

## **Eagle Village Annual PREA Report**

Section 115.388 of the federal Prison Rape Elimination Act (PREA) of 2003 requires that juvenile justice residential facilities post an annual report that lists data on sexual abuse allegations, summarizes efforts made to establish and maintain a culture of sexual safety, and lists sexual abuse and harassment zero tolerance policies. In addition this report lists ways that the public can report suspected sexual abuse. Eagle Village takes corrective action on an ongoing basis to improve the effectiveness of its sexual abuse prevention, detection, and response policies and practices.

### **Sexual Abuse Allegations Data for Calendar Year 2016**

Statistical information listing numbers and types of allegations of sexual abuse or harassment at Eagle Village for calendar year 2016 are listed below:

#### *Demographic Data*

Number of persons held in the facility on Dec. 31, 2016 was:

- Male: 37
- Female: 25
- Total: 62

Age of the persons held in the facility was:

- Age 17 or younger: 61
- Age 18-20: 1
- Age 21 or older: 0

Number of persons admitted to the facility and discharged from the facility in 2016 was:

- Admitted: 117
- Discharged: 93

In 2016, the facility reported that it:

- Kept a record of all allegations of youth-on-youth nonconsensual sexual acts, whether substantiated or not, and kept a record of all allegations of attempted youth-on-youth non-consensual acts, whether the allegations was substantiated or not. The facility recorded two (2) allegations of a youth-on-youth non-consensual sexual act. Of those two allegations both were unfounded and determined not to have occurred.
- Kept a record of all allegations of youth-on-youth abusive sexual contact, whether substantiated or not. The facility recorded two (2) allegation of youth-on-youth abusive sexual contact. Investigation determined that both allegations were unsubstantiated.
- Kept a record of all allegations of youth-on-youth sexual harassment, whether substantiated or not. There were two (2) allegations of youth-on-youth sexual

harassment reported. One (1) allegation was unsubstantiated with insufficient evidence to make a final determination that the event occurred. One (1) allegation was unfounded and determined not to have occurred.

- Kept a record of all allegations of staff-on-youth sexual abuse and sexual harassment. There was one (1) allegation of staff sexual abuse. Investigation determined that this allegations was unsubstantiated with insufficient evidence to make a final determination that the event occurred.
- Kept a record of all allegations of staff-on-youth sexual harassment. There were no allegations of staff-on-youth sexual harassment.

### **PREA Compliance Activities**

A PREA audit was conducted at Eagle Village in March of 2015. Audits assess and improve the effectiveness of a facility's sexual abuse prevention, detection, and response policies and practices. Corrective action plans resulting from audit findings dictate activities that facilities must complete to achieve compliance and maximize youth safety. Eagle Village efforts to improve prevention and detection of sexual abuse will focus specifically on completing compliance activities as identified by the auditor in order to achieve full compliance with PREA.

### **Investigation of Allegations**

PREA Standard 115.322—Policies to Ensure Referrals of Allegations for Investigations, requires that the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In addition, the facility must post how to report suspected abuse or neglect, including alleged sexual abuse or harassment. Reporting allegations can occur through any of the following ways:

- In writing to any Eagle Village staff, counselor or administrator.
- In writing through the youth and family grievance process.
- Verbally or in writing to an advocate, worker, or to law enforcement.
- By telephoning MDHHS Children's Protective Services at 1-855-444-3911.

The Eagle Village policy manual lists the requirements that the facility develop and attempt to enter into agreements with law enforcement agencies as part of responsive planning for conducting criminal investigations. If the facility conducts its own investigations of sexual abuse allegations, including administrative investigations, personnel conducting those investigations must have received specialized training. Eagle Village has an agreement with State Police for conducting criminal investigations, and has specially-trained staff that are qualified to conduct administrative investigations. The facility must ensure that all investigations of sexual abuse allegations are completed.

## **Eagle Village Zero Tolerance Policy**

### **6.19 PREVENTION OF RESIDENT SEXUAL ASSAULT/RAPE**

Residential juvenile justice staff must have zero tolerance for sexual abuse and sexual harassment of residents. Facilities must ensure that preventive plans are in place and, should allegations regarding sexual abuse or harassment be made, that staff are appropriately trained to take actions to rapidly restore safety, attend to and support the victim, and promptly begin the investigative process.

#### **Purpose**

To prevent incidents of sexual abuse and sexual harassment to the maximum extent practical and to take prompt, effective and compassionate action in the event that allegations of sexual abuse or harassment are made.

