation EBB Retaliation Form</p> <p>EBB Policy 6.67 Protection Against Retaliation</p> <p>P AQ</p> <p>115.367 (a): Facility PREA Response Plan establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment. There have been no allegations of sexual abuse or sexual harassment alleged at the center during the last 36 months.</p> <p>FDJJ has developed an agency wide form for all facilities managed by the</p>

	<p>cooperation to document retaliation monitoring. During the last 12 months there were no allegation of sexual abuse or sexual harassment that required retaliation monitoring.</p> <p>115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Retaliation Monitor identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.</p> <p>115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>FDJJ Policy 1919 requires the monitoring of items identified in this provision of the standard. The Retaliation Monitor explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment.</p> <p>Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p>
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

	<p>Facility PREA Response Plan</p> <p>FDJJ Policy 1919 PREA</p> <p>Statement of Fact</p> <p>115.368 (a): Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident safe can be arranged.</p> <p>The facility shall clearly document the basis for the facility’s concerns for the resident’s safety and the reason no alternative means of separation can be arranged.</p> <p>Youth in an isolated area shall not be denied large muscle exercise and educational programming.</p> <p>Resident shall receive daily visit from the medical and mental health practitioners.</p> <p>Medical and mental health staff interviews indicated that anytime a resident is placed in an isolated area they will visit the resident a minimum of once during each shift.</p> <p>There has been no residents placed in an isolated area for a PREA incident.</p> <p>According to interviews with the facility administrator and mental health staff the only time a resident is separated from other residents are when they are physically aggressive and then they may be placed in a control observation room.</p> <p>Compliance was determined by review of policy, interviews with facility administrator, medical and mental health staff.</p>
--	---

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 PREA - Investigations</p> <p>FDJJ Policy 1.12 Incident/CCC reporting</p> <p>EBB Policy 6.71 Criminal and Administrative Agency Investigations</p> <p>Investigation procedures from OIG Investigative Notification</p> <p>OIG and Law Enforcement Investigative File Review from other DJJ Facilities</p>

115.371 (a): FDJJ Policy 1919 establishes the agency Policy that all allegations of sexual abuse or sexual harassment will be investigated. Florida Department of Juvenile Justice does not conduct their own investigations of sexual abuse and harassment. The Office of the Inspector General conduct administrative investigations and criminal investigations are conducted by local law enforcement. The Department of Family and Children conducts a separate investigation involving residents under the age of 18.

115.371 (b): The Office of Inspector General follows protocols in conducting administrative investigations in FDJJ settings and the investigators receive training on the related agency policies. Florida Department of Juvenile Justice has requested the Law Enforcement agency that conduct allegation of sexual abuse or sexual harassment follow the protocol developed by the Florida Department of Juvenile Justice Office of the Inspector General. However, the agency can not mandate law enforcement utilize the protocol developed by OIG to be utilized to conduct investigation.

15.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in the Office of the inspector general in accordance with the state retention schedule. Interviews with facility administrator and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 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.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

	<p>115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p> <p>115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.</p> <p>115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained on protecting the crimes scene and cooperating with investigative units. There have been one allegations of sexual abuse made at during the three-year cycle.</p> <p>Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility administrator</p>
--	--

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Investigations</p> <p>FDJJ Policy 1.12 Incident/CCC reporting</p> <p>115.72 (a): Based on FDJJ Policy 1919 and Investigator training the facility or agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In an interview with facility and OIG investigators confirmed this practice. Based on interviews with investigators; investigators make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigator</p>

	<p>must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance was determined by review of policy, training curriculum, and interview with trained investigator.</p>
--	---

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>EBB Policy 6.73 Reporting to Residents</p> <p>Operation Procedure 4.03 Investigation Notification and Consultation</p> <p>FDJJ Policy 1.12 Incident/CCC reporting</p> <p>Investigator Interviews</p> <p>Notifications to Residents form</p> <p>115.373 (a): At the conclusion of an investigation, OIG or PREA Compliance Manager, or staff member designated by the facility administrator will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p>115.373 (b): FDJJ Policy 1919 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual.</p> <p>15.373 (c): 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.</p> <p>115.373 (d): Following a resident’s allegation that he 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</p>

	<p>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.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. The PREA Coordinator has developed a form that for notification to residents of the outcome of the investigation that includes a signature from the resident. During the last 12 months there were one resident that was notified of the outcome of an investigation that was completed by OIG.</p> <p>Based on review of policy and interviews with PREA compliance manager and PREA coordinator it was determined that the agency is in compliance with this standard.</p>
--	---

