

PREA Facility Audit Report: Final

Name of Facility: Sullivan House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/17/2023

| 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 B Latham | Date of Signature: 10/17/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------------|
| Auditor name: | Latham, Robert |
| Email: | robertblatham@icloud.com |
| Start Date of On-Site Audit: | 08/29/2023 |
| End Date of On-Site Audit: | 08/30/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Sullivan House |
| Facility physical address: | 852 Youth Center Road , Blountville, Tennessee - 37617 |
| Facility mailing address: | 852 Youth Center Road, Blountville , Tennessee - 37617 |

Primary Contact

| | |
|--------------------------|-------------------------|
| Name: | Scott Jeffers |
| Email Address: | sjeffers@frontierhealth |
| Telephone Number: | 423-279-2150 |

Superintendent/Director/Administrator

| | |
|--------------------------|----------------------------|
| Name: | Noelle Grimes |
| Email Address: | rgrimes@frontierhealth.org |
| Telephone Number: | 423-224-1044 |

Facility PREA Compliance Manager**Facility Characteristics**

| | |
|--|---------------------|
| Designed facility capacity: | 16 |
| Current population of facility: | 8 |
| Average daily population for the past 12 months: | 8 |
| 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: | 13-18 |
| Facility security levels/resident custody levels: | low security levels |
| Number of staff currently employed at the facility who may have contact with residents: | 13 |
| Number of individual contractors who have contact with residents, currently | 0 |

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| authorized to enter the facility: | |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 3 |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Frontier Health Foundation, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1167 Spratlin Park Drive , P.O. Box 9054, Gray , Tennessee - 37615 |
| Mailing Address: | |
| Telephone number: | 4233603742 |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------|-----------------------|----------------------------|
| Name: | Noelle Grimes | Email Address: | rgrimes@frontierhealth.org |

| Facility AUDIT FINDINGS |
|---|
| Summary of Audit Findings |
| <p>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.</p> <p>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</p> |

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| audited. | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 43 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2023-08-29 |
| 2. End date of the onsite portion of the audit: | 2023-08-30 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | <ol style="list-style-type: none">1. The Children's Advocacy Center of Sullivan County (CAC)2. Sexual Assault Center of East Tennessee3. Tennessee Department of Children's Services4. Just Detention International |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 16 |
| 15. Average daily population for the past 12 months: | 8 |
| 16. Number of inmate/resident/detainee housing units: | 2 |

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| 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: | 5 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 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 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |
| 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): | No text provided. |

| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
|---|-------------------|
| 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: | 13 |
| 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: | 3 |
| 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: | 0 |
| 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: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |

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| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | All residents were interviewed. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews: | There were 5 residents in the facility throughout the onsite portion of the audit. All residents were interviewed. |
| 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: | 0 |

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".

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| 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: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 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). | Corroboration strategies included discussions with staff and interviews with residents. |
| 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: | 0 |

| | |
|--|---|
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

| | |
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| <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>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |

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| <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>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |

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| <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>Corroboration strategies included discussions with staff and interviews with residents.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Corroboration strategies included discussions with staff and interviews with residents.</p> |

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| 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: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 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). | Corroboration strategies included discussions with staff and interviews with residents. |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | No text provided. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 3 |

| | |
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| 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 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 |
| If "Other," describe: | Gender, race, ethnicity, and languages spoken were considered. |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 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): | The auditor interviewed all 3 staff members on duty during all shifts of the two-day onsite phase of the audit. A fourth staff member called in sick. |

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):

8

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

| | |
|--|---|
| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | No text provided. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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|--|--|
| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> 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)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> 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). | No text provided. |
| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|--|-------------------|
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. |
|--|-------------------|

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 2 | 0 | 2 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 2 | 0 | 2 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 2 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no sexual abuse allegations reported.

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

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| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 2 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 2 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> Frontier Health Division of Children's Continuum Services PREA Policy DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA Frontier Health Children's Continuum Services Organizational Chart Sullivan House Organizational Chart Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> PREA Coordinator PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> |

Findings (By Provision):

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Frontier Health PREA Policy (page 1) Frontier Health shall be committed to a zero-tolerance standard for all forms of sexual abuse/assault/misconduct/harassment or rape with-in its congregate care facilities for children and youth and shall be committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) as outlined in Public Law 108-79, Section 3.

The purpose of this policy is to provide guidelines for Frontier Health's Division of Children's Continuum Services zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane and appropriately secure environment free from threat of sexual abuse/ assault/ misconduct/harassment or rape provided for all residents living in congregate care settings.

Policies outline the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. Policies address prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Manager, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. Policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

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| | <p>Frontier Health PREA Policy (page 1) The PREA Coordinator for the Division of Children’s Continuum Services will be the Division Director of Children’s Continuum Services. The coordinator will be responsible for oversight and compliance with PREA standards in all adolescent residential facilities for children and youth.</p> <p>The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. She stated she interacts with the two PREA Compliance managers through daily contact communicating via email, phone calls, and onsite at each facility approximately once per week. She reports to one of the Frontier Health Vice Presidents.</p> <p>115.311 (c) PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>Frontier Health PREA Policy (page 1) The PREA Compliance Manager will be the House Manager of each adolescent residential facility operated by Frontier Health. The PREA Compliance Managers will be responsible for coordination of their respective facility’s efforts to comply with PREA standards. The PREA Compliance Manager will be responsible to report any violation of PREA standards to the agency PREA Coordinator.</p> <p>The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Juvenile Standards.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.</p> |
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| 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 evidence was analyzed in making the compliance determination:</p> <p>Documents: 1. Sullivan House Pre-Audit Questionnaire (PAQ)</p> <p>Findings (by provision): 115.312 (a) N/A PAQ: The agency has not entered into or renewed a contract for the confinement of</p> |

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| | <p>residents since the last PREA audit.</p> <p>Frontier Health does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>115.312 (b) N/A</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p> |
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| 115.313 | Supervision and monitoring |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Staffing Plan 4. Facility Staffing Plan Assessments (2020 - 2022) 5. Documentation of Unannounced Rounds 6. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Unannounced Rounds Corrective Action Statement – 9/25/2023 2. Unannounced Rounds for August to September 2023 – 10/4/2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (by provision):</p> <p>115.313 (a) PAQ: Since the 2020 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 7 2. The average daily number of residents on which the staffing plan was predicated: |

Frontier Health PREA Policy (page 8) Each adolescent residential location will maintain a staffing plan to insure adequate staffing levels consistent with PREA and licensing standards. Annually, the House Manager/ PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, video monitoring systems and resources available to commit to ensure adherence to the staffing plan.

The auditor reviewed the facility staffing plan. The staffing plan is fully inclusive of the standard provision requirements.

The House Manager/PREA Compliance Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Frontier Health PREA Policy (page 8) Documentation of any deviation from the staffing plan will be maintained in each site's PREA notebook.

The auditor interviewed the House Manager. The House Manager reported that the facility maintains appropriate staffing ratios. He checks for compliance through unannounced rounds. All instances of non-compliance with the staffing plan would be documented. The documentation would include explanations for non-compliance.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:8 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0

2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

The House Manager confirmed the ratios are at least 1:8 during resident waking hours and 1:16 during resident sleeping hours.

PREA Site Review:

During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios.

115.313 (d)

PAQ: 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:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Frontier Health PREA Policy (page 8) The House Manager/ PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, video monitoring systems and resources available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed she is consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually and is documented through the Facility Staffing Plan Assessment.