#### **Definitions**

Resident-on-resident sexually abusive penetration: Any sexual penetration by a resident of another resident. The sexual acts included are: contact between the penis and the vagina or the anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Resident-on-resident sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a resident of another resident, with or without the latter's consent, or of a resident who is coerced into sexual contact by threats of violence, or of a resident who is unable to refuse.

Resident-on-resident sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one resident directed toward another.

Staff-on-resident sexually abusive contact: Includes non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member or a resident that is unrelated to official duties.

Staff-on-resident sexually abusive penetration: Sexual penetration by a staff member of a resident, including contact between the penis and vagina or anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Staff-on-resident indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of a resident.

Staff-on-resident voyeurism: An invasion of a resident's privacy by staff for reasons unrelated to official duties or when otherwise not necessary for safety and security reasons.

Staff-on-resident sexual harassment: Repeated verbal comments or gestures of a sexual nature to a resident by a staff member. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or profane or obscene language or gestures.

Staff sexual misconduct: Includes any behavior or act of a sexual nature directed toward a juvenile or youthful offender by an employee, volunteer, contractor, official visitor, or other agency representative. Sexual relationships of a romantic nature between staff and youth are included in this definition.

Sexual Exploitation: Includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act as defined in MCL 750.145c

First Responder: Includes any/all agency personnel to whom an incident or report of alleged sexual abuse, or any other form of abuse/neglect of youth is reported. This includes staffs own observation or suspicion, direct report (verbal or written) from youth or third parties of abuse or neglect in accordance with Mandated Reporting laws and agency policies

### **Responsible Staff**

Facility/Center Director or designee

### **Standard Operating Procedure**

#### **A. Providing Sexual Assault/Rape Prevention Information to Youth**

1. The facility youth orientation process includes policy and procedures relating to prevention of and response to reports of sexual assault/rape. This orientation must occur within the first 10 days of a youth's admittance day and an annual refresher must be provided. The information provided must include but is not limited to:

- a. The agency's zero-tolerance policy.

- b. Self-protection including avoiding risky situations related to sexual assault prevention/intervention.
  - c. Reporting procedures; how to report rape, sexual activity, sexual abuse, or sexual harassment. Multiple reporting options at Eagle Village include: 1) Verbally to any staff, counselor, or administrator; 2) in writing to any staff, counselor, or administrator; 3) in writing through the youth and family grievance process; and, 4) Externally by telephoning the DHS Hotline. Anonymous and third party reports must also be accepted.
  - d. Treatment and counseling, how to obtain counseling services and/or medical assistance if victimized.
  - e. Protection against retaliation.
  - f. Risks and potential consequences for engaging in any type of sexual activity while at the facility.
  - g. Disciplinary action(s) for making false allegations. Clients will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred and the allegation was made in good faith.
  - h. All disciplinary actions take into consideration whether a resident's mental disability, cognitive ability to understand, and/or a resident's mental illness contributed to his/her behavior when determining the type of consequence, if any, should be imposed.
  - i. Eagle Village prohibits all sexual contact between residents and staff regardless of whether the contact was consensual or coerced. All substantiated cases of sexual contact between staff and youth will be reviewed. The youth will have consequences according to mental ability and/or mental illness, and the staff will be terminated from employment at Eagle Village.
2. The information must be provided verbally and in written form, and the information must be in a language and format that the youth can understand. The use of resident interpreters is prohibited except in limited circumstances when delay in translation could compromise resident safety or the performance of first responder duties.

3. Video presentations may be used to supplement the content of the presentation but direct verbal and written information must be included.
4. Each resident must sign a written acknowledgement form for the sexual assault/rape prevention portion of the orientation.
5. The signed acknowledgment form must be filed in the youth's case record.

## B. Youth Assessment

1. The youth's behavior history must be reviewed, within 72 hours of arrival at the facility, as part of orientation to determine the resident's potential risk of sexual vulnerability based on the following risk factors:
  - a. Age
  - b. Physical stature
  - c. Developmental disability
  - d. Mental illness
  - e. Sex offender status (per offense history)
  - f. First-time offender status
  - g. Past history of victimization
  - h. Physical disabilities and the residents own perception of vulnerabilities.

All residents that disclose any prior sexual victimization during a screening must be offered a follow-up meeting with a medical or mental health practitioner within 14 days. All residents that disclose during screening that they previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. These referrals must be documented.