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Disciplinary sanctions for Staff EBB Employee Handbook EBB Policy 6.76 Disciplinary sanctions for staff</p> <p>Florida Residential Program Management</p> <p>EBB Policy 676 Disciplinary sanctions for staff</p> <p>Team Guide</p> <p>PAQ</p> <p>115.376 (a): Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b): All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall</p>

	<p>be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>There has been no adverse action taken against staff for violation of agency policy 1919 PREA or related policies. There have been one allegation of sexual abuse or sexual harassment which was determined to be unfounded in the last 12 months. There was one staff discipline, which was not part of the allegation, however was for misconduct.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator and facility administrator.</p>
--	--

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Disciplinary sanctions for Contractors or Volunteers</p> <p>EBB Policy 6.77 Corrective action for contractors and volunteers</p> <p>Corrective action for contractors and volunteers Contractor/Volunteer Training</p> <p>Contractor and Volunteer Acknowledgement for Training Statement of Fact</p> <p>115.377 (a) Corrective action for contractors and volunteers mandates any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. The policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.</p> <p>115.377 (b) The documentation and interviews with the PREA coordinator and facility administrator revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.</p> <p>There have been no allegations of sexual abuse or sexual harassment in the last 12 months involving contractors or volunteers.</p> <p>Compliance was determined by training curriculum, contractor and volunteer</p>

	applications and interviews with the PREA compliance manager and Facility Administrator.
--	--

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ Policy 1919 - Disciplinary sanctions and interventions for Youth</p> <p>FDJJ Policy 1919 PREA -Resident discipline sanctions and interventions</p> <p>Florida Statue section 985.701</p> <p>EBB Policy 6.78 Disciplinary Sanctions for Residents Statement of Fact</p> <p>PAQ</p> <p>115.378 (a): 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. Residents will receive Major Sanctions, at a minimum, up to and including immediate removal from the program. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>EBB 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. Escambia Boys Base will refer residents to their contracting mental health agency for counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> <p>EBB prohibits disciplining a resident for sexual contact with staff unless it is found that the staff member did not consent to the contact. EBB 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. EBB is also prohibited from assuming that sexual activity between residents is sexual abuse unless it's determined that the activity was coerced.</p> <p>115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p>

Isolation will not be utilized for a disciplinary sanction. In an interview with the AMI Kids PREA coordinator it was emphasized that the agency does not allow anyone to be isolated as a disciplinary sanction. It is the goal of the agency to correct behavior rather than punish behavior.

115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. EBB provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Clinical Director.

115.378 (d): EBB will refer residents to Lake View for counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f): For 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. Investigating PREA Allegations states 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.

115.378 (g): EBB prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Residents interviewed indicated they were advised that they would be discipline for any sexual abuse, sexual harassment, or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible for maintaining a safe environment for all residents. The residents assigned to the program have a group meeting at the end of each school day, a treatment staff meeting biweekly and a formal Treatment Team meeting Monthly. In each of these setting residents or reminded of their responsibilities to keep EBB a sexually safe environment.

Based on the review of the agency policy, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated exceed compliance with this standard

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

FDJJ Policy 1919 - MH and Medical Screening

Crisis Assessment Screening

MAYSI

Intake Referral Form Referrals to Mental Health Staff

FDJJ Health Education Records

VSAB Form

EBB Policy 6.81 Medical and Mental Health Screenings; History of Sexual Abuse

115.381 (a) If any of the intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. If the resident makes the notification during the Juvenile Assessment Center, the center will send a referral along with the VSAB to the intake staff when the resident is transported to the center. According to the Clinical Director all residents that arrive at EBB are seen by the clinical director within 72 hours of arrival and the same question about victimization is discussed during their initial Mental Health intake. As noted in standard 115.341 the center conducts several screenings for residents that arrive at the center. The clinical staff reviews the resident's file, the VSAB and suicide screening and have a general conversation with the resident to determine the clinician's opinion on best placement for the residents. During the meeting or within 72 hours of this meeting the mental health staff conducts a comprehensive mental health assessment that is utilized in developing the initial treatment plan, the housing plan, the determination of appropriate therapist, and risk levels of the youth.

115.381 (b) If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the clinical staff within 72 hours of intake. According to the PAQ every resident that arrives at the facility who previously perpetrated a sexual abuse are seen by the mental health staff. DJJ Policy 1919 investigation requires that when an allegation of sexual abuse or sexual harassment occurs the facility will complete a rescreening on the victim and accused perpetrator.