The auditor reviewed the 2020, 2021, and 2022 Facility Annual Staffing Plan Assessments for verification they are inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Frontier Health PREA Policy (page 8) Supervisory staff will conduct unannounced day and night shift rounds to all adolescent residential facilities on a regular basis and document rounds in each facility's PREA notebook. The purpose of these visits is to ensure the safety of residents, the security of the facilities and deter any form of sexual abuse or sexual harassment. Staff is prohibited from alerting other staff members or staff at other facilities that unannounced rounds are occurring or may be occurring. Alerting other staff of unannounced rounds by supervisors will result in disciplinary action.

a. Random, unannounced day rounds will be conducted by the Division Director of Children's Continuum Services (PREA Coordinator), as well as the Utilization

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| | <p>Manager and Training Specialist. These rounds will be documented in each site's PREA notebook.</p> <p>b. Random, unannounced night and or graveyard rounds will be conducted by staff on-call for residential services and documented in each site's PREA notebook.</p> <p>c. During staff orientation, facility staff will be made aware that alerting any other staff member of unannounced rounds will result in disciplinary action (see staff orientation checklist).</p> <p>The auditor reviewed documentation showing that unannounced rounds were occurring monthly, but not on all shifts. Through corrective action, the facility provided a corrective action plan (9/25/2023) and documented unannounced rounds, covering all shifts, for August to September of 2023 (10/4/2023).</p> <p>An interview with the House Manager confirmed the unannounced rounds are conducted. They are conducted on all shifts and staff are not alerted.</p> <p>Conclusion and Corrective Action:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.</p> <p>115.313 (e)</p> <p>The facility provided a corrective action plan (9/25/2023) stating unannounced rounds would occur on all shift each month.</p> <p>The facility provided documented unannounced rounds, covering all shifts, for August to September of 2023 (10/4/2023).</p> |
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| 115.315 | Limits to cross-gender viewing and searches |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 20.20: Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression 3. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations:</p> |

Observations during onsite review of facility

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

Sullivan House does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: 0
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

Sullivan House does not conduct pat-down searches.

Policy review and interviews with staff and residents confirmed pat-down searches do not occur at the facility.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Sullivan House does not conduct strip searches, visual body cavity searches, or pat-down searches.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Staff interviews confirmed female staff announce their presence by knocking on the

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| | <p>resident's doors if needed. Female staff do not assist with showers, and they do not enter the residents' rooms. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by female staff. Interviews with residents corroborated that female staff announce their presence y knocking on the resident's doors if needed. All residents stated they are never fully naked in full view of female staff.</p> <p>PREA Site Review:</p> <p>Residents are able to shower, perform bodily functions, and change clothing behind the privacy of a shower curtain, in side-by-side showers stalls. Only one resident showers at a time. Female staff would knock on resident's doors to alert them to their presence. The auditor was not able to observe cross-gender announcement. No cameras enable viewing of residents in a state of undress, such as showering, using the toilet, and/or changing their clothes.</p> <p>115.315 (e)</p> <p>PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.</p> <p>Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.</p> <p>No residents who identified as transgender or intersex were identified during the onsite phase of the audit.</p> <p>115.315 (f)</p> <p>The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 0%</p> <p>Sullivan House does not conduct pat-down searches. Transgender and intersect searches would be conducted in the same manner as all searches. Searches are visual without any contact. Residents remain clothed. Residents empty their own pockets and manipulate their own waistband and any other garments in view of staff.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.</p> |
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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Posters (English and Spanish)
4. PREA Brochure (English and Spanish)
5. Resident Handbook
6. Interpreter Access (Avaza Language Services)
7. Sullivan House Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Newly Implemented Resident PREA Video (English, Spanish, American Sign Language, and Closed Captioning) - 10/5/2023

Interviews:

1. Agency Head Designee (Division Director of Children's Continuum Services)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.316 (a)

PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Frontier Health PREA Policy (page 3) Appropriate provisions will be made as necessary for children/youth who are limited English proficient (also see RI113), have disabilities (including those who are deaf, or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities.

The Division Director of Children's Continuum Services confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She provided a written explanation for how the facility provides access to services. Written materials are read and explained to the residents. Through corrective action, the facility adopted the newly developed PREA Education Video available from the PREA Resource Center (10/5/2023). The video is available in multiple formats, including English, Spanish, American Sign Language, and Closed Captioning.

During the onsite phase of the audit, there were no residents who were identified as

having a learning disability.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

Frontier Health PREA Policy (page 3) Appropriate provisions will be made as necessary for children/youth who are limited English proficient (also see RI113), have disabilities (including those who are deaf, or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities.

No residents were identified as limited English proficient. The auditor tested access to interpreter services through the assistance of the House Manager During the intake demonstration she called Avaza Language Services to confirm services are available.

PREA Site Review:

The auditor observed posters and the brochure are available in in English and Spanish. The auditor also observed the intake staff was able to access the interpretation services contact information.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

Frontier Health PREA Policy (page 3) Each facility will not rely on interpreters within the facilities, except in extreme circumstances where safety may be compromised.

Staff interviews confirmed the agency would use a Spanish speaking staff member or service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has

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| | <p>determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Corrective action is complete.</p> <p>115.316 (a-b) The facility adopted the newly developed PREA Education Video available from the PREA Resource Center (10/5/2023). The video is available in multiple formats, including English, Spanish, American Sign Language, and Closed Captioning.</p> |
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| 115.317 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. Employee Questions 3. Criminal Background Record Checks 4. Child Abuse Registry Checks 5. Sullivan House Pre-Audit (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Reference Checks for Prior Institutional Employers – 10/13/2023 <p>Interview:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 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 the activity described in paragraph (a)(2) of this section. <p>Frontier Health PREA Policy (page 4) Staff will answer 4 key questions regarding accusations/convictions regarding sexual abuse and harassment at the time of hire, annually and if/when promoted.</p> |

The auditor reviewed Interview Questions for persons hired in the 12 months preceding the audit and observed the 3 questions regarding past conduct were asked and answered. The auditor also observed documentation demonstrating existing employees are asked the same questions about misconduct annually.

The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Frontier Health PREA Policy (page 4) Staff will answer 4 key questions regarding accusations/convictions regarding sexual abuse and harassment at the time of hire, annually and if/when promoted.

The auditor observed consideration of any incidents of sexual harassment is included in the 4 questions.

The HR staff confirmed the department considers prior 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 the residents.

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 6 (The PAQ incorrectly stated 35.)
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Tennessee Felony Database Clearance, Drug Offence Registry, and the Tennessee Department of Children's Services Database. Initial and annual criminal background checks are reported on the Background Check History and IV-E Eligibility Checklist form.

The auditor reviewed records of background checks of personnel hired in the past

12 months for verification they are conducted in compliance with the standard provision. The records include criminal background record checks and child abuse registry checks. No employees had prior institutional employment. Through corrective action, the agency developed a reference check form for prior institutional employers (10/13/2023).

The HR staff confirmed the agency performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults with the Tennessee Department of Children's Services Database.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

The facility does not have contract staff.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

The interview with the HR staff confirmed the agency conducts criminal background records checks annually for current employees and contractors who may have contact with residents.

The auditor reviewed background checks and verified they are conducted annually.

115.317 (f)

Frontier Health PREA Policy (page 4) Staff will answer 4 key questions regarding accusations/convictions regarding sexual abuse and harassment at the time of hire, annually and if/when promoted.

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| | <p>The auditor reviewed documented questions for current staff and confirmed the questions about previous misconduct were asked and answered at hiring and annually. There were no promotions.</p> <p>115.317 (g) PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>The auditor observed employees verify they understand that omissions regarding previous misconduct, or providing false information, shall be grounds for termination. This information is included with the questions regarding previous misconduct.</p> <p>115.317 (h) The HR staff confirmed the agency would 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.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.</p> <p>115.317 (c) The agency developed a reference check form for prior institutional employers (10/13/2023).</p> |
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| 115.318 | Upgrades to facilities and technologies |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sullivan House Pre-Audit Questionnaire (PAQ) 2. Summary of Camera Upgrades 3. Facility Schematics <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee (Division Director of Children's Continuum Services) 2. Superintendent or Designee (House Manager) <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> |

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| | <p>115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Division Director of Children’s Continuum Services and House Manager both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Division Director of Children’s Continuum Services and House Manager both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. The House Manager discussed how additional cameras have been added to provide views of a hallway and adjoining bedrooms, as well as the perimeter of the facility.</p> <p>PREA Site Review: The auditor observed there were no expansions or modifications to the facility. Upgrades to technology include the addition of two interior cameras to cover the hallway where four previously closed bedrooms have opened and three exterior cameras with views of the perimeter of the building.</p> <p>Conclusion: Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.</p> |
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| 115.321 | Evidence protocol and forensic medical examinations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 14.25: Special Child Protective Services Investigations 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA |

4. Memorandum of Understanding: The Children's Advocacy Center of Sullivan County (CAC)
5. Children's Advocacy Center Cooperative Agreement with the Kingsport Police Department
6. Sullivan House Pre-Audit Questionnaire responses

Document (Corrective Action):

1. Updated MOU with The Children's Advocacy Center of Sullivan County (CAC) - 10/5/2023

Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. SAFEs/SANEs
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.321 (a)

PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Frontier Health is required to have all investigations conducted according to the Tennessee Department of Children's Services (DCS) - Child Protective Services (CPS) guidelines. No investigators are employed by Frontier Health. Frontier Health follows instructions from the DCS Special Investigative Unit (SIU) in matters relating to sexual abuse and harassment allegations and investigations.

Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that DCS and local law enforcement are responsible for conducting sexual abuse investigations.

115.321 (b)

Sullivan House is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANEs/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

Frontier Health PREA Policy (page 6) For those sexual abuse incidence alleged to have occurred within seventy two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the resident). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) if possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical professionals.

Examinations and treatment would be completed at local area hospitals, including Indian Path Medical Center and Johnson City Medical Center, which are part of Ballard Health. The auditor contacted a Ballard Health ER coordinator and confirmed SAFE's are on call 24 hours a day.

115.321 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with the Children's Advocacy Center of Sullivan County (CAC). The auditor observed the MOU was expired. Through corrective action, the agency updated the MOU (10/5/2023). The auditor contacted the Children's Advocacy Center of Sullivan County (CAC) and confirmed victim advocates for emotional support services are available to the youth at the facility.

115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

There were two residents, present during the onsite phase of the audit, who reported sexual abuse. Both residents stated the allegations were incidental to horseplay and they did not require a forensic medical examination.

115.321 (f)

PAQ: The facility is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The Department of Children's Services is responsible for administrative or criminal investigating allegations of sexual abuse. The Children's Advocacy Center (CAC) has a Cooperative Agreement with the Kingsport Police Department for criminal referrals. The auditor reviewed the agreement for verification.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has

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| | <p>determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. Corrective action is complete.</p> <p>115.321 (d) The agency updated the MOU with the Children’s Advocacy Center of Sullivan County (CAC) (10/5/2023).</p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 14.25: Special Child Protective Services Investigations 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. Duty to Report-Tennessee Code Annotated 37-1-403 and 37-1-605 5. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Division Director of Children’s Continuum Services) <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 2 2. The number of allegations resulting in an administrative investigation: 2 3. The number of allegations referred for criminal investigation: 0 <p>DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The Agency Head Designee (Division Director of Children’s Continuum Services/PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. She stated DCS is responsible for all investigations and local law enforcement is involved for criminal investigations.</p> <p>The auditor reviewed 2 unfounded allegations of resident-on-resident sexual harassment.</p> |

115.322 (b)

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: <https://www.frontierhealth.org/prea-information/>

Frontier Health PREA Policy (page 4) Duty to Report-Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth that is being sexually abused or sexually harassed has the duty to report such abuse. All allegations of sexual abuse must be reported to the DCS Child Abuse Hotline 1-877-237-0004. Any report that is called into the hotline has to be entered into TFACTS as a serious incident. The entry into TFACTS triggers this as a potential PREA incident and notifies those responsible at the state level for monitoring same.

115.322 (c)

Frontier Health Division of Children's Continuum Services PREA Policy describes the responsibilities of both the Frontier Health and DCS.

The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both the agency and DCS.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Tennessee Department of Children's Services (DCS) has policy governing the conduct of sexual abuse and sexual harassment investigations. The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations and DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA for verification.

115.322 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

| 115.331 | Employee training |
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| | <p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1289 409">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 421 470 454">Documents:</p> <ol data-bbox="280 465 1473 790" style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Staff Training Curriculum 4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 5. Training Sign-In Sheets 6. Sullivan House Pre-Audit Questionnaire (PAQ) <p data-bbox="280 831 762 864">Document (Corrective Action):</p> <ol data-bbox="280 875 975 909" style="list-style-type: none"> 1. Updated Staff Training Curriculum -10/12/2023 <p data-bbox="280 949 459 983">Interviews:</p> <ol data-bbox="280 994 660 1028" style="list-style-type: none"> 1. Random Sample of Staff <p data-bbox="280 1068 660 1102">Findings (By Provision):</p> <p data-bbox="280 1113 464 1146">115.331 (a)</p> <p data-bbox="280 1158 1452 1225">PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p data-bbox="280 1258 1356 1337">Frontier Health PREA Policy (page 4) All staff assigned to work in adolescent residential facilities will receive training in compliance with PREA standards.</p> <ol data-bbox="280 1348 1428 1628" style="list-style-type: none"> a. Staff having contact with residents will receive training during the orientation phase of employment. b. Teachers and Aides of the local school system stationed on site in the facilities having direct contact with youth will receive training by the on-site PREA Compliance Manager. c. Mental Health outpatient therapist working on site in the facilities will receive PREA training. <p data-bbox="280 1662 1455 1785">Staff interviewed stated they have received training on the 11 PREA topics in standard 115.331 when hired and annually thereafter. The auditor reviewed 8 staff training acknowledgements for training completed in 2023.</p> <p data-bbox="280 1818 1455 1942">The auditor reviewed the training curriculum and observed not all topics were included. Through corrective action, the agency updated the training curriculum to be inclusive of the 11 topics required by the standard provision (10/12/2023).</p> <p data-bbox="280 1975 464 2009">115.331 (b)</p> <p data-bbox="280 2020 1436 2098">PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the</p> |

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| | <p>opposite gender are given additional training.</p> <p>115.331 (c) PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: annually</p> <p>The auditor reviewed the training curricula and 8 staff training acknowledgements for training completed in 2023. Staff initial and sign that they have received training.</p> <p>115.331 (d) PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Frontier Health PREA Policy (page 4) All facility staff, teachers and therapists having contact with residents in the facilities, will sign form CS-9040, Employees Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read and understand the zero-tolerance policy and the training they have received. Copies of CS-9040 will be forwarded to HR and filled in each staff's personnel file, and names of those receiving training will be maintained on the PREA training log. CS-9040 signed by non-employees receiving training (such as teaching staff stationed on site by the local school system) will be filed in the facilities on-site PREA notebook.</p> <p>The auditor reviewed 8 staff training acknowledgements for training completed in 2023. Staff initial and sign that they have received training.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.</p> <p>115.331 (a) The agency updated the training curriculum to be inclusive of the 11 topics required by the standard provision (10/12/2023).</p> |
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| 115.332 | Volunteer and contractor training |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> |

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| | <p>1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 3. Sullivan House Pre-Audit (PAQ)</p> <p>Interviews:</p> <p>1. Volunteers who have Contact with Residents</p> <p>Findings (By Provision):</p> <p>115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 3</p> <p>Interviews with 2 volunteers confirmed they have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>The auditor reviewed 3 volunteer/contractor acknowledgement forms and training records for verification contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>115.332 (b) PAQ: 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, 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 informed how to report such incidents.</p> <p>115.332 (c) PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor reviewed 3 volunteer/contractor acknowledgement forms training completed in 2018 and 2019.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p> |
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| 115.333 | Resident education |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) 4. Training of Residents for Emergency Procedures and Orientation (Comprehensive Education) 5. Posters (English and Spanish) 6. PREA Brochure (English and Spanish) 7. Resident Handbook 8. Interpreter Access (Avaza Language Services) 9. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Newly Implemented Resident PREA Video (English, Spanish, American Sign Language, and Closed Captioning) – 10/5/2023 2. New PREA Posters (English and Spanish) - 10/4/2023 <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: Unknown (The PAQ was incomplete.)</p> <p>Frontier Health PREA Policy (pages 2-3) During the intake process, each resident will receive information explaining, in an age and developmentally appropriate fashion; the agency's zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidence or suspicions of sexual abuse or sexual harassment.</p> <p>Written and verbal information on PREA will be provided and explained to each resident within (24) twenty-four hours of arrival at the facility, and will include, but not limited to:</p> <ol style="list-style-type: none"> a. Frontier Health’s zero tolerance policy regarding PREA b. Prevention/Intervention c. Self-protection and how to avoid risk situations d. Consequences for engaging in any type of sexual activity while at the facility |
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e. How to safely report sexual abuse such as:

- Reporting the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004
- Report abuse incident to facility/agency personnel (e.g., House Manager, Assistant Manager, direct care staff, therapist, teacher, physician)
- File a grievance using a grievance form provided in the client handbook and place grievance in locked grievance box accessible to all youth located at each facility.
- Formally or informally. Residents are not required to use any informal process or attempt to resolve an alleged incident of sexual abuse with staff.
- Residents may submit grievances without submitting to a staff member who is the subject of the complaint.
- Report the abuse to their case manager, parent or Guardian ad Litem

f. How to obtain medical and mental health treatment and counseling.

PREA information will be covered in the client handbook provided to each resident upon intake.