2. The youth must be evaluated as part of orientation to determine if the youth is prone to victimize other youth, especially in regard to sexual behavior, based on the following risk factors:
  - a. History of sexually aggressive behavior
  - b. History of violence as related to a sexual offense
  - c. Anti-social attitudes indicative of sexually aggressive behavior

3. The agency must use all information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping residents safe and free from sexual abuse. Assessment activities and resultant bed, room, housing etc. assignments will be documented.
4. Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents may not be housed solely on the basis of such identification or status. In addition, the agency must:
  - a. Decide on a case-by-case basis whether to place a transgender or intersex youth in a facility for male or female residents. Placement decisions are based on whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
  - b. Review placement and programming assignments at least twice each year to assess any threats to safety experienced by the resident.
  - c. Allow transgender and intersex youths the opportunity to shower separately from other residents.
5. A youth may be isolated from other youth as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the youth safe from other youths, and then only until an alternate means of keeping all youths safe can be arranged. During any periods of protective isolation, facility staff may not deny a youth otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services. Any youth in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible.
6. Staff are prohibited from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident's genital status.

C. Staff Training on Offender Sexual Assault/Rape Prevention and Reporting

1. All facility staff, and contractors and volunteers that have regular contact with residents, must complete training for sexual assault/rape prevention, incident response, and reporting. All must complete bi-annual refresher training. At the conclusion of each training session, all must sign that they

attended and understood the training. This signature sheet is kept on file for a period determined by the Record Retention Schedule. Contractors and volunteers that have only occasional contact with residents must, at a minimum, review the zero tolerance policy, and acknowledge on a signature sheet that they understand and agree to abide by the policy.

2. All facility staff must read this policy and any related local facility written policy or procedure articles prior to assuming duties with youth, when the policy or procedure changes, and on at least a bi-annual basis. Staff must sign a written acknowledgment that they read and understood the policies and procedures. This signature sheet is kept on file for a period determined by the Record Retention Schedule.
3. Staff, contractors, and volunteers that have been trained but later transfer or work at a facility housing a different gender, then additional gender-specific training is required.
4. All full and part time medical and mental health care practitioners who work regularly with residents must receive specialized training on: Detecting signs of sexual abuse, preserving physical evidence, effective response, and reporting. Training will be documented in personnel records.

#### D. Staff Supervision Relative to PREA Standards

1. Staff must recognize that sexual assault/rape can occur in virtually any area in a residential facility. Eagle Village's policy and expectations for line of sight staff supervision, and staff to youth ratios, apply at all times.
2. Staff must always be aware of warning signs that may indicate that a youth has been sexually assaulted or is in fear of being sexually assaulted. Warning signs include but are not limited to: isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, and refusing to leave isolation.
3. Staff must be aware of sexually aggressive behavior. Characteristics or warning signs may include a prior history of committing sex offenses, use of strong arm tactics (extortion), associating or pairing up with a youth that meets the profile of a potential victim, exhibiting voyeuristic and/or exhibitionistic behavior, and a demonstrated inability to control anger.

4. All staff of the opposite gender must announce their presence when entering a resident housing unit. Staff of the opposite gender shall announce their presence when entering any areas where residents are likely to be showering, performing bodily functions, or changing clothes. Opposite gender staff must not view youth when they are showering, changing clothes, or performing bodily functions except in exigent circumstances or when such viewing is incidental to routine cell checks.

E. Youth Response to Sexual Assault/Rape

Youths must be supported and encouraged to report sexual assault/rape, attempted sexual assault/rape, and/or sexual harassment and be protected from retaliation. A youth that believes that they were the victim of a sexual assault/rape, attempted sexual assault/rape or sexual harassment, or believes another youth was the victim of sexual assault/rape, attempted sexual assault/rape, or sexual harassment, must report this information to a staff member. Youths may also write down their report and turn it in to staff, or use the facility grievance process to report. Grievances of an emergency nature will be responded to immediately. Youth are not required to submit a grievance or complaint alleging sexual abuse or sexual harassment to the person that is the subject of the grievance or complaint, and youth are not required to problem solve or discuss these allegations with the person that is the subject of the grievance or complaint. An option must exist for youths to report sexual abuse to someone outside of the facility. The outside reporting option for Eagle Village is the DHS hotline, 1-855-444-3911. If a youth requests to report outside of the facility, the following must occur:

- a. Contact the on-duty Supervisor, Counselor, or Manager to facilitate the call. The call is confidential. The Counselor/Supervisor / Manager will not listen to the youth's reporting.
- b. The Counselor/Supervisor / Manager will maintain line of sight supervision of the youth at all times.
- d. Following completion of the call, the Counselor/Supervisor / Manager will notify the facility President/CEO or designee in the Director of Residential Services' absence and report that a youth made a call to the hotline.

\*Note: Calls to the hotline are confidential however it could occur that a youth also volunteers information to staff about sexual abuse. If at any time a youth discloses information about sexual abuse to any Eagle Village personnel then staff must respond in accordance with the procedures listed under "Staff Response to Sexual Abuse/Rape".

