

PREA Facility Audit Report: Final

Name of Facility: KidsPeace of Georgia

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/06/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 07/06/2021

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	06/02/2021
End Date of On-Site Audit:	06/02/2021

FACILITY INFORMATION	
Facility name:	KidsPeace of Georgia
Facility physical address:	101 KidsPeace Drive, Bowdon, Georgia - 30108
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Crystal Upchurch
Email Address:	Crystal.upchurch@kidspeace.org
Telephone Number:	2564529966

Superintendent/Director/Administrator	
Name:	Louis Shagawat
Email Address:	Louis.Shagawat@kidspeace.org
Telephone Number:	770-437-7200

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kelly Murray
Email Address:	Kelly.Murray@kidspeace.org
Telephone Number:	770-437-7230

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	45
Average daily population for the past 12 months:	40
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-17
Facility security levels/resident custody levels:	RBWO
Number of staff currently employed at the facility who may have contact with residents:	106
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	KidsPeace Foundation, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4085 , Independence Drive, Schnecksville, Pennsylvania - 18078
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Crystal Upchurch	Email Address:	crystal.upchurch@kidspace.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for KidsPeace of Georgia was conducted June 2, 2021. KidsPeace of Georgia is located at 1010 KidsPeace Drive, Bowdon, GA 30108. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for adults and juvenile facilities. The audit was assigned to Diversified Correctional Services, LLC as part of a contractual agreement with KidsPeace Foundation. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited June 21 -22, 2018 with 100% compliance with the PREA Standards.

Mission:

"To give hope, help and healing to children, adults and those who love them. KidsPeace is a private charity dedicated to serving the behavioral and mental health needs of children, families and communities".

Audit Methodology

Pre-Onsite Audit Phase

Prior to the onsite visit, the auditor contacted the PREA Compliance Manager to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; resident roster by housing unit; listing of staff who perform risk assessments, list of medical staff; list of contractors and volunteers available during the audit; list of residents with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex residents; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) residents, list of limited English proficient, residents, list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the selection of residents and staff to be interviewed; random and specialized interviews; due to Covid concerns, some specialized interviews were conducted June 1, 2021 via Zoom. All interviews were conducted in private.

Notice of Audit Posting and Timeline

The audit notice was posted May 3, 2021. The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all Residents, staff and visitors. Confirmation of revised audit notices was emailed to the auditor on May 3, 2021. Further verification of their placement was made through observations during the onsite review and conversations with residents. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondences were received during the phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was uploaded into the PREA Online Audit System. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

Requests of Facility Lists

KidsPeace of Georgia provided the following information for interview selections and document sampling:

Complete Resident Roster	An up to date roster was provided upon arrival.
Residents who reported sexual abuse	3
Residents who reported prior sexual victimization	1
Complete Staff Roster	The Staff roster and schedule were provided upon arrival to the facility.
Contracts who have contact with the youth	2
Volunteers who have contact with the youth	0
Grievances reporting sexual abuse/harassment	0
Investigation Reports sexual abuse/harassment	23
Detailed list of the number of sexual abuse/harassment allegations in the 12 months preceding the audit.	14 Y/Y Abuse 8 Y/Y Harassment 0 S/Y Abuse 1 S/Y Harassment

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reports no information for the preceding 12 months.
Community Based Organizations	PARC

Onsite Audit Phase Entrance briefing

On June 2, 2021 the entrance briefing was held with the Superintendent, Louis Shagawat; PREA Compliance Manager, Crystal Upchurch; and Certified Auditor, Mable P. Wheeler. Introductions were made and the agenda for the onsite visit was discussed.

The auditor conducted the site review accompanied by the PREA Compliance Manager. After the site review, the auditor conducted random staff and resident interviews, interviews were voluntary and conducted in private. Specialized staff was interviewed virtually via Zoom on June 1, 2021, due to Covid concerns, with the assurance that each interview was confidential and private.

Site review

The auditor had access to, and observed, all areas of the facility. The facility consists of one (4) buildings which includes three (3) resident housing units. Twenty-eight (28) single bed rooms, twenty-four (24) multiple occupancy rooms, zero (0) open bay dorm housing unit, and six (6) timeout rooms. The facility designated capacity is eighty (80). Population was fifteen (15) DJJ youth on the day of onsite visit. The facility houses male and female residents. Direct staff supervision is provided; males and females are housed on separate living units, or within designated sections, depending upon population count. Each room consists of toilet and sink, single showers with doors. The facility has a video monitoring system, responsible for security surveillance; mirrors are also strategical places throughout the facility to provide additional security.

Processes and areas observed

The Auditor was not able to observe the intake process. Grievance boxes are located in the housing units. Residents are able to access grievance forms without permission and writing utensils are available upon request.

The staff conducting the site review and auditor's discussion with residents verified the privacy for showering, using toilet and changing clothes. Auditor was able to observe the locations of the video monitoring cameras. PREA posters with telephone numbers for reporting sexual abuse and sexual harassment are prominently placed in the housing units and common area. The auditor informally asked residents about basic PREA facts during visit to housing units.

Specific area observations

The auditor observed the toilet and shower areas; toilets and sinks are located in each living unit the showers have doors. Residents must be dressed before coming out of shower area. Resident rooms are single occupancy. The auditor observed staff actively supervising the

residents.

Exit briefing

An exit briefing was held on June 2, 2021, with the Superintendent and PREA Compliance Manager to discuss audit findings.

Interviews Logistics Location and Privacy

All interviews were voluntary and privately conducted. Interviews were held in areas that provided privacy and minimum disruption of daily activities and programming. The auditor received no communications from residents or staff prior to onsite visit.

Selection Process

Nine (9) direct care staff was interviewed using the random staff interview protocol. Six (6) random residents were interviewed using the resident interview questionnaire. There were four (4) residents identified for targeted interviews; zero (0) residents with Cognitive Disabilities and zero (0) Resident with Physical Disabilities; zero (0) residents who was Limited English Proficient; zero (0) residents identified as transgender, zero (0) residents identified as gay/bisexual; one (1) resident who disclosed prior sexual victimization during risk screening; and three (3) residents who reported sexual abuse; zero (0) residents who reported prior sexual abuse; and zero (0) resident in segregated housing.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee	1 (prior interview)
Agency PREA Coordinator	1 (prior interview)
Agency Contract Administrator	1 (prior interview)
Executive Director	1
PREA Compliance Manager	1
Specialized Staff	
Medical	1
Mental Health	1
Human Resources	1
Higher-Level Staff who preform Unannounced Rounds	1
Investigator DJJ	1
Staff who supervise Residents in isolation	1
Incident Review Team Member	1
Retaliation Monitor	1
Security First Responder	1
Non-Security First Responder	1
Staffing responsible for risk screening	1
Intake Staff	1
Random Staff	
First Shift	5
Second Shift	4
Contractor	1
Volunteer	0
Residents	
Random Residents	6
Targeted Residents	4
Residents who reported sexual abuse	3
Resident who reported prior victimization	1
Total Random Staff	9
Total Random Residents	6
Total Specialize Staff	16
Total Interviews	31