115.381(c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security

	<p>and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.</p> <p>115.381 (d): Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident’s prior sexual victimization that did not occur in an Institutional setting. Residents who report prior sexual victimization or in the community are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.</p> <p>Compliance was determined by review of the agency policy and interviews with medical and mental health staff.</p>
--	---

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Resident medical treatment forms</p> <p>FDJJ Policy 1919 PREA - Access to Emergency Medical and Mental Health Services</p> <p>EBB Policy 6.82 Access to emergency medical and mental health services</p> <p>PREA Advocacy Interview</p> <p>Mental Substance Abuse Sample</p> <p>Florida Department of Juvenile Justice Authority for Evaluation and Treatment (AET) Health Education Records</p> <p>115.382 (a): PREA Response Plan Following Resident Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required.</p> <p>Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented</p>

through policies and understood by the medical and mental health staff treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.

Residents are provided access to an outside victim advocacy agency for services through an agreement with Crisis Center which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The Crisis Center has a SANE staff on duty or on call and to conduct the forensic examination and provide a victim advocate. There have been no allegations of sexual abuse during this audit period that include a SANE or SAFE. The facility houses male residents. The facility PREA response plan and operational procedure requires evaluation and treatment shall 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.

Medical and mental health services shall be provided to the victims consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim names the abuser or cooperates with any investigation of the incident.

115.382(b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services.

The coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. A medical staff member is on-call 24/7 as determined by the interview. Interviews with Crisis Center and indicated there is an on call SAFE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted.

115.382(c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All residents are provided access to infection prophylaxis when they arrive at the facility. The PAQ and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically

	<p>appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.</p> <p>115.382(d): PREA Response Plan Following Resident Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. The policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.</p> <p>Based upon the review of policies, interviews with the medical and mental health staff and interviews with staff.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Statement of Fact</p> <p>FDJJ Policy 1919 PREA - Ongoing Medical and Mental Health Services</p> <p>EBB Policy 7.83 Ongoing Medical and Mental Health Care for Sexual abuse victims and abusers.</p> <p>115.381 (a): Escambia Boys Base FOP PREA requires mental health evaluation and treatment, as determined by medical/mental health staff, be offered to residents who disclose prior sexual victimization or perpetrated sexual abuse during intake screening. Treatment services are provided at no cost to residents. There have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during staff interviews.</p> <p>The FOP requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the FOP mandates. The FOP and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health</p>

care will be provided as appropriate, including assessments and therapy.

115.383 (b): Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall 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. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Residents that are housed at EBB have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the resident.

115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.

115.382 (d-e): This is an all-male facility.

115.383 (f) The facility shall provide such victims with medical and mental health services consistent with the community level of care. FOP, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

115.383 (g) All treatment services will be provided at no cost to the victim, according to policy and staff interviews.

115.383 (h) Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.

The facility shall provide such victims with medical and mental health services consistent with the community level of care. FOP, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

Based on a review of the PREA policies, and interviews with the mental health staff, medical staff, PREA coordinator and Facility Administrator the facility is in compliance with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

FDJJ Policy 1919 - Incident Reviews

EBB Policy 6.87 Data Collection

Incident Review Meeting reports (form)

115.386 (a): Facility PREA Response Plan Following Resident Report require an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates review team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff. There were no allegations of sexual abuse during the last 12 months that have been resolved and require an IRT meeting. There was one investigation that was determined to be unfounded. The PAQ indicated there was one allegation that included an IRT, however this was an error. The interview with the PREA Compliance Manager and a review of the form used to document the incident review team's findings indicate the team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There were one unfounded allegations of Sexual Abuse during the last 12 months.

115.386 (c): The policy mandates review team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff.

115.386 (d): The committee reviewed the following: 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.

115.386 (e): The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the Facility Administrator.

In addition to the IRT that is required by standards and FDJJ, EBB is also licensed through the Florida Department of Children and Families. All programs licensed through the Florida Department of Children and Families to provide substance abuse services are required to report and analyze critical incidents within twenty-four (24) hours of the incident occurring. The Department of Children and Families (DCF) has established guidelines for the reporting and analyzing of critical incidents. DCF utilizes a system called IRAS (Incident Reporting and Analysis System) that allows for the timely notification of critical incidents, provision of details of the incident and immediate actions taken and the ability to track and analyze incident related data. Any unsolicited or nonconsensual sexual activity by one client to another client, a DCF or service provider employee or other individual to a client, or a client to an employee regardless of the consent of the client. This may include sexual battery as defined in Chapter 794 of the Florida Statutes as “oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose.” This includes any unsolicited or non-consensual sexual battery by one client to another client, a DCF or service provider employee or other individual to a client, or a client to an employee regardless of consent of the client are reported investigated and analyzed through the IRAS program.