## F. Staff Response to Sexual Assault/Rape

Staff must report immediately any knowledge, suspicion, or information that they receive regarding: An incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the agency; retaliation against residents or staff that reported such an incident; and/or, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

1. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or staff that become aware of sexual activity between residents or between a resident and staff, contractor, visitor, or volunteer must immediately report this event to the counselor of that unit, and/or the supervisor for that unit. The counselor/supervisor must immediately relay the report to the facility Director of Residential Services or manager-level designee. The Director of Residential Services is responsible for notifying Licensing. The counselor/supervisor receiving the report of actual or suspected sexual abuse or rape must immediately call Child Protective Services and report the incident and/or allegation.
2. The Staff member receiving the report of actual or suspected sexual abuse or rape must complete and submit an Incident Report before the end of their work shift. The counselor/supervisor must complete a DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident.
3. If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours, the facility Director of Residential Services or designee must make immediate arrangements to transport the youth to the facility-designated emergency room for a rape kit and the area where the incident occurred must be secured for evidence collection. If it is believed or determined that a sexual assault/rape occurred more than 96 hours previous, the emergency room will be contacted for further instructions.
4. Following emergency response and completion of the rape kit (if applicable) a youth believed or determined to have been the victim of a sexual assault/rape must also be examined by medical staff for possible injuries, regardless of when the alleged sexual assault occurred.
5. Alleged victims and alleged perpetrators of sexual assault must be encouraged to complete an HIV test. In the case of a substantiated incident of sexual assault, the perpetrator must be requested to complete an HIV

test. If the perpetrator will not voluntarily take an HIV test, the facility counselor or designee must seek a court order compelling the test.

6. The victim of sexual assault/rape or attempted sexual assault/rape must be provided mental health assistance and counseling as determined necessary and appropriate. Eagle Village has Master's level, licensed therapists that are qualified to provide emotional support. If the resident chooses mental health therapy outside of Eagle Village, they have the option of calling OASIS or Women's Information Service, Inc.-WISE for emotional support. OASIS can be reached at 800-775-4646. WISE can be reached at 231-769-6600.
7. The facility Director or designee must notify the DHS Bureau of Child Welfare Funding and Juvenile Programs of the incident.
8. The facility counselor/supervisor or designee ensures that incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the youth's court of jurisdiction, the youth's worker, the youth's parent or legal guardian, and the youth/alleged victim. The facility Director of Residential Services, President/CEO, or designee must report the findings or other pertinent information to the DHS Bureau of Child Welfare Funding and Juvenile Programs.
9. Records of allegations must be kept for as long as the employee is employed or the youth is in residence, plus five years.
10. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other facility within 72 hours. (All other applicable reporting requirements still apply.)

#### G. Alternate Housing Placement of Victims and Perpetrators

The facility Director of Residential Services or designee must take immediate steps to protect the alleged victim from further potential sexual assault or rape (if still at the facility) by separating the alleged victim from the alleged perpetrator(s) including arranging for separate housing, dining, and/or other elements of daily routine to the extent necessary to ensure protection.

#### H. Investigation Protocols

Each incident of alleged or reported sexual abuse or sexual assault/rape must be investigated to the fullest extent possible. Evidence collected must be maintained under strict control. Based on the results of the investigation, agency

Administration and prosecuting authorities will meet to determine if prosecution is appropriate.

1. Suspected or alleged youth-on-youth rape, sexual assault, or forced sexual activity with or without sexual penetration:
  - a. The victim and alleged perpetrator must be separated, kept isolated from each other, and prevented from communicating.
  - b. Reporting must occur as detailed in Section F.
  - c. If the assault is alleged to have occurred within the past 96 hours, the victim must be transported to DeVos Children's Hospital 100 Street Northwest Grand Rapids, MI 49503 (616) 391-9000 for a forensic examination. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions.
  - d. The police must be contacted to take victim statements at the hospital and open an investigation.
  - e. The area where the suspected assault took place is sealed off until investigators can gather evidence. Note: Staff or medical personnel can enter the area if it is necessary to ensure youth safety, for example if a victim needed medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.
  - f. Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must not be allowed to shower or change clothing before being transported to the hospital.
  - g. Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to inform further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc.
  - h. Staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the facility, with persons other than Supervision/Management, investigators, and prosecuting officials.
  - i. Staff must submit an Incident Report before the end of their shift.