Youth sign an acknowledgment, the Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA), of having received the PREA educational materials during the intake process. The materials include information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed the brochure and handbook and determined they are inclusive of the information required during the intake process. The auditor observed intake. The House Manager/Intake Staff provided information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment through the pamphlet and handbook.

The auditor reviewed acknowledgment forms to verify residents have been provided the PREA Pamphlet at intake. For all 5 residents interviewed the acknowledgment forms were completed during intake.

The auditor reviewed historical documentation for the 12-month audit period. For all 10 residents the acknowledgement forms were completed during intake.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: Unknown (The PAQ was incomplete.)

Frontier Health PREA Policy (page 3) With-in the initial 10 days of placement, residents will receive a more comprehension training on PREA.

The House Manager stated the agency ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents through watching a video. She confirmed the information is provided within 10 days of intake. She demonstrated how the residents are educated and reviewed the video with the auditor.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education within 10 days of intake.

The auditor reviewed the documentation for 5 residents interviewed and the past 12 months to verify the residents received PREA education.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

The House Manager stated all residents, including those transferred from other facilities, are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment.

115.333 (d)

PAQ: 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.

Frontier Health PREA Policy (page 3) Appropriate provisions will be made as necessary for children/youth who are limited English proficient (also see RI113), have disabilities (including those who are deaf, or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities.

During the onsite phase of the audit, there were no residents who were identified as having a learning disability. No residents were identified as limited English proficient.

The auditor observed posters and the brochure are available in in English and Spanish. Interpreter services are available through Avaza Language Services. Written materials are read and explained to the residents. Through corrective action, the facility adopted the newly developed PREA Education Video available from the PREA Resource Center (10/5/2023). The video is available in multiple formats, including English, Spanish, American Sign Language, and Closed Captioning.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Frontier Health PREA Policy (page 3) Each resident will be required to sign DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have been notified and informed of PREA and how to report incidence of sexual abuse/ assault/ misconduct/ harassment.

- a. For residents in DCS custody, copies of signed form will be sent to their parent(s) or guardians, family service worker, and
- b. The original signed form will be maintained in the resident's case file.

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| | <p>Each facility will maintain documentation of youth participation in PREA education sessions.</p> <p>With-in the initial 10 days of placement, residents will receive a more comprehension training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident's case file.</p> <p>The auditor reviewed acknowledgement forms for 5 residents interviewed and the past 12 months to verify the facility maintains documentation of resident participation in PREA education sessions.</p> <p>115.333 (f)</p> <p>PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>During the site review the auditor observed pamphlets and other educational materials available in English and Spanish. The information is readable and accessible, consistent, and posted throughout the facility. The posters contain information about PREA, including how to report sexual abuse and sexual harassment, as well as a toll-free hotline phone number for DCS child abuse reporting.</p> <p>Through corrective action, the signage was updated to include standard 115.353 provision requirements (10/4/2023).</p> <p>Conclusion and Corrective Action:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete.</p> |
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| 115.334 | Specialized training: Investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Sullivan House Pre-Audit Questionnaire (PAQ)</p> <p>Interview:</p> <p>1. Investigative Staff -N/A</p> <p>Findings: N/A</p> <p>Frontier Health does not conduct any form of administrative or criminal sexual</p> |

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| | <p>abuse investigations. Investigators are employed and trained by the Tennessee Department of Children's Services.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p> |
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| 115.335 | Specialized training: Medical and mental health care |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. Staff Training Records 3. Sullivan House Pre-Audit (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Training Required by § 115.331 - 8/29/2023 2. Specialized Training Topics - 9/28/2023 <p>Interview:</p> <ol style="list-style-type: none"> 1. Mental Health Staff <p>Findings (By Provision):</p> <p>115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 1 (The PAQ did not indicate the number.) 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>Documentation review and the interview with the therapist revealed a need for training required by § 115.331 and the specialized training topics regarding sexual abuse and sexual harassment. Through corrective action, the therapist completed the training required by § 115.331 (8/29/2023) and the specialized training topics (9/28/2023).</p> <p>115.335 (b) PAQ: The facility does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> |

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| | <p>Medical and mental health staff interviewed stated forensic medical examinations are not conducted at the facility. Forensic examinations would be at Indian Path Medical Center and Johnson City Medical Center.</p> <p>115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Through corrective action, the therapist completed the training required by § 115.331 (8/29/2023) and the specialized training topics (9/28/2023).</p> <p>115.335 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>Through corrective action, the therapist completed the training required by § 115.331 (8/29/2023).</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.</p> <p>115.335 (a) The therapist completed the training required by standard 115.331 (8/29/2023). The therapist completed the specialized training topics (9/28/2023).</p> |
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| 115.341 | Obtaining information from residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS form CS-0946 PREA Risk Assessment 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Risk Assessment - Updated with Identification of Intersex (9/12/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator |

2. PREA Compliance Manager
3. Staff Responsible for Risk Screening
4. Random Sample of Residents

Findings (By Provision):

115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 19
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

Frontier Health PREA Policy (pages 1-2) During the Intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for behavior and risk victimization will be administered within seventy -two (72) hours of admission.

Each resident will be reassessed every 6 months or at any point of significant change in his or her situation.

The auditor reviewed completed risk assessments. Five assessments were reviewed for the 12-month audit period. All 5 assessments were completed within 72 hours of intake. Five assessments were reviewed for residents interviewed. All 5 assessments were completed within 72 hours of intake. The auditor reviewed risk reassessments and determined they occur at 6-month intervals.

The Staff Responsible for Risk Screening (House Manager) demonstrated the screening process. The screening process occurs in the conference, ensuring as much privacy as possible. He confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and reviewing the DCS referral packet. The packet includes collateral information.

Five residents were interviewed. They confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions within 3 days of admission.

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the PREA Risk Assessment tool and found it to be inclusive of the required information, except for identification as intersex. The agency provided a statement that identification as intersex has been added to the assessment criteria (9/12/2023).

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, and other relevant documentation from the resident's files.

The interview with the House Manager confirmed the information is ascertained through conversations with residents during intake and reviewing the DCS referral packet.

115.341 (e)

The PREA Coordinator, PREA Compliance Manager/House Manager confirmed the agency has outlined who can have access to a resident's risk assessment within the

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| | <p>facility, to protect sensitive information from exploitation. The information is securely maintained in the secretary's office in a locked file cabinet and is available on a need-to-know basis. The PREA Coordinator stated staff sign a confidentiality agreement.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.</p> <p>115.341 (c) The agency provided a statement that identification as intersex has been added to the criteria (9/12/2023).</p> |
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| 115.342 | Placement of residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS form CS-0946 DCS form CS-0946 PREA Risk Assessment 4. DCS form CS-1237 Safe Housing Assessment 5. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) 2. PREA Coordinator 3. PREA Compliance Manager 4. Staff Responsible for Risk Screening 5. Staff who Supervise Residents in Isolation (N/A) 6. Medical Staff (N/A) 7. Mental Health Staff 8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) (N/A) 9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.342 (a) PAQ: The agency/facility uses information from the risk screening required by</p> |

§115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Frontier Health PREA Policy (page 1) The “At-Risk Protocol” section of form CS-0946 will be initiated and completed by each facilities respective PREA Compliance Manager or their designee on residents identified as vulnerable for at risk sexual victimization or identified as having the potential to victimize/ perpetrate, especially in regards to sexually aggressive behavior. Bed and room assignments will be made accordingly on a case by case basis.

Each resident will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

The Staff Responsible for Risk Screening (House Manager) discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. The score from the risk assessment is used to complete the Safe Housing Assessment. The Safe Housing Assessment replaces the At-Risk Protocol” section of form CS-0946.

The auditor reviewed Safe Housing Assessments for the residents interviewed and for the 12-month audit period. Assessments designate a resident’s risk level and housing placement recommendation.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The House Manager confirmed Sullivan House does not use isolation for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of

such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Frontier Health PREA Policy (page 2) Placing lesbian, gay, bisexual, transgender or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status is prohibited.

No residents identified as gay, bisexual, transgender, or intersex during the onsite phase of the audit.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The PREA Compliance Manager confirmed housing and programming assignments for transgender male, transgender female, or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The PREA Compliance Manager/Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety and stated transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and PREA Compliance Manager confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.