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Characteristics Related to PREA and Sexual Safety

Parent Agency	KidsPeace Foundation, Inc.
Facility Name	KidsPeace of Georgia
Facility Address	101 KidsPeace Drive, Bowdon, GA30108
Facility Capacity	80
Average Daily Population	40
Actual population on day 1 of the onsite audit	15
Gender of Population	Male and Female
Ethnicity of Population	Multiethnic
Length of Stay	9-12 months
Age range of population	11-17
Facility Security Level	RBWO
Number of Staff	90
Number of Contractors	2
Number of Volunteers	0
Number of Housing Units	3
Number of Single Cells	3
Number of Multiple Occupancy Cells	24
Number of Open Bay Dorms	0
Number of Timeout Rooms	6
Video Monitoring	Yes

KidsPeace Georgia is located on a 25-acre campus in Bowden, Georgia and is a subsidiary of KidsPeace Foundation who's Corporate Headquarters is located in Schnecksville, Pennsylvania. KidsPeace of Georgia offers a Sexually Problematic Behavior Program that serves youth who are admitted between the ages of 11 and 17 years. The majority of young men served in this program has been sexually abused and/or became sexually reactive at a young age. As a result, they need a highly structured, self-contained, staff-secure program that provided supervision and services 24 hours a day. These youth exhibit emotional, sexual and/or behavior management issues and requires a higher level of care than the community could provide. Clients receive individual and family centered, strength-based positive reinforcement and appropriate intervention to promote their ability to function in less restrictive settings.

Additionally, the KidsPeace of Georgia Wellness & Behavioral Health Center (KGWBHC) and the KidsPeace School of Georgia (KPSGA) are part of the KidsPeace of Georgia array of Programs. KGWBHC is an outpatient Treatment Program that provides individual, group and family therapy, along with Psychiatric Evaluations, Medication Management, Nursing Care and Individual & Community Skills Development. It is recognized as a CORE Provider and Medicaid Rehab Option (MRO) in the State of Georgia, KGWBHC serves youth who reside at the KidsPeace National Centers of Georgia in Bowden, Georgia, in addition too, youth and their families who reside within the community.

The KidsPeace School of Georgia (KPSGA) offers a year-round school taught by Certified Teachers and Paraprofessional. The school is operated by KidsPeace Georgia and is part of the Carroll County School District. KPSGA uses an educational software package that provides teacher and paraprofessional instruction, assistance and supervision. This mode of education is geared to the individual needs

and learning style of the student and allows him or her to advance to their own pace. KPSGA is accredited by the Southern Association of Schools & Colleges (SACS) and was the only school operated under the auspices of a residential facility that was recognized as a Reward School by the Georgia Department of Education.

The facility's physical structures consist of three individual buildings with the following components:

- 1) A main building with a separate and distinct outpatient treatment program, administrative and clinical offices, a Medical/Nursing Clinic, Kitchen & Dining Room, Classrooms and two (2) Residential Units both containing eight (8) double, four (4) single bedrooms, two (2) bathrooms, a multipurpose room, a kitchenette, a laundry room, a human service professional (HSP) office, a team leader/unit clerk office, a supply room and a staff station.
- 2) One Residential Building housing the Sexually Problematic Behavior Program, containing twenty (20) single bedrooms, two classrooms, two (2) bathrooms, a multipurpose room, a kitchenette, a laundry room, a human service professional (HSP) office, a team leader/unit clerk office, a supply room and a staff station; and
- 3) One Recreational & Education Building containing a full-size gym, Training Room, Family Visitation Room, Library, Computer Lab, Education Manager/Principal Office, Education Human Resources Manager Office, Maintenance Workshop, and outdoor swimming pool.

The two Room, Board and Watchful Oversight Units house twenty clients each (one for males and the other for females). Both have a combination of single and double bedrooms. The Specialized Sexual Issues Unit serves twenty clients (males). The unit has only single bedrooms. All three units utilize both male and female staff, and staff is required to provide intensive supervision at all times. The facility does not use any video cameras for monitoring clients.

The staff to client ratio on the RBWO Units is 1:6 during wake hours and 1:5 during sleeping hours. The staff to client ratio on the Specialized Sexual Issue Unit is 1:4 during wake hours and 1:8 during sleeping hours. There is a host of management, supervisory and support staff members who provide oversight for participation in processes and activities that contribute to the facility operations.

The resident interviews, documentation and observations confirm the provision of the programs and services described. The residents indicated they could communicate with their parents/guardians through telephone calls and visits. Observations during the comprehensive site review revealed adequate space for conducting the programs and services described. There is enough space to accommodate visitation and meetings in private, as needed.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Standards

Auditor Overall Determination Definitions

- 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

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace PREA Policy GA.6406 Zero-Tolerance, KidsPeace Pre-Audit Questionnaire, KidsPeace Organizational Chart</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Site Review:</p> <p>Observations of facility</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>KidsPeace has a comprehensive PREA Policy GA.6406 Zero-Tolerance. The facility mandates a zero- tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. KidsPeace policies address prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The 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 advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.</p> <p>Provision (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator/manager with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>Provision (c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Comments:</p> <p>The evidence shows the facility has designated an upper-level, PREA coordinator as verified through the organizational chart, policy, PREA Coordinator job description, review of the Pre-audit questionnaire, and the interview with the PREA Coordinator. The PREA Coordinator has demonstrated she has sufficient time and authority to accomplish her PREA related responsibilities.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Review:</p> <p>KidsPeace Pre-Audit Questionnaire, Department of Juvenile Justice Contract</p> <p>Interview:</p> <p>Executive Director</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Comments:</p> <p>KidsPeace contracts with the Department of Juvenile Justices for the confinement of its residents the facility is compliant with DJJ PREA Standards.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, KidsPeace PREA Policy SOP.GA.PR.24 Supervision and Monitoring, KidsPeace PREA Policy GAR.1300 Georgia, Admissions Criteria, 2020KidsPeaceStaffingPlan, Records of Supervisory Documented Unannounced Rounds</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. <p>KidsPeace PREA Policy SOP.GA.PR 24 and GAR.1300 states KidsPeace will provide Room, Board and Watchful Oversight services for clients referred from the Georgia Department of Human services (DHR) and the Georgia Department of Juvenile Justice (DJJ). In calculating adequate staffing levels and determining the need for video monitoring the following factors will be taken into consideration: Treatment for the RBWO Units 1:6 during wake hours and 1:8 during sleep hours. The Specialized Sexual Issues Unit staffing ratio is 1:4 during wake hours and 1:8 during sleep hours. Any judicial findings of inadequacy; Any inadequacy findings from Federal investigative agencies; Any inadequacy findings from internal or external oversight bodies; All components of the physical plant; The composition of the resident population; The number and placement of supervisory staff; 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 factor that could impact the safety and security of the facility.</p> <p>The facility conducts an annual Staffing Plan Vulnerability Assessment and conducts Staffing Plan Review Meetings. All the standard requirements are addressed in the annual report. The Executive Director confirmed adequate staffing levels to protect residents against sexual abuse are considered in the plan, video monitoring is part of the plan and the staffing plan is documented with the annual Staffing Plan Vulnerability Assessment and Staffing Plan Review Meetings. He confirmed all requirements of this provision of the standard are addressed in the staffing plan. He checks for compliance with the staffing plan through Staff Work schedules and Resident Rosters. The evidence shows that the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is well documented and provides for more than adequate levels of staff.</p> <p>Provision (b):</p>