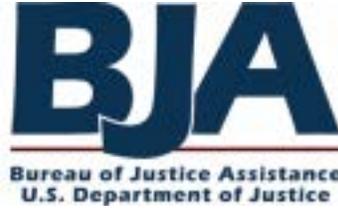
2. Suspected or alleged staff-on-youth sexual activity of any type:
    - a. Reporting and response must occur immediately, as listed in Section
    - b. The facility Director of Residential Services must be immediately notified.
    - c. Pending notification from the Director of Residential Services or designee, the suspected employee must not be in direct contact with facility residents.
    - d. If there has been suspected or alleged sexual activity of any type the victim is transported for a forensic examination and evidence is protected using the same procedures as listed in items c through h in Section 1 of this section above.
  3. Any other intentional youth-on-youth sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a resident of another resident, with or without the latter's consent) and/or alleged or suspected youth-on-youth sexually abusive contact:
    - a. If reported by youth, observed, or suspected, duty staff must alert Supervision. Supervision must ensure that duty staff document information in an Incident Report and must ensure that youth safety is restored or maintained.
    - b. The facility Director of Residential Services or designee must be notified immediately.
    - c. The facility Director of Residential Services or designee determines applicable reporting responsibilities and determines if an external investigation is required.
    - d. The facility Director of Residential Services or designee makes required notifications as applicable.
- F.
- I. Independent Audits and Agency Monitoring and Reporting
    1. In addition to internal administrative review and analysis, and internal or external Quality Assurance reviews, an independent and qualified auditor must audit the agency at least every three years. Auditors must be able to access and tour the facility, review documents and records, and interview residents and staff.

2. The facility must designate a compliance manager that has the time and authority to oversee facility compliance efforts.
3. The agency must distribute information to the public on how to report sexual abuse and sexual harassment on behalf of residents, information on its zero tolerance policy for sexual abuse/rape of residents, and sexual abuse data reports.
4. Upper-level facility management must review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s).
5. The facility must develop, document, and implement a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents from sexual abuse. At least annually, facility Administration and the facility PREA compliance manager must review the plan to ensure:
  - a. Generally accepted secure residential practices are met
  - b. Findings of inadequacy are addressed
  - c. Adequate numbers of Supervisory personnel are assigned
  - d. Physical plant inadequacies, such as “blind spots” on video monitoring systems are addressed to the maximum extent possible
  - e. Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors
6. Mid or upper level Supervision must make documented unannounced rounds to identify and deter staff sexual misconduct and sexual abuse.
7. The conduct and treatment of residents or staff that report an abuse incident, or are cooperating witnesses, must be monitored by mid or upper-level management for at least 90 days.
8. The facility must collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data must be sufficient to answer all questions on the annually-required Survey of Sexual Violence. Aggregated data must be:
  - a. Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices.
  - b. Made available to the public through a public Website or some other means at least annually. (Note: Personal identifiers must be removed.)

J. Exhaustion of Administrative Remedies

1. The facility must issue a final decision (initial decision and appeal decision if appealed) on the merits of a grievance alleging sexual abuse or harassment within 90 calendar days of the initial filing of the grievance.
2. The facility may claim an extension of time to respond of up to 70 calendar days if the normal time period for a response is insufficient to make a decision. The facility must notify the youth and the youth's parent/guardian in writing of any such extension.
3. Third parties, including fellow youths, staff, family, attorneys, and outside advocates may assist a youth filing grievances relating to allegations of sexual abuse and harassment. If a third party, other than the parent or guardian, files a grievance on the youth's behalf, the facility must request as a condition of processing that the alleged victim agree to the grievance filed on his behalf and may also require that the alleged victim pursue any subsequent steps in the remedy process. If the alleged victim declines to have the grievance processed on his behalf, the facility must document the youth's decision.

JUVENILE FACILITIES



<b>Auditor Information</b>			
Auditor name:			
Address:			
Email:			
Telephone number:			
Date of facility visit:			
<b>Facility Information</b>			
Facility name:			
Facility physical address:			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer:			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels:			
Age range of the population:			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
<b>Agency Information</b>			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
<b>Agency Chief Executive Officer</b>			
Name:		Title:	
Email address:		Telephone number:	
<b>Agency-Wide PREA Coordinator</b>			
Name:		Title:	
Email address:		Telephone number:	

## AUDIT FINDINGS

### NARRATIVE

## DESCRIPTION OF FACILITY CHARACTERISTICS

## SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:

Number of standards met:

Number of standards not met:

Number of standards not applicable:

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.312 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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### **Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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### **Standard 115.315 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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### **Standard 115.318 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.321 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.332 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.333 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.335 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.341 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.342 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.363 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.366 Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.367 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.373 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.377 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.382 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### **Standard 115.386 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

### Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**Standard 115.389 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date