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| | <p>No residents identified as transgender or intersex during the onsite phase of the audit.</p> <p>Site Review: The auditor observed all residents shower behind the privacy of a shower curtain, in side-by-side showers stalls. Only one resident showers at a time. Transgender or intersex residents would be given the opportunity to shower separately from other residents in the same manner.</p> <p>115.342 (h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 1. A statement of the basis for facility's concern for the resident's safety, and 2. The reason or reasons why alternative means of separation cannot be arranged: N/A</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. Sullivan House does not use isolation for residents at risk of sexual victimization.</p> <p>115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. Sullivan House does not use isolation for residents at risk of sexual victimization.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.</p> |
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| 115.351 | Resident reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. PREA Pamphlet 4. PREA Posters |

5. Resident Handbook
6. Sullivan House Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Updated PREA Posters (English and Spanish) - 10/4/2023

Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

The facilities provide internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal ways of reporting include reporting to facility/agency personnel (e.g., Residential Manager, Team Leader, direct care staff, therapist, teacher, physician) or filing a grievance. Grievance forms and locked grievance boxes are assessable to the residents. A grievance form is included in each client handbook. Residents can keep a pencil for writing grievances and the grievance boxes are checked daily.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

The auditor observed signage was readable and accessible, consistent, and placed throughout the facility. Through corrective action, the signage was updated to include standard 115.353 provision requirements (10/4/2023).

The auditor tested internal reporting by submitting a test grievance. The auditor received response the same day.

115.351 (b)

PAQ: The agency provides 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. The facility does not detain youth solely for civil immigration purposes.

Frontier Health PREA Policy (pages 3-5) Reporting the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004. Children/Youth may report allegations of sexual abuse/ assault/ misconduct/ harassment to local law enforcement agencies and remain anonymous upon request.

Frontier Health policy does not include procedures for residents detained solely for civil immigration purposes. The PAQ indicates Sullivan House does not accept residents detained solely for civil immigration purposes.

The PREA Compliance Manager identified the DCS Child Abuse Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a note or grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor tested external reporting by calling the DCS Child Abuse Hotline. Posters, located throughout the facility, instruct reporters to dial 1-877-237-0004.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

Frontier Health PREA Policy (page 4) Pursuant to Tennessee Code Annotated 37-1-403, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse. In terms of PREA standards, this duty to report includes but is not limited to 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. All reports made verbally, in writing, anonymously, by third parties or by any other means must be reported.

Staff interviewed confirmed verbal reports would be documented immediately, but always within 24 hours.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

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| | <p>The PREA Compliance Manager stated there are posters and pamphlets available to help residents make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed a grievance box and forms available to the residents.</p> <p>115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Staff report to the DCS Child Abuse Hotline at 1-877-237-0004.</p> <p>Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. Corrective action is complete.</p> <p>1155.351 (a) The signage was updated (10/4/2023).</p> |
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| 115.352 | Exhaustion of administrative remedies |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Policy 24.5 DOE Youth Grievance Procedures 4. Resident Handbook 5. Grievance Form 6. Sullivan House Pre-Audit Questionnaire responses <p>Interviews: Residents who Reported a Sexual Abuse</p> <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings: PAQ: The agency does not have an administrative procedure for dealing with</p> |

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| | <p>resident grievances regarding sexual abuse.</p> <p>Frontier Health is exempt from this standard. Frontier Health does not have administrative procedures to address resident grievances regarding sexual abuse. DCS is responsible for all administrative procedures to address resident grievances regarding sexual abuse.</p> <p>Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.</p> <p>Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of Frontier Health must document the resident's decision to decline.</p> <p>Pursuant to Tennessee Code Annotated 37-1-413, any person who either verbally or by written/printed communication reports false accusations of sexual abuse commits a Class E felony. A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.</p> <p>The auditor reviewed the resident handbook to determine that relevant information is provided.</p> <p>The auditor observed a locked grievance box that is checked daily.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p> |
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| 115.353 | Resident access to outside confidential support services and legal representation |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination: Documents: 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse,</p> |

Sexual Harassment, Assault or Rape Incidents and PREA

3. Memorandum of Understanding: The Children's Advocacy Center of Sullivan County (CAC)

4. Resident Handbook

5. PREA Posters

6. Sullivan House Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Updated PREA Posters (English and Spanish) - 10/4/2023

2. Updated MOU with The Children's Advocacy Center of Sullivan County (CAC) - 10/5/2023

Interviews:

1. Superintendent of Designee (House Manager)

2. PREA Compliance Manager

3. Random Sample of Residents

4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.353 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents (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.
- Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Frontier Health provides residents with access to outside victim advocates for emotional support services related to sexual abuse through a MOU with the Children's Advocacy Center (CAC) of Sullivan County.

Frontier Health policy does not include procedures for residents detained solely for civil immigration purposes. The PAQ indicates Sullivan House does not accept residents detained solely for civil immigration purposes.

Resident interviews revealed limited knowledge of outside victim advocates for emotional support services related to sexual abuse if they ever need it.

Through corrective action, the telephone number and mailing address for the Children's Advocacy Center (CAC) of Sullivan County is included the updated PREA poster (10/4/2023). The posters instruct residents the CAC provides help, hope, and healing to victims of sexual and physical abuse. The posters instruct the residents to call (423) 279-1222 or write a letter to 150 Blountville Bypass, Blountville, TN 37617.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the

mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Through corrective action, the posters inform the residents the extent to which communications will be monitored. Additionally, the posters inform residents that CAC victim advocates are mandatory reporters (10/4/2023).

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with the Children's Advocacy Center of Sullivan County (CAC). The auditor observed the MOU was expired. Through corrective action, the agency updated the MOU (10/5/2023). The auditor contacted the Children's Advocacy Center of Sullivan County (CAC) and confirmed victim advocates for emotional support services are available to the youth at the facility.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Frontier Health PREA Policy (page 3) If a resident requests to consult with their attorney, the resident's case manager will contact the youth's attorney and request the consultation. Residents may make phone calls to immediate family only or others approved by the court or your DCS Family Service Worker.

The House Manager/PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

115.353 (a)

To provide increased visibility and access to contact information for the Children's Advocacy Center of Sullivan County (CAC), the telephone number and mailing address is included in the updated PREA Poster (10/4/2023).

115.353 (b)

The updated PREA poster includes relevant information for the Children's Advocacy Center of Sullivan County (CAC) (10/4/2023). The poster indicates the CAC victim advocates are mandatory reporters, staff will not monitor calls, and the CAC is an

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| | external agency from Frontier Health. |
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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 5 4. Parent Handbook 5. Frontier Health website (https://www.frontierhealth.org/prea-information/) 6. Sullivan House Pre-Audit Questionnaire (PAQ) <p>§115.354</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Third parties, including parents, other residents, or any other person may report allegations of resident sexual abuse or sexual harassment. Parents/Legal Guardians are provided a handbook containing a grievance form and procedures for reporting. Also, the Frontier Health website (https://www.frontierhealth.org/prea-information/) has a link to the Tennessee Department of Children’s Services website. The website provides a secure online system for reporting abuse at https://apps.tn.gov/carat/. Hotline case managers are available to assist callers in reporting abuse.</p> <p>Posters and pamphlets provide residents and visitors with information about third-party reporting. The information is readable and accessible, consistent, and placed throughout the facility.</p> <p>The auditor successfully tested third-party reporting by calling the DCS Child Abuse Hotline at 1-877-237-0004. The hotline operator explained how the report would be processed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p> |

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| 115.361 | Staff and agency reporting duties |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Sullivan House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (House Manager)
2. PREA Compliance Manager
3. Random Sample of Staff
4. Medical and Mental Health Staff

Findings (By Provision):

115.361 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. 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.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with staff confirmed the requirement to report 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; 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.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Frontier Health PREA Policy (page 4) Duty to Report-Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth that is being sexually abused or sexually harassed has the duty to report such abuse.

Staff interviews confirmed staff are aware of Tennessee laws related to mandatory reporting of sexual abuse.

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Frontier Health PREA Policy (page 5) Apart from reporting to designated supervisors/ House Managers, DCS and local law enforcement agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone, other than to the extent necessary, to make treatment, investigation and other security and management decisions.

Staff interviewed were knowledgeable that Frontier Health policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. They stated they would report to their supervisor and DCS.

115.361 (d)

Therapists are required to report sexual abuse and sexual harassment to the DCS Child Abuse Hotline. They are mandated to follow Duty to Report laws. Therapists are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

An interview with the therapist confirmed she discloses the limitations of confidentiality and her duty to report at the initiation of services to a resident. She confirmed she is required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment upon learning of it. The therapist stated she has become aware of such incidents and reported them.