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstance.

The facility would use the PREA Exigent Circumstance Reporting Form to document any deviations. There were no deviations noted in 2020. The Executive Director confirmed the facility has not had any deviations from the staffing plan and confirmed the facility would document all instances of noncompliance with the staffing plan using the PREA Exigent Circumstance Reporting Form.

Adequate coverage is maintained by calling staff in if necessary. All staff are classified as essential. The evidence shows that KidsPeace fully complies with the staffing plan and is prepared to document any deviations from the plan. Based on the review of the Pre-audit questionnaire, and related documents submitted, the facility follows this provision of the standard.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:5 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, if not already obligated by law, regulation, or judicial consent decree to maintain the staff ratios set forth in this paragraph shall have until October 1, 2017 to achieve compliance.

Each RBWO Unit shall maintain staff ratios of a minimum of 1:6 during resident waking hours and 1:8 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Specialized RBWO Treatment Programs must maintain staff ratios of 1:4 during wake hours and 1:8 during sleep hours. The DJJ population during the onsite phase of the audit was 42 and the staffing plan is based on a designed facility capacity of 60. Based on the Pre-audit questionnaire, Executive Director interview, onsite observations, and related documents, the facility meets the requirements of this provision of the standard.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

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

KidsPeace Policy Supervision and Monitoring #SOP GA PR24 states the administration, in consultation with the PREA Coordinator, will review the following on an annual basis, or more frequently as otherwise required, to determine whether adjustments are needed to: The staffing plan established pursuant to this section above; Prevailing staffing patterns; The deployment of video monitoring systems and monitoring technologies; The resources available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed she is part of the facility team that meets regarding assessments of, or adjustments to, the staffing plan. Executive Director confirmed the plan is assessed at least annually and documented with the Staffing Plan Vulnerability Assessment. Based on the review of the Pre-audit questionnaire, interview with the PREA Coordinator and reviewing staffing plan assessments and meeting minutes, the evidence shows the facility follows this provision of the standard.

Provision (e):

Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

KidsPeace PREA Policy states administration shall deter staff sexual abuse and sexual harassment by conducting and documenting unannounced rounds at least twice monthly by either direct care supervisors, PREA Coordinator, or Administrator. There shall be no notification to staff members that these unannounced rounds are occurring, thus prohibiting staff members from notifying other staff, unless such announcement is related to legitimate operational functions of the facility. These rounds will be conducted on day shifts and night shifts.

Documentation of the unannounced rounds was provided as part of the Pre-onsite audit phase. The documentation demonstrated the rounds are conducted on both shifts at least twice monthly. An interview with a Direct Care Worker

Supervisor confirmed the rounds are conducted as scheduled, documented, and staff are not alerted as to when they are occurring. Based on the review of the Pre- audit questionnaire, interview with the Direct Care Worker Supervisor and reviewing the documented unannounced rounds, the evidence shows the facility follows this provision of the standard.

Comments:

The facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, where applicable, video monitoring, to protect residents against sexual abuse and takes into consideration the 11 criteria listed in provision (a) of the standard. The facility fully complies with the staffing plan and is prepared to document any deviations from the plan. The facility meets the required staffing ratios. Although the facility is non-secure, they follow all aspects of the standard including the provision for conducting unannounced rounds.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed: KidsPeace Pre-Audit Questionnaire, KidsPeace PREA Policy SOP.GA.PR.13,Cross-Gender/Transgender/Intersex Searches Form Cross-Gender Search Documentation Policy (Section-Points to Remember), Client Person & Belonging Search Policy, PREA Annual Training Records - Limits to cross-gender viewing and searches</p> <p>Interviews:</p> <p>Random Sample of Staff</p> <p>Random sample of Residents</p> <p>Transgender or Intersex Residents - NA</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>KidsPeace's Cross-Gender Search Documentation Policy prohibits cross-gender strip searches.</p> <p>The evidence shows cross-gender strip searches or cross-gender visual body cavity searches have not occurred at the facility. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.</p> <p>Provision (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. Cross-Gender Search Documentation Policy states staff shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p>Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances. No residents interviewed reported a female staff member has conducted a pat-down search of their body. The evidence shows cross-gender pat-down searches have not occurred at the facility. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.</p> <p>Provision (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.</p> <p>Cross-Gender Search Documentation Policy states in the event that a cross-gender search is conducted pursuant to emergency circumstances, a written incident report fully documenting the procedure shall be turned into Administration.</p> <p>Based on the review of the Pre-audit questionnaire, the Cross-Gender/Transgender/Intersex Searches Form, staff and resident interviews, and staff training logs, the facility follows this provision of the standard.</p> <p>Provision (d): The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Policy # SOP GA PR 13 states the facility prohibits cross-gender viewing of residents while showering, changing clothing, and performing bodily functions. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.</p> <p>During the onsite review female staff were observed entering the housing units. Onsite observations and formal and informal interviews with staff revealed residents are able to shower, change clothing and perform bodily functions without being seen by staff of either gender. Residents can do so behind a closed door. Staff interviews confirmed female staff would announce their presence if they were to enter one of the housing units. They also confirmed residents are able to shower, change</p>

clothing, and perform bodily functions without being seen by female staff. Resident interviews confirmed female staff would announce their presence if they were to enter one of the housing units. No residents interviewed reported ever having been naked in full view of female staff while showering, changing clothing, and performing bodily functions. The evidence shows residents 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 checks. Staff of the opposite gender are required to announce their presence when entering a resident housing unit.