The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard. The Team member also confirmed reporting and analyzed through the IRAS program. There have been no allegations of sexual abuse in the last 12 months. Based on review of the policies, the multiple systems that analyze incidents and interviews with the EBB agency head, PREA coordinator and facility administrator the facility exceeds compliance with this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

FDJJ Policy 1919 - Data Collection

EBB Policy 6.87 Data Collection

FDJJ 2020 - Incident Operations Center

PREA FY 2019-20 Annual Report

PREA FY 2021-22 Annual Report

PREA FY 2022-2023 Annual Report

115.387 (a): A review of reports confirm that FDJJ collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for FDJJ facilities (State of private) capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). FDJJ maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by FDJJ. FDJJ aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested. A review of the data collected for Escambia Boy Base indicated in 2021-2022 there were no allegations of sexual abuse or sexual harassment, for 2022-2023 there was one allegation of sexual abuse that was unfounded.

115.387 (b): The facility collects and maintains data in accordance with directives by FDJJ. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

115.387 (c): The format used for FDJJ facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ) 115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives.

115.387 (e): The format used for FDJJ facilities and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Private facilities are required to follow the same PREA policies and procedures and report the information on the same basics as State operated facilities. EBB is a privately operated facility.

115.387 (f): FDJJ policy mandates that upon request, FDJJ shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.

	Compliance was determined by reviewing data collections for preceding two years, review of FDJJ Policies and interview with the PREA coordinator, facility administrator and FDJ and AMIkids agency head.
--	---

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ 2021 Annual PREA Report</p> <p>FDJJ Policy 2020 - Data Collection</p> <p>FOP 3.09 PREA - Data Collection</p> <p>PREA FY 2018-19 Annual Report</p> <p>PREA FY 2019-20 Annual Report</p> <p>PREA FY 2021-22 Annual Report</p> <p>PREA FY 2022-23 Annual Report</p> <p>115.388 (a): FDJJ Policy 1919 - Data Collection recognizes the purpose of conducting annual reports and annual PREA assessments are to 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 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. Further 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.</p> <p>115.388 (b): A review of the annual reports for the last 2 years included a comparison of the current year's data and corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.388 (c): The annual report is reviewed by the PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.115.388 (d): FDJJ Policy 1919</p>

	<p>indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility’s website. There are no personal identifiers on the annual report.</p> <p>Compliance was determined by reviewing data collections for preceding three years and review of FDJJ website.</p>
--	---

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>FDJJ1316 Policy - Data storage</p> <p>EBB Policy 6.87 Data Collection</p> <p>Florida Department of Juvenile Justice Procedure Records and Information Management Procedures</p> <p>115.389 (a)(b): Florida Department of Juvenile Justice Procedure- Records and Information Management Procedures requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The website included State and privately operated facilities. During the tour of the facility the auditor requested assess to review resident files. The files were maintained in a limited access file room under lock and key. There was one allegation of sexual abuse or sexual harassments to review. Based on an interview with the facility director the hard copy would be maintained in a locked cabinet in his office. The electronic copy is maintained on a database program that is password protected and also limited in the persons that have access to this data. In interviews with the DJJ PREA Coordinator the OIG staff, agency head and the PREA coordinator has access to this data base.</p> <p>Compliance was determined by review of the website and interview with the agency PREA coordinator</p>

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

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

FDJJ Policy 1919

PREA Audit November 2014

PREA Audit December 2017

PREA Audit December 2020

115.401 (a): FDJJ Policy 1919 requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act. The initial PREA audit of the Escambia Boys Base was conducted November 2014 by a DOJ certified PREA auditor. The second audit was conducted in December 2017 by a DOJ Certified auditor. The third audit of this facility was conducted in December 2020 by a certified PREA auditor.

115.401 (b): According to PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, FDJJ ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the first year of this cycle.

115.401 (h): During the audit, I was allowed access to all areas of facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.

115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided on a timely basis.

115.401 (m): I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.

115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on August 20, 2023. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to auditor in the same manner as legal mail system.

The PREA Compliance manager indicated that he or the Facility Administrator checks the mailbox, PREA Box and Grievance Box a minimum of two times a day during the week and at least once a day on weekends.

Compliance was determined by review of three past audits, email providing dates of audit postings and interviews with Facility Administrator, PREA Coordinator and Agency Head designee.

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>This is the fourth PREA audit for this facility. The previous audits were conducted in November 2014, December 2017, and December 2020. Each audit was conducted by a certified PREA auditor. All audits were located on the Florida Department of Juvenile Justice website (https://www.djj.state.fl.us/partners-providers-staff/prison-rape-elimination-act-prea/completed-prea-audit-reports) and were reviewed by the auditor.</p> <p>The Florida Department of Juvenile Justice website was extremely easy to access by simply googling the Florida Department of Juvenile Justice PREA audits. Then simply indicated the PREA audits for the facility.</p>

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

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

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

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

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

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

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

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

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

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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is 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

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

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

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

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

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

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

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

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

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

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

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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

	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	

	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	

	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

	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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