115.361 (e)

The House Manager/PREA Compliance Manager confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are immediately reported to the CPS Hotline and/or Law Enforcement; the parent(s)/guardian(s) of the youth involved; and the Family Service Worker if the child is in custody. He stated if the victim is under the guardianship of the child welfare system, the allegation is immediately reported to the victim's caseworker. Lastly, he stated it would not be applicable that a juvenile court retains jurisdiction over a victim.

115.361 (f)

Frontier Health PREA Policy (page 4) All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. Any report that is called into the hotline is entered into TFACTS as a serious incident. The entry into TFACTS triggers the report as a potential PREA incident and notifies those responsible at the state level for monitoring and investigating the allegation.

The House Manager stated all allegations of sexual abuse and sexual harassment

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| | <p>(including those from third-party and anonymous sources) are reported directly to DCS.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.</p> |
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| 115.362 | Agency protection duties |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Division Director of Children’s Continuum Services) 2. Superintendent or Designee (House Manager) 3. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.362</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>Frontier Health PREA Policy (page 5) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, staff will immediately report the incident to the Child Abuse Hotline.</p> <p>The Division Director of Children’s Continuum Services confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor, safety plans, and one-on-one supervision.</p> |

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| | <p>The House Manager confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating youth and providing one-on-one supervision with staff.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p> |
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| 115.363 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Protocol: First Responder Guidelines for Sexual Assault 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Division Director of Children’s Continuum Services) 2. Superintendent or Designee (House Manager) <p>Findings (By Provision):</p> <p>115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency’s policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>Frontier Health PREA Policy (page 2) If the victimization occurred while the resident was confined at another facility/agency, Frontier Health’s PREA Coordinator will notify the head of the facility /agency where the alleged abuse occurred no later than 72 hours of receiving the allegation and will report the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004. Such contacts will be documented.</p> <p>115.363 (b)</p> |

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| | <p>PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Frontier Health PREA Policy (page 2) Frontier Health's PREA Coordinator will notify the head of the facility /agency where the alleged abuse occurred no later than 72 hours of receiving the allegation.</p> <p>115.363 (c)</p> <p>PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Frontier Health PREA Policy (page 2) Such contacts will be documented within 72 hours of receiving the allegation.</p> <p>115.363 (d)</p> <p>PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>The Division Director of Children's Continuum Services/PREA Coordinator stated if another agency or a facility within Frontier Health refers allegations of sexual abuse or sexual harassment that occurred within one of the agency's facilities, the designated point of contact is the PREA Coordinator. She reports the abuse incident directly to the DCS Child Abuse Hotline at 1-877 237-0004 for investigation. DCS is the designated point of contact if another facility refers allegations of sexual abuse or sexual harassment.</p> <p>The House Manager confirmed that all allegations reported to have occurred at another facility will be referred to DCS for investigation and local law enforcement. He stated there are no examples of this occurring.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p> |
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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The following evidence was analyzed in making the compliance determination: |

Documents:

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS Protocol: First Responder Guidelines for Sexual Assault
4. Sullivan House Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Frontier Health Division of Children's Continuum Services PREA Policy Update – 8/29/2023

Interviews:

1. Staff First Responders
2. Random Sample of Staff
3. Residents who Reported a Sexual Abuse

Findings (By Provision):**115.364 (a)**

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A

Through corrective action, policy was updated (8/29/2023) to be inclusive of the standard provision requirements.

Frontier Health PREA Policy (page 2) Upon receiving notice of an incident of sexual abuse by a resident, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the resident is kept safe and kept

separated from the perpetrator, immediately notifying the House Manager or Manager on call, and:

i. Request alleged victim and ensure perpetrator do not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation: and

ii. Secure the incident area and treat it as a crime scene.

Staff should refer to the DCS Protocol: First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults. The protocol is reviewed with each staff upon hire, during orientation, and maintained in the tech staff office of each residential facility. The DCS Protocol: First Responder Guidelines for Sexual Assaults provides in-depth guidelines regarding emergency medical attention, evidence collection, and safeguarding evidence.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Sullivan House does not employ security staff. All staff are trained on the First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is completed.

115.364 (a)

Policy was updated (8/29/2023) to be inclusive of the standard provision requirements. The updated policy states:

- a. Staff will request alleged victims do not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation; and
- b. Staff will ensure perpetrators do not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation.

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Protocol: First Responder Guidelines for Sexual Assault 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The House Manager confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Upon receiving notice of an incident of sexual abuse by a resident, or if a staff witnesses or unexpectedly encounters an assault taking place, the staff will ensure the resident is kept safe and kept separated from the perpetrator, immediately notifying the Residential Manager or Manager On-call. Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling. The incident will be reported to the CPS Hotline and/or Law Enforcement.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Division Director of Children’s Continuum Services) <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into a collective bargaining agreement since the last PREA audit.</p> <p>The Division Director of Children’s Continuum Services stated Frontier Health has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b) N/A</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p> |
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| 115.367 | Agency protection against retaliation |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Retaliation Monitoring Notes 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head Designee (Division Director of Children’s Continuum Services) 2. Superintendent or Designee (House Manager) 3. Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager) 4. Residents who Reported a Sexual Abuse |

Findings (By Provision):

115.367 (a)

PAQ: The agency has 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.

The agency designates a staff member with monitoring for possible retaliation: Scott Jeffers, House Manager.

Frontier Health PREA Policy (page 5) Retaliation or negative consequences for reporting sexual abuse/ harassment or cooperating with sexual abuse/ harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

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.

Frontier Health PREA Policy (page 5) If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.

The Division Director of Children's Continuum Services/PREA Coordinator stated protective measures would be made on a case-by-case basis to ensure that all staff and residents are being treated fairly. Staffing changes, housing changes, and safety plans would be made as needed. The House Manager stated the different measures that would be taken to protect residents and staff from retaliation. Measures would include weekly verbal communications, monitoring video, and monitoring consequences given to residents. He confirmed he would initiate contact with residents who have reported sexual abuse. Contact would occur initially and weekly thereafter.

There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported sexual abuse.

115.367 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

- The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The number of times an incident of retaliation occurred in the past 12 months: 0

Frontier Health PREA Policy (page 5) For a period of ninety (90) days following a report, the PREA Coordinator, along with the respective PREA Compliance Manager, will monitor the treatment of residents or staff that made a report and the resident who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will continue beyond 90 days if evidence indicates a continued need.

The House Manager stated measures he would take when he suspects retaliation includes talking with staff and youth, staff interviewing residents and providing consequences. As the Designated Staff Member Charged with Monitoring Retaliation, he stated things he looks for to detect possible retaliation includes excessive or unfair consequences, fights or arguments between residents, isolating behaviors, and changes in behaviors. He monitors behavior reviews, consequences, requests from residents, time off requests, and camera footage. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days or until an individual leaves the program. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be indefinitely.

115.367 (d)

Frontier Health PREA Policy (page 5) Monitoring will include, but no be limited to:

- Resident disciplinary reports (Behavioral Reviews)
- Negative staff reviews or requests for transfers
- Periodic status checks of residents

The House Manager stated monitoring in the form of periodic status checks occurs for at least 90 days and longer if evidence indicates the need to continue monitoring.

The auditor reviewed the Retaliation Monitoring Notes for 2 allegations of sexual harassment. The notes indicated compliance with standard provision requirements.

115.367 (e)

Frontier Health PREA Policy (page 5) If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.

The Division Director of Children's Continuum Services/PREA Coordinator stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including developing a safety plan and providing emotional support from the therapist. The House Manager stated the different measures he would take to protect residents and staff from retaliation would include removing the alleged abuser (whether it be staff or resident) from the facility during the investigation if necessary. A resident may require a bedroom change depending on the situation. He stated measures he would take when he suspects retaliation. The person who is suspected of retaliating may be removed from the facility. They may also receive disciplinary sanctions depending on the situation.

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| | <p>115.367 (f) Frontier Health PREA Policy (page 5) Responsibility to monitor will terminate if the allegation is found to be unfounded.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.</p> |
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| 115.368 | Post-allegation protective custody |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Sullivan House Pre-Audit Questionnaire (PAQ)</p> <p>Interview:</p> <p>1. Superintendent or Designee (House Manager)</p> <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>The House Manager confirmed the facility does not use segregated housing in this manner.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> |

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. DCS Policy 14.25: Special Child Protective Services Investigations
3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. Sullivan House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (House Manager)
2. PREA Coordinator
3. PREA Compliance Manager
4. Investigative Staff – N/A
5. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 1) Frontier Health ensures that all reports of sexual abuse and sexual harassment are investigated, regardless of the source, and notifies all victims and other reporters in writing of outcomes of the investigation and sanctions imposed.