Based on the review of the Pre-audit questionnaire, staff and resident interviews, staff training logs, and onsite observations, the facility follows this provision of the standard.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

Policy # SOP GA PR 13 states at no time shall staff conduct a physical examination of transgender or intersex residents solely for the purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

Staff interviews confirmed they are aware facility policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the review of the Pre-audit questionnaire, a memorandum of nonoccurrence, staff interviews, and staff training logs, the facility follows this provision of the standard.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Cross-Gender Search Documentation Policy staff shall not conduct cross-gender pat-down searches, and searches of transgender and intersex residents.

The facility conducts training annually. Training participation is documented with PREA Annual Training Records. Staff interviews confirmed they receive PREA training annually. Based on the review of the Pre-audit questionnaire, staff interviews, and staff training logs, the facility follows this provision of the standard.

Comments:

KidsPeace prohibits cross-gender strip searches or visual body cavity searches except in exigent circumstances. Also, staff shall not conduct cross-gender pat-down searches except in exigent circumstances. Youth would be transported to local hospital if this type of search is required. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility prohibits cross-gender viewing of residents while showering, changing clothing, and performing bodily functions.

Staff of the opposite gender are required to announce their presence when entering areas where residents are likely to be showering, performing bodily functions, or changing clothes. Facility policy prohibits staff from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs only in exigent circumstances.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Materials Reviewed:

KidsPeace Pre-Audit Questionnaire, PREA Orientation for Residents who are Limited English Proficient – Spanish, PREA Educational Material – Spanish, Interpreter Contact Information, Staff PREA Training Sign-in Logs for 2020

Interviews

Agency Head

Random Staff

Residents (with disabilities or who are limited English proficient) - NA

Site Review:

Observed PREA signage throughout the facility in English and Spanish

Discussion of Policy and Documents Reviewed:

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

A memorandum from the Executive Director states the facility shall take all necessary steps to ensure that a resident has an equal opportunity to participate in or benefit from KidsPeace efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. The Agency Head confirmed the facility has established procedures to provide residents with disabilities and residents who are Limited English proficient 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.

The evidence shows residents with disabilities are provided 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. Based on the review of the Pre-audit questionnaire, contract with CYRACOM and Agency Head interview, KidsPeace follows this provision of the standard.

Provision (b):

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Policy PR. CORP B 03 states the facility shall take all necessary steps to ensure that a resident has an equal opportunity, to participate in, or benefit from, the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such measures include providing access to interpreters, written materials explaining the facility's PREA policies and procedures, or verbal explanation by designated staff. Specialized needs for communication devices such as auxiliary aids and communication equipment will be determined prior to admission. No residents with disabilities or who are limited English proficient were present during the onsite phase of the audit.

The evidence shows the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any

necessary specialized vocabulary. Based on the review of the Pre-Audit Questionnaire, contract with a certified language interpreter service, resident Spanish language PREA education and orientation materials, the facility follows this provision of the standard.

Provision (c):

The agency shall not rely 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 safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The use of resident interpreters, resident readers, or other types of resident assistants is prohibited 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. Any use of a resident interpreter shall be documented.

There were no residents in need of an interpreter during the onsite phase of the audit. Staff interviews confirmed no resident interpreters, resident readers, or other types of resident assistants have been used in relation to allegations of sexual abuse or sexual harassment in the 12 months preceding the audit. The evidence shows resident interpreters, resident readers, or other types of resident assistants are not used in relation to allegations of sexual abuse or sexual harassment, absent exigent circumstances.

Comments:

Residents with disabilities are provided 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. The facility ensures 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. The use of resident interpreters, resident readers, or other types of resident assistants is prohibited.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, DJJ Criminal Background Check Requirements, Sex Offender Registry, DJJ Fingerprints, Drug Screen and Physical, KidsPeace Policy GA.6401 Background Checks for Applicants and Current Associates</p> <p>Interview:</p> <p>Human Resources Manager</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a) & (f):</p> <p>(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <p>(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);</p> <p>(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</p> <p>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.</p> <p>(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>KidsPeace PREA Policy GA 6401 states all applicants are asked about any prior misconduct involving any sexual activity. In addition, shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, KP does not hire anyone who has engaged in sexual abuse in prison, jail, community confinement facility, nor anyone, who has used or attempted to use force in the community to engage in sexual abuse.</p> <p>The PREA Disclosure Form asks the three questions required by this provision, plus other questions relevant to hiring and promotion procedures. Several examples were provided to the auditor during the Pre-onsite phase of the audit. These questions are asked during hiring, employee evaluations and promotions. The interview with the Human Resources Manager confirmed the facility ask all applicants and employees who may have contact with residents about previous misconduct described in this provision of the standard. The evidence shows the facility asks about prior misconduct during hiring, employee evaluations and promotions. Based on the review of the Pre-audit questionnaire, reviewing examples of the PREA Disclosure Form, reviewing personnel records, and the interview with the Human Resources Manager, the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>PREA Policy GA 6401 states KP shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with residents.</p> <p>The interview with Human Resources confirmed the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with residents. The evidence shows the facility considers 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. Based on the review of the Pre-audit questionnaire and the interview with the Human Resources Manager, the facility follows this provision of the standard.</p> <p>Provisions (c) & (d):</p> <p>(c) Before hiring new employees or (d) contractors who may have contact with residents, the agency shall:</p>

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

PREA Policy GA 6401 state prior to employment, KidsPeace subjects any person who will maintain contact with juveniles, whether they are staff, volunteer or contractor, to a criminal background check conducted by HireRight background check. Additionally, the facility requires that all staff members, volunteers and contractors, who have direct contact with residents, prior to employment; submit completed fingerprint cards and releases to the Department of Human Services. Prospective employees, volunteers and contractors, who maintain direct contact with residents, shall also complete a DJJ Background Check, fingerprints sex offender registry offender clearance and drug screen. The facility does not hire any prospective employee, nor enlist the services of any volunteer or contractor who may have contact with residents, whose criminal record check is returned with an indication of any sexual abuse, harassment, or other sexual crime in violation of any applicable state or federal regulations. Consistent with law, KP makes its best effort to check with previous employers of any potential employee, volunteer or contractor who may have contact with juveniles for any information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility provided several examples of Criminal Record Clearances for staff during the Pre-onsite phase of the audit. The interview with the Human Resources Manager confirmed the facility makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The evidence shows KP has an extensive background process. Based on the review of the pre-audit questionnaire, reviewing back ground and child abuse registry checks, reviewing employee records, and the interview with the HR Human Resources Manager, the facility follows this provision of the standard.

Provision (e):

The agency shall 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.

KP PREA Policy GA 6401 states the facility conducts annual criminal background record checks on all current employees, volunteers and contractors who have direct contact with residents at least every five years.