It is the policy of the agency to refer investigations of sexual abuse to law enforcement (Sullivan County Sheriff's Department). During the investigation, the facility:

- ensures that investigations are initiated and completed within established time frames
- cooperates with outside investigators
- ensures that all direct and circumstantial evidence, including physical evidence, interviews, and prior complaints regarding the alleged perpetrator is reviewed
- contacts prosecutors when evidence appears to support criminal prosecution
- investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasons behind credibility assessments of reporters, and copies of documentary evidence where feasible
- refers substantiated allegations for prosecution

The auditor reviewed 2 unfounded allegations of resident-on-resident sexual harassment for the 12-month audit period.

115.371 (b)

The facility does not have investigative staff.

115.371 (c)

DCS and local law enforcement would be responsible for gather evidence and interviewing alleged victims, suspected perpetrators and witnesses.

The auditor reviewed 2 unfounded allegations of resident-on-resident sexual harassment for the 12-month audit period.

115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e)

DCS and local law enforcement would conduct compelled interviews if applicable.

115.371 (f)

During the onsite phase of the audit, there were no residents who reported a sexual abuse or sexual harassment allegation.

There were no residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment allegations.

115.371 (g)

During the onsite phase of the audit, there were no residents who reported a sexual abuse or sexual harassment allegation. The auditor reviewed 2 unfounded allegations of resident-on-resident sexual harassment for the 12-month audit period. The investigations did not state staff actions contributed to the abuse.

115.371 (h)

Investigations are documented in the appropriate Tennessee Family & Child Tracking System (TFACTS) incident reporting section.

There were no criminal investigation reports.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 1) The agency retains all written reports 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.

The auditor reviewed 2 unfounded allegations of resident-on-resident sexual

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| | <p>harassment for the 12-month audit period.</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 (m) The Program Manager/PREA Compliance Manager confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. The facility requests the investigator to inform them of the outcome of the investigation in writing.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.</p> |
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| 115.372 | Evidentiary standard for administrative investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy 3. DCS Policy 14.7: Child Protective Services Investigation Track 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigative Staff - N/A <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings: PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 1) All allegations will be considered substantiated if supported by a preponderance of the evidence. If evidence is insufficient, the allegations will be considered unsubstantiated, but not unfounded.</p> <p>Conclusion:</p> |

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| | Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required. |
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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Client Contacts (Verbal Notification of Investigation Outcome) 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Juvenile Notification of Investigation Outcome Form (9/13/2023) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) 2. Residents who Reported a Sexual Abuse <p>Findings (by provision):</p> <p>115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A <p>Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 1) Following an investigation into a resident’s allegation of sexual abuse in the facility, the agency informs the resident of the findings on whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The House Manager stated the facility notifies a resident who makes an allegation of</p> |

sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed one client note where a resident was verbally notified of the outcome of an investigation of an allegation of sexual harassment. A second client note indicated another resident was discharged prior to the conclusion of an investigation of an allegation of sexual harassment.

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 (The PAQ is inaccurate. There were 2 investigations completed by DCS.)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility 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.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 2) Following a resident's allegation of sexual abuse by a staff member, the agency informs the resident (unless the allegation is unfounded) whenever:

1. The staff member is no longer assigned to 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.

Through corrective action, the Juvenile Notification of Investigation Outcome Form was implemented (9/13/2023). The new form includes the standard provision requirements of informing residents about the actions taken regarding staff abusers.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 2) Following a resident's allegation of sexual abuse by another resident, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Through corrective action, the Juvenile Notification of Investigation Outcome Form was implemented (9/13/2023). The auditor reviewed the Juvenile Notification of Investigation Outcome Form for verification notifications to residents include the standard provision requirements of informing residents about the actions taken regarding resident abusers.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 2) All such notifications or attempted notifications shall be documented.

The auditor reviewed one client note where a resident was verbally notified of the outcome of an investigation of an allegation of sexual harassment. A second client note indicated another resident was discharged prior to the conclusion of an investigation of an allegation of sexual harassment.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Frontier Health Investigation of Sexual Abuse and Sexual Harassment Policy (page 2) The agency's obligation to report terminates if the resident is released from the agency's custody.

Conclusion and Corrective Action:

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| | <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. Corrective action is complete.</p> <p>115.373 (a-e) The Juvenile Notification of Investigation Outcome Form was implemented (9/13/2023).</p> |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Sullivan House Pre-Audit Questionnaire (PAQ)</p> <p>Findings (by provision):</p> <p>115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b) PAQ: In the past 12 months:</p> <p>1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0</p> <p>2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>115.376 (c) PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> |

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| | <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p> |
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| 115.377 | Corrective action for contractors and volunteers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) <p>Findings (by provision):</p> <p>115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The House Manager stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The volunteer or contractor would not be allowed to have any further contact with any of the residents.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has</p> |

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| | determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required. |
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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (House Manager) <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p>Frontier Health PREA Policy (page 7) It is the policy of the Division of Children’s Continuum services that residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that the resident engaged in resident-on-resident sexual abuse/ harassment.</p> <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and</p> |

work opportunities to the extent possible.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Frontier Health does not use isolation as a disciplinary sanction. The House Manager stated disciplinary sanctions residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include restrictions and meeting would be held to determine the appropriateness of placement for the resident. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories.

115.378 (c)

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The House Manager stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Frontier Health PREA Policy (page 7) Therapy, counseling, and case management services will be provided to address and correct the underlying reasons or motivations for abuse.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Frontier Health PREA Policy (page 7) Residents will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)

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| | <p>PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Frontier Health PREA Policy (page 5) A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.</p> <p>115.378 (g)</p> <p>PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.</p> |
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| 115.381 | Medical and mental health screenings; history of sexual abuse |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children's Continuum Services PREA Policy 2. Therapist PREA Log for Follow-up Meetings 3. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <p>Findings (by provision):</p> <p>115.381 (a)</p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization</p> |

during screening who were offered a follow up meeting with a medical or mental health practitioner: 0%

Frontier Health PREA Policy (page 2) Each resident will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

The intake staff responsible for risk screening (House Manager) confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a therapist within 14 days.

Sullivan House had no residents with prior victimization and/or who scored high risk on the risk screen during intake during the audit reporting period.

No residents were identified as reporting prior sexual victimization during risk screening during the onsite phase of the audit.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0%

Frontier Health PREA Policy (page 2) If the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, the assigned therapist/ mental health practitioner will facilitate a session with the youth with-in (14) days of the intake screening.

The House Manager confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a therapist within 14 days.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

The interview with the therapist confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that mental health records are maintained by the therapist.

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| | <p>115.381 (d)</p> <p>PAQ: 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.</p> <p>The therapist stated she is a mandatory reporter and obtains informed consent from residents before reporting information about prior sexual victimization and the facility does not have residents over the age of 18.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.</p> |
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| 115.382 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> |

Frontier Health PREA Policy (pages 6-7) For those sexual abuse incidences alleged to have occurred within seventy-two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the resident). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) if possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical professionals. Program staff accompanying youth to the hospital will document efforts to provide SAFE's or SANE's. If the child/youth refuses medical treatment, document on form CS-0991 PREA Refusal of Medical Treatment that medical treatment was offered to the resident and if the offer for medical treatment was refused by the resident, or accepted by the resident but refused to be examined after arriving at the medical facility.

Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:

- i. Facility staff provides emotional support to the resident through the forensic medical exam process and investigation interviews.
- ii. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the resident safe and free from sexual abuse.
- iii. An assessment by a mental health professional.
- iv. Mental health counseling as needed considering the preferences of the resident. Services will be provided by mental health professionals with-in Frontier Health or an outside provider. The resident's preferences will be documented.
- v. Follow-up services and referrals, as appropriate for continued care, should the resident be transferred to, or placed in another Frontier Health facility.
- vi. Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided.

The auditor interviewed the therapist. She stated resident victims of sexual abuse receive immediate, unimpeded access to emergency medical treatment and crisis intervention services the nature and scope of these services would be determined according to her professional judgement.

The auditor confirmed examinations and treatment would be completed at local area hospitals, including Indian Path Medical Center and Johnson City Medical Center, which are both Ballard Health.

There were no residents, present during the onsite phase of the audit, who reported sexual abuse.