The facility provided the auditor with verification that all employees receive required clearance prior to employment and within every five years thereafter.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Agency PREA Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The Pre-audit questionnaire and interview with the Human Resources Manager, confirmed the facility follows this provision of the standard.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The Human Resources Manager confirmed the facility would provide this information if requested to do so. Based on the review of the Pre-audit questionnaire and the interview with the Human Resources Manager, the facility follows this provision of the standard.

Comments:

The facility asks the required questions concerning misconduct during hiring, employee evaluations and promotions. The facility considers any incidents of sexual harassment in hiring and promotion decisions. KP has an extensive background process.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, Facility Schematics</p> <p>Interviews:</p> <p>Agency Head</p> <p>Executive Director</p> <p>Site Review:</p> <p>Observed camera locations throughout the facility</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>KP PREA Policy states the facility shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse when designing or acquiring any new facility, and in planning in any substantial expansion, or modification of existing facilities.</p> <p>Provision (b): 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.</p> <p>Video Surveillance Policy ORG. 4220 states the facility shall utilize a video camera system in order to review recordings for investigation purposes in support of its PREA effort. Recordings may be reviewed up to thirty (30) days during "motion only" option. The system acts as a deterrent which enhances the ability to protect residents from sexual abuse.</p> <p>Comments:</p> <p>KidsPeace has had no substantial expansions or modifications since the last PREA audit.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, Interview (Senior Investigator, PREA Unit) Georgia DJJ, KidsPeace PREA Policy PR GA G 03, MOU-Prevention & Advocacy Resource Center (PARC), PREA Critical Incident Report Form</p> <p>Interviews:</p> <p>Agency Head</p> <p>Random Staff</p> <p>SAFEs/SANEs (prior interview)</p> <p>PREA Coordinator</p> <p>Residents who Reported Sexual Abuse</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provisions (a) & (b):</p> <p>(a) To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>KP PREA Policy states facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and shall be appropriate for juveniles. Staff shall adhere to the Code of Federal Regulations 115.364 regarding staff first responder duties.</p> <p>KP does not conduct administrative or criminal investigations of sexual abuse. These investigations are conducted by Georgia Department of Juvenile Justice PREA Unit. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p>The Pre-audit questionnaire, staff interviews, and reviewing related documents, confirmed the facility follows this provision of the standard.</p> <p>Provision (c):</p> <p>The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.</p> <p>KP PREA Policy states forensic medical examinations by a certified SAFE or SANE practitioner shall be provided free of charge to the victim at the Tanner Medical Center Emergency Room which has a SANE on duty. KP staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available.</p> <p>The facility has a MOU with Tanner Medical Center. A telephone interview with hospital staff confirmed a SAFE/SANE would be made available and examinations would be conducted at the Tanner Medical Center Emergency Room. The examinations would be offered without financial cost to residents who experience sexual abuse. The evidence shows KP has access to medical exams are performed by certified SAFE/SANE practitioners. Based on the review of the Pre-audit questionnaire, related documents, and interview with Administrator, the facility follows this provision of the standard.</p> <p>Provisions (d) & (e):</p> <p>(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis</p>

center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

KP. GA. PR. 25 states a victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the Prevention & Advocacy Resource Center with whom KP has a memorandum of understanding. If requested by the victim, a victim advocate or a trained qualified staff member can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. KP staff shall document the efforts to secure services from the rape crisis center.

An interview with the PREA Coordinator confirmed the facility shall attempt to make available to the victim a victim advocate from the PARC. The evidence shows that the facility meets the requirements of providing a victim advocate by having a MOU with a community-based organization.

The Pre-audit questionnaire, review of related documents, and the interview with the PREA Coordinator, the facility complies with and meets these provisions of the standard.

Provisions (f) & (g):

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The evidence shows that KP does not conduct administrative or criminal investigations, but the investigating agencies would follow the requirements of the standard. Based on review of the Pre-audit questionnaire, related documents, and interviews with the DJJ PREA Unit Investigator, the facility is in compliance with these provisions of the standard.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Comments:

The facility meets the requirements of providing a victim advocate by having a MOU with a community-based organization and a trained qualified staff member. KP does not conduct administrative or criminal investigations of sexual abuse. These investigations are conducted by the Georgia Department of Juvenile Justice PREA Unit. The facility provides access to a SAFE/SANE at no financial cost to a resident victim of sexual abuse. KP ensures investigating agencies would follow the requirements of the standard through MOU's and policy requirements.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1489 456">KidsPeace Pre-Audit Questionnaire, Georgia Mandatory Reporting Law, KidsPeace Policy GA.6408 PREA-Official Response Following a Resident Report, KidsPeace Policy GA.6406-PREA-ZERO-Tolerance, DJJ PREA Unit Investigator, KidsPeace Standard Operating Procedures for reporting alleged abuse, DJJ Youth Safety Guide, DFCS Reporting Requirements for Abuse, DFCS Child Protection Handbook, DFCS Mandated Reporter Form, DFCS Critical Incident, Reporting Form</p> <p data-bbox="240 488 341 515">Interview:</p> <p data-bbox="240 546 379 573">Agency Head</p> <p data-bbox="240 604 719 631">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 663 376 689">Provision (a):</p> <p data-bbox="240 721 1469 775">The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 806 1469 972">KP PREA Policy GA 6408 states it is the policy of KP that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation, and inquiry. The facility refers all suspected incidents of sexual abuse immediately to the appropriate agency for criminal and administrative investigation. Interview with lead DJJ PREA Unit Investigator confirmed that facility follow protocol. Local police may also be notified. KP follows strict notification procedures regarding State agencies / placement authority. KP refers all incidents to investigating authorities.</p> <p data-bbox="240 1003 1449 1093">All suspected incidents of sexual abuse and sexual harassment are referred to the appropriate governmental agency for criminal and administrative investigation. Based on the review of the Pre-Audit Questionnaire, related documentation and interview with the Agency Head, the facility follows this provision of the standard.</p> <p data-bbox="240 1124 376 1151">Provision (b):</p> <p data-bbox="240 1182 1489 1375">The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals, adhere to specific DJJ PREA Investigation Unit requirements regarding sexual abuse investigations and evidence collection procedures involving juvenile victims according to PREA Standard.</p> <p data-bbox="240 1415 1469 1473">The Pre-audit questionnaire, related investigation documents, and observation of the public availability of the investigations policy, the facility follows this provision of the standard.</p> <p data-bbox="240 1505 376 1532">Provision (c):</p> <p data-bbox="240 1545 1485 1599">If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="240 1630 1469 1688">The contract with the Georgia Department of Juvenile Justice and KidsPeace Georgia describes the responsibilities of both DJJ and KP.</p> <p data-bbox="240 1720 1481 1778">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.</p> <p data-bbox="240 1809 1382 1836">The Georgia Department of Juvenile Justice PREA Unit is responsible for conducting administrative investigations.</p> <p data-bbox="240 1868 376 1895">Provision (e):</p> <p data-bbox="240 1908 1485 1962">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.</p> <p data-bbox="240 1993 360 2020">Comments:</p> <p data-bbox="240 2051 1477 2141">KP policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility makes the policy available to the public via their website. The Georgia Department of Juvenile Justice is responsible for conducting administrative investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, KidsPeace Policy GA.6404 PREA-Associate Training and Education, PREA Acknowledgement Statement Confirming Employee Training, KidsPeace Employee PREA Training Curriculum, PREA Policy GA 6404 Associate Training and Education, PREA Staff Pamphlet – “What Staff Should About Sexual Misconduct with Juveniles”, PREA Posters, Staff First Responder Curriculum, Staff Receipt of PREA Training (examples), Staff Training Record Examples for 2020</p> <p>Interviews:</p> <p>Random Staff</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provisions (a) and (c):</p> <p>The agency shall train all employees who may have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents’ right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent. <p>(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>KP PREA Policy states staff shall receive training based on PREA employee training standards. Staff shall receive full PREA curriculum training once annually to ensure staff compliance with PREA standards. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. KP shall provide each employee with refresher and awareness level training monthly to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures.</p> <p>Upon hire and annually thereafter, KP will provide PREA training on the following: KidsPeace zero tolerance policy for sexual abuse and sexual harassment; KP’s sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; Clients’/Residents’ rights to be free from sexual abuse and sexual harassment; The right of clients/residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in a residential treatment facility.</p> <p>Comments: Staff signs a Staff Receipt of PREA Training form confirming they have completed the required training. The facility provided the auditor with several examples for verification. Additionally the facility provided a spreadsheet</p>

documenting staff have received the training in 2020. The facility follows this provision of the standard. Training is conducted annually and refresher training is provided monthly at staff meetings. Training is tailored to the unique needs and attributes and gender of the residents at the facility.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 329 1481 423">KidsPeace Pre-Audit Questionnaire, KidsPeace Policy GA.6404 PREA-Associate Training and Education, KidsPeace PREA Volunteer Training Curriculum, Contractor Training Curriculum, Volunteer and Contractor Receipt of PREA Training Form, KidsPeace Curriculum Training Records, KidsPeace Notice of Zero Tolerance Policy for Volunteers/Contractors</p> <p data-bbox="242 454 413 483">Interviews: None</p> <p data-bbox="242 512 378 542">Provision (a):</p> <p data-bbox="242 544 1458 638">The agency shall ensure 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.</p> <p data-bbox="242 667 1485 761">KP PREA GA 6404 states the PREA Coordinator shall ensure that all volunteers and contractors who have direct contact with clients/residents have been trained on their responsibilities under KP's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 824 378 853">Provision (b):</p> <p data-bbox="242 855 1485 949">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 data-bbox="242 981 1477 1144">KP PREA Policy GA 6404 states the level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with clients/residents. Training needs for volunteers and contractors who have contact with clients/residents will be assessed by the PREA Coordinator. All volunteers and contractors who have contact with clients/residents will be trained on KP's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.</p> <p data-bbox="242 1173 378 1202">Provision (c):</p> <p data-bbox="242 1205 1426 1267">The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1299 1473 1393">KP PREA Policy GA 6404 states KP will maintain documentation confirming that volunteers and contractors understand the training they have received. The training shall be based on the same PREA subject matters as regular staff receives during training.</p> <p data-bbox="242 1424 360 1453">Comments:</p> <p data-bbox="242 1480 1469 1574">Volunteers and contractors would sign the Volunteer and Contractor Receipt of PREA Training form and sign a training log. Documentation of training records for previous volunteers and contractors was provided to the auditor. Currently the facility does not have contractors or volunteers onsite.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, Juvenile Receipt of Youth Safety Guide for Residential Providers – examples, Zero Tolerance for Sexual Abuse and Sexual Harassment with reporting instructions and contact information, KidsPeace GA 6404 PREA Associate Training and Education, KidsPeace Youth Handbook - PREA section, KidsPeace PREA Grievance and Appeal Process, MOU Prevention & Advocacy Center (PARC) Advocacy information, PREA education material – “You Have the Right to Be Safe from Sexual Violence”</p> <p>Interviews:</p> <p>Intake Staff</p> <p>Random Residents</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>KP PREA Policy GA 6404 states that during the intake process all clients shall be informed about the facility's zero-tolerance policy towards all forms of sexual abuse and harassment, as well as provide the grievance procedures for reporting incidents or suspicions of sexual abuse or sexual harassment and the KP policy against retaliation for such reporting.</p> <p>The residents are provided information regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment on their first day at the facility. The residents also receive all of topics required for resident PREA education during intake. The intake staff confirmed she provides the residents with complete PREA education during intake. She confirmed all residents receive the information. Residents transferred from other facilities are educated in the same manner as all residents. All residents interviewed confirmed they were told about their right to not be sexually abused or sexually harassed, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. All residents interviewed confirmed they were given information about the rules against sexual abuse and sexual harassment.</p> <p>Based on the review of the Pre-audit questionnaire, intake staff interview and interviews with a random sample of residents, evidence shows the facility meets this provision of the standard.</p> <p>Provision (b):</p> <p>Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incident.</p> <p>PREA Policy GA 6404 states that during intake, youth are advised of their rights to be free from sexual abuse and incidents and regarding KP's policies and procedures for responding to such incidents.</p> <p>The intake staff ensures 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 facility policies and procedures for responding to such incidents by requiring the residents to read the Youth Safety Guide regarding sexual abuse and harassment. Residents also read their rights and responsibilities, which include the right to be free from abuse and neglect. The residents sign the facility's rules and regulations form acknowledging that they have been informed about the facility's policies and procedures regarding reporting of sexual abuse and sexual harassment. Based on the review of the Pre-audit questionnaire, related documents, and interview with the intake staff, evidence shows the facility meets this provision of the standard.</p> <p>Provision (c):</p> <p>Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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.</p> <p>Residents receive PREA education during the intake process. The facility is in compliance with this provision of the standard.</p> <p>Provision (d):</p>

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.

KP PREA Policy GA 6404 states PREA education is accessible to all clients, including those who are limited English proficient, deaf, visually impaired or otherwise disabled.

Based on the review of the Pre-audit questionnaire, resident Spanish language PREA education and orientation materials, and the KP PREA Resident Pamphlet "What Residents Should Know About Sexual Abuse" for lower functioning youth, the facility follows this provision of the standard.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

Residents sign an acknowledgement, the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA which is then placed in their file. Examples were provided to the auditor for verification. The residents also sign the KP PREA Grievance and Appeal Process. These signed placement agreements were observed during the review of the resident's files.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Resident PREA Posters are located through the facility. They include DJJ "Break the Silence, Make the Call"; KP Zero Tolerance Poster with reporting instructions & contact information; and 6 Ways to report poster (English and Spanish). The resident handbook includes important PREA information including contact information for reporting. The auditor observed the placement of the posters during the facility site review. The resident handbook reinforces the availability of PREA education for the juveniles. It includes important PREA information, including contact information for reporting.