115.382 (b)

PAQ: 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.

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| | <p>Staff were knowledgeable of their first responder duties. 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 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>115.382 (c) PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Frontier Health PREA Policy (pages 6-7) Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to: Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided.</p> <p>115.382 (d) PAQ: 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.</p> <p>Treatment services are provided to victims at no financial cost. Frontier Health would be responsible for payment of medical and treatment expenses.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p> |
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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> |

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. Sullivan House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers 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.

Frontier Health PREA Policy (pages 6-7) Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:

- i. Facility staff provides emotional support to the resident through the forensic medical exam process and investigation interviews.
- ii. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the resident safe and free from sexual abuse.
- iii. An assessment by a mental health professional.
- iv. Mental health counseling as needed considering the preferences of the resident. Services will be provided by mental health professionals with-in Frontier Health or an outside provider. The resident's preferences will be documented.

The auditor observed the facility has a therapist onsite. Additionally, services are available through the Children's Advocacy Center of Sullivan County (CAC).

115.383 (b)

The evaluation and treatment of 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.

Frontier Health PREA Policy (page 7) Follow-up services and referrals, as appropriate for continued care, should the resident be transferred to, or placed in another Frontier Health facility.

No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period.

There were no residents, present during the onsite phase of the audit, who reported sexual abuse.

115.383 (c)

The facility provides victims with medical and mental health services consistent with

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| | <p>the community level of care.</p> <p>The therapist stated she considers the mental health services are consistent with the community level of care.</p> <p>115.383 (d) N/A Sullivan House is an all-male facility.</p> <p>115.383 (e) N/A Sullivan House is an all-male facility.</p> <p>115.383 (f) PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at local area hospitals, including Indian Path Medical Center and Johnson City Medical Center, which are both Ballard hospitals.</p> <p>115.383 (g) PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Frontier Health provides treatment services without financial cost to victims.</p> <p>115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>The therapist stated a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate. The evaluation would be offered within 14 days.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p> |
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| 115.386 | Sexual abuse incident reviews |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> |

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. Sexual Abuse Incident Review Form
3. Sullivan House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (House Manager)
2. PREA Compliance Manager
3. Incident Review Team

Findings (by provision):

115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Frontier Health PREA Policy (page 8) A sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

There were no substantiated allegations of sexual abuse.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Frontier Health PREA Policy (page 8) A sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

There were no allegations of sexual abuse.

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Frontier Health PREA Policy (page 8) The review team will consist of management level staff present at the Division of Children's Continuum Services Monthly Quality Improvement (QI) meeting.

The House Manager stated the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line

supervisors, investigators, and medical or mental health practitioners.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

Frontier Health PREA Policy (pages 8-9) The review team will:

- i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
- ii. Consider whether the incident or allegation was motivated by:
 - Race
 - Ethnicity
 - Gender Identity
 - Lesbian, gay, bisexual, transgender (LGBT) or intersexual identification, status, or perceived status, or
 - Gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
- iii. Meet at the facility where the alleged incident occurred, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- iv. Assess the adequacy of staffing patterns during certain shifts;
- v. Assess monitoring technology adequacy; and
- vi. Document any recommendations for improvement, or reasons for not doing so.

The House Manager/PREA Compliance Manager confirmed he is a member of the sexual abuse incident review team. He confirmed the team 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Frontier Health PREA Policy (pages 8-9) The review team will document any recommendations for improvement, or reasons for not doing so.

The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements.

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| | <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.</p> |
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| 115.387 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. 2020 Annual Report 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Aggregated PREA Data (2020-2022) <p>Findings (by provision):</p> <p>115.387 (a)</p> <p>PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>Frontier Health PREA Policy (page 9) Data will be provided to DCS as instructed by the DCS PREA Coordinator utilizing a standard instrument provided by DCS to contracted providers.</p> <p>The auditor reviewed Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (b)</p> <p>PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Through corrective action, data was aggregated from 2020-2022 (10/5/2023).</p> <p>115.387 (c)</p> <p>PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual</p> |

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| | <p>Victimization (SSV) conducted by the Department of Justice.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification the instrument includes the data necessary to answer all questions from the SSV.</p> <p>115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed reports of 2 unfounded allegations of resident-on-resident sexual harassment.</p> <p>115.387 (e) N/A Frontier Health does not contract with other facilities for the confinement of its residents.</p> <p>115.387 (f) N/A The agency was not requested to provide the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. Corrective action is complete.</p> <p>115.387 (b) Data was aggregated from 2020-2022. The report was provided to the auditor to review (10/5/2023).</p> |
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| 115.388 | Data review for corrective action |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Frontier Health Division of Children’s Continuum Services PREA Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. 2020 Annual Report 4. Sullivan House Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. 2020-2022 Annual Report – 10/13/2023 |

2. Annual Report Published at: <https://www.frontierhealth.org/prea-information/> - 10/17/2023

Interviews:

1. Agency Head Designee (Division Director of Children's Continuum Services)
2. PREA Coordinator
3. PREA Compliance Manager

Findings (by provision):

115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Frontier Health PREA Policy (page 9) Data will also be sent to Frontier Health's Director of Quality Improvement to collect and aggregate in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response to policies, practices and training including by preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. A comparison of the current years data and corrective actions with those from prior years and shall provide an assessment of the agencies progress in addressing sexual abuse.

The Division Director of Children's Continuum Services/PREA Coordinator, and PREA Compliance Manager confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

Through corrective action, the 2020-2022 annual report is published on the agency's website at: <https://www.frontierhealth.org/prea-information/> (10/17/2023). The annual report is inclusive of the standard provision requirements.

115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Through corrective action, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Additionally, the annual report provides an assessment of the agency's progress in addressing sexual abuse (10/13/2023).

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

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| | <p>Frontier Health PREA Policy (page 9) The report will be approved by the agencies Performance Improvement Committee and annually by the Board of Directors and made available to the public through the website or other means as applicable.</p> <p>Through corrective action, the auditor observed the annual reports are published at: https://www.frontierhealth.org/prea-information/ (10/17/2023).</p> <p>Through corrective action, the 2020-2022 annual report is approved by the Senior Vice President (10/13/2023).</p> <p>115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>Frontier Health PREA Policy (page 9) Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.</p> <p>The auditor reviewed the annual reports and observed no identifying information. Through corrective action, the 2020-2022 annual report indicates the nature of material redacted (10/13/2023).</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete.</p> <p>115.388 (a) The 2020-2022 report is inclusive of the standard provision requirements (10/13/2023).</p> <p>115.388 (a) The 2020-2022 report is published on the agency's website (10/17/2023).</p> <p>115.388 (c) The 2022 annual report is approved by the Senior Vice President (10/13/2023).</p> <p>115.388 (c) The 2022 annual report indicates no personal identifying information is included (10/13/2023).</p> |
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| 115.389 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> |

1. Frontier Health Division of Children's Continuum Services PREA Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. 2020 Annual Report
4. Sullivan House Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. 2020-2022 Annual Report – 10/17/2023

Interview:

1. PREA Coordinator

Findings (by provision):

115.389 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained. The data is maintained by DCS.

115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Through corrective action, the auditor observed the annual reports are published at: <https://www.frontierhealth.org/prea-information/> (10/17/2023).

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Frontier Health PREA Policy (page 9) Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.

115.389 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

Frontier Health PREA Policy (page 9) Data will be retained for a minimum of 10 years after the date of initial collection unless otherwise dictated by Federal, State or local law.

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| | <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action is complete.</p> <p>115.389 (b) The 2020-2022 Annual Report was published on the agency's website (10/17/2023).</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Sullivan House Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, Frontier Health ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p>The auditor was given access to, and the ability to observe, all areas of Sullivan House. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p> |

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| 115.403 | Audit contents and findings |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. Sullivan House Pre-Audit Questionnaire (PAQ)2. Policy Review3. Documentation Review4. Interviews5. Observations during onsite review of facility <p>Findings:</p> <p>Through corrective action, all final Frontier Health PREA Audit Reports are published on the agency’s website https://www.frontierhealth.org/prea-information/.</p> <p>Conclusion and Corrective Action:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. Corrective action is complete.</p> <p>The Sullivan House 2020 Facility PREA Audit Report is published on the agency’s website (10/8/2023).</p> |

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

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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | 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 |

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

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

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

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

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

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

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

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

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| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | na |
| 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 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report | yes |

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

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| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | 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 | |

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

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

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

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

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

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

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

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

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

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

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

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

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