Comments:

The residents are provided education on PREA during intake. Additionally, PREA education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. Residents sign the Youth Confirmation of Receipt of PREA, verifying they reviewed and understand the information given to them about PREA. PREA information is continuously and readily available to residents through posters, handbooks, and pamphlets.

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 327 1465 389">KidsPeace Pre-Audit Questionnaire, Georgia Department of Juvenile Justice PREA Unit staff, Confirmation of Investigative Training, DJJ– Responsible Agency for Conducting Criminal Investigations</p> <p data-bbox="242 418 341 448">Interview:</p> <p data-bbox="242 477 480 506">Investigative Staff - DJJ</p> <p data-bbox="242 535 376 564">Provision (a):</p> <p data-bbox="242 566 1485 663">In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="242 692 1398 754">KidsPeace refers all suspected incidents of sexual abuse to the appropriate governmental agency for criminal and administrative investigation. All investigations are referred to the Georgia Department of Juvenile Justice PREA unit.</p> <p data-bbox="242 784 376 813">Provision (b):</p> <p data-bbox="242 815 1490 911">Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 940 1445 1003">DJJ's investigators receive training as required by the standard. An accompanying memorandum states the investigators have been trained to conduct sexual abuse investigations.</p> <p data-bbox="242 1032 376 1061">Provision (c):</p> <p data-bbox="242 1088 1430 1151">The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="242 1180 608 1209">KP does not employ investigators.</p> <p data-bbox="242 1238 376 1267">Provision (d):</p> <p data-bbox="242 1270 1452 1332">Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p data-bbox="242 1361 1262 1391">Georgia DJJ PREA Unit has trained investigator available to investigate PREA related incidents at KP.</p> <p data-bbox="242 1420 360 1449">Comments:</p> <p data-bbox="242 1451 1441 1514">KP staff do not conduct sexual abuse investigations. The Department of Juvenile Justice is responsible for sexual abuse investigations.</p>

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, KidsPeace Policy GA 6404 PREA Associate Training and Education, KidsPeace Staff Receipt of 115.331 required PREA training & specialized training</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>Medical and Mental Health Care Policy GA 6407states the facility would utilize community emergency medical resources following a sexual assault incident. Youth would be transported to Tanner emergency room for assessment.</p> <p>Interview with nurse manager confirms on site medical services are basic clinic activities. In the event of an incident staff are instructed to call for community medical providers.</p> <p>Provision (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>KP medical staff do not conduct forensic exams.</p> <p>Provision (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>Medical staff receives PREA training mandated for employees. PREA Coordinator provides specialized training, documentation is on file.</p> <p>Provision (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>Comments:</p> <p>The Nurse Manager completes the PREA training mandated for employees under § 115.331 annually. This training is documented with the Staff Receipt of PREA Training. The facility provided the auditor with copies of the receipts of training for 2020 and 2021. Based on the review of the Pre-audit questionnaire, Staff Receipts of PREA Training, and interview with the Nurse Manager, the evidence shows the facility follows this provision of the standard.</p>

115.341	Obtaining information from residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1493 423">KidsPeace Pre-Audit Questionnaire, KidsPeace Policy GA 6405 PREA Screening for Risk of Sexual Victimization and Abusiveness KidsPeace Screening Tool for Risk of Sexual Victimization and Abusiveness, KidsPeace Health Screening Form, KidsPeace Housing Unit Placement Form, KidsPeace PREA Risk Reassessment Form, Sample of Residents' Records</p> <p data-bbox="240 454 352 481">Interviews:</p> <p data-bbox="240 512 611 539">Staff Responsible for Risk Screening</p> <p data-bbox="240 571 344 598">Residents</p> <p data-bbox="240 629 432 656">PREA Coordinator</p> <p data-bbox="240 687 528 714">PREA Compliance Manager</p> <p data-bbox="240 745 719 772">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 804 376 831">Provision (a):</p> <p data-bbox="240 840 1489 931">Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p data-bbox="240 963 1474 1088">KP PREA Policy GA 6405 states that within seventy-two (72) hours upon arrival to the facility, the Human Resources Manager and/or human services provider shall interview the client at intake to obtain information about the youth's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The client's risk level shall be reassessed every six months during an administrative review.</p> <p data-bbox="240 1120 1489 1413">KP uses the Screening Tool for Risk of Sexual Victimization and Abusiveness within 72 hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Risk levels are reassessed every 6 months using the PREA Risk Reassessment Form. The facility provided the auditor with examples of the screening tool and the auditor observed additional examples when reviewing resident files. The human service provider responsible for risk screening confirmed residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs with 72 hours of intake, usually on the first day. She stated risk levels are reassessed every 6 months. All residents interviewed entered the facility within the past twelve months. They confirmed they were asked questions like the following examples at intake:</p> <p data-bbox="240 1444 948 1641"> (1) Have you have ever been sexually abused? (2) Do you identify with being gay, bisexual or transgender? (3) Do you have any disabilities? (4) Do you think you might be in danger of sexual abuse at the facility? </p> <p data-bbox="240 1673 1489 1798">Based on the review of the Pre-audit questionnaire, review of resident records, interview with the Human Resources Manager responsible for risk screening, and resident interviews, the evidence shows that resident's risk levels are assessed during intake, but no later than 72 hours of their arrival at the facility. Additionally, risk levels are reassessed every 6 months. The facility follows this provision of the standard.</p> <p data-bbox="240 1830 376 1856">Provision (b):</p> <p data-bbox="240 1865 1034 1892">Such assessments shall be conducted using an objective screening instrument.</p> <p data-bbox="240 1924 1278 1951">PREA Policy GA 6405 states the risk assessment is conducted using an objective screening instrument.</p> <p data-bbox="240 1982 1489 2074">The auditor reviewed the KP Screening Tool (Georgia Vulnerability Assessment and Sexually Abusive Behavior Screen) and found it to be inclusive of the criteria required by the standard. Based on the resident's responses they are assigned a risk level for potentially being at risk of being sexually aggressive, sexually vulnerable, both, or neither.</p> <p data-bbox="240 2105 376 2132">Provision (c):</p> <p data-bbox="240 2141 948 2168">At a minimum, the agency shall attempt to ascertain information about:</p>

- (1) Prior sexual victimization or abusiveness;
- (2) 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;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

KP PREA Policy GA 6405 states the administration and human service provider shall attempt to ascertain information about the following items in order to effectively accomplish this objective: Prior sexual victimization or abusiveness; Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, intersex, and whether the resident may therefore be vulnerable to sexual abuse; Current charges and offenses history; Age; Level of emotional and cognitive development; Physical size and stature; Mental illness or mental disabilities; Intellectual or developmental disabilities; Physical Disabilities; The resident's own perception of vulnerability; and 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 Screening Tool for Risk of Sexual Victimization and Abusiveness and determined all factors required by this provision of the standard are included. The interview with the Human Resources Manager responsible for risk screening confirmed she is aware of the elements of the risk screening instrument.

Provision (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, case files, facility behavioral records, and other relevant documentation from the resident's files.

KP PREA Policy GA 6405 states the 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, case files, facility behavioral records, and other relevant documentation from the resident's file.

The interview with the human service provider responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Screening Tool for Risk of Sexual Victimization and Abusiveness. Other assessments and records are referred to as needed.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

KP PREA Policy GA 6405 states that to ensure confidentiality and sensitivity of the information of the resident's responses, information will be kept in the resident's confidential file and not shared with unauthorized persons. Only persons authorized by the Administrator, including, but not limited to, the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the social worker shall have knowledge of the findings and responses in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them. Interviews with the Human Resources Manager and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the Clinical Supervisor. The evidence shows the facility follows this provision of the standard.

Comments:

KP uses the Screening Tool for Risk of Sexual Victimization and Abusiveness and the PREA Risk Reassessment Form to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Screening Tool for Risk of Sexual Victimization and Abusiveness is an objective screening instrument that ascertains information about all of the topics required by provision (c). The human service provider ascertains information through conversations with the residents during the intake process using the screening tool and reviewing relevant records. Sensitive information is secured and available only to certain facility staff.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, Georgia Vulnerability Assessment and Sexually Abusive Behavior Screening tool with Housing Placement Forms, PREA Risk Reassessment Form</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening</p> <p>Staff who Supervise Residents in Isolation – NA</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - NA</p> <p>Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – NA</p> <p>Provision (a):</p> <p>The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>KP Policy GA 6405 states KidsPeace utilizes all information obtained standard § 115.341 to determine the most appropriate housing and bed accommodations and other related activities for youth to prevent potential occurrences of sexual abuse and to ensure the safety of all youth.</p> <p>The facility uses the Housing Placement Form to document housing and bed assignments. Examples were provided to the auditor for verification. Additionally, the auditor reviewed resident files to confirm this practice. Interviews with the HSP and PREA Coordinator confirmed the facility uses the information from the risk screening during intake to make housing and room assignments with the goal of keeping all residents safe and free from sexual abuse. Based on the review of the Pre-audit questionnaire, review of resident files, and interviews with the HSP and PREA Coordinator, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>KidsPeace does not utilize isolation. Clients may be place Out-of-Program (OOP) as a last resort when other less restrictive interventions are inadequate to keep them and other clients safe. OOP is only used until another intervention is identified.</p> <p>Provision (c):</p> <p>Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p> <p>PREA Policy GA 6405 states KP does not consider sexual orientation or gender identification as an indicator of likelihood of sexual abusiveness, and as such, does not make housing determinations based on sexual orientation.</p> <p>Three youth interviewed identified as LBGTI during the audit. The PREA Coordinator confirmed LBGTI residents would not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor would the facility consider LBGTI identification or status as an indicator of likelihood of being sexually abusive. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.</p>

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider 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.

PREA Policy GA 6405 states in making housing and bed determinations for transgender or intersex youth, the facility shall consider 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.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and HSP confirmed the facility would consider 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. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Human Resources Manager, the evidence shows the facility follows this provision of the standard.

Provision (e):

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.

PREA Policy GA 6405 states 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.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and HSP confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. They both stated the reassessments would be done sooner than six months based on the average length of stay being 6 to 9 months. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and HSP, the evidence shows the facility follows this provision of the standard.

Provision (f):

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

PREA Policy Ga 6405 states a transgender or intersex resident's own views with respect to his or her safety shall be taken into consideration during said assignment.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and HSP confirmed a transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and HSP, the evidence shows the facility follows this provision of the standard.

Provision (g):

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

PREA Policy GA 6405 states transgender or intersex residents shall be given the opportunity to shower separately from other residents.

No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The PREA Coordinator and Human Resources Manager confirmed a transgender or intersex resident would be given the opportunity to shower separately from other residents. Observations made during the site review revealed the single bathroom allows for a resident to shower separately (only one youth allowed in bathroom). Based on the review of the Pre-audit questionnaire, site review observations, and interviews with the PREA Coordinator and Mental Health Staff, the evidence shows the facility follows this provision of the standard.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

KidsPeace does not utilize isolation. Based on the review of the Pre-audit questionnaire, site review observations of no isolation areas, and interviews with the Executive Director and MH staff, the evidence shows the facility follows this provision of the standard.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Based on the review of the Pre-audit questionnaire, site review observations of no isolation areas, and interviews with the Executive Director and MH Staff, the evidence shows the facility follows this provision of the standard.

Comments:

KP uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility does not isolate residents at risk of sexual victimization but is prepared to follow all provisions of this standard pertaining to safety issues. The facility prohibits placing LGBTI residents in particular housing, bed, or other assignments solely on the basis of such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The facility is prepared to provide a safe and secure environment and follow all provisions of the standard regarding transgender and intersex residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KidsPeace Pre-Audit Questionnaire, KidsPeace Policy ORG.4103 Client Grievance, KidsPeace Policy ORG.4100 Protecting Client Rights and Responsibilities, KidsPeace Policy GA.6408 PREA Official Response Following a Resident Report, 6 Ways for residents to report poster, KidsPeace Juvenile grievance/PREA grievance form, KP Youth Handbook excerpt: PREA “You Have the Right to Be Safe from Sexual Assault & Abuse, DJJ Youth Safety Poster: Stop The Abuse, KidsPeace Poster ZERO TOLERANCE, PREA Grievance and Appeal Process, KidsPeace PREA Intake and Orientation Process sheet, Youth Confirmation of Receipt, MOU-Prevention and Advocacy Resource Center (PARC), MOU-West Georgia Prevention and Advocacy Resource Center (Rape Crisis Services/Victim Advocacy)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Random Sample of Staff</p> <p>Random Sample of Residents</p> <p>Residents who Reported a Sexual Abuse</p> <p>Site Review:</p> <p>PREA Posters throughout the facility.</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>The agency shall provide multiple 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.</p> <p>Zero Tolerance Poster provides a number of procedural avenues for residents to report suspected sexual abuse, sexual harassment, retaliation by other residents or staff for reporting abuse, or any staff member neglect of responsibilities that may have contributed to such an incident.</p> <p>The residents are provided with numerous methods for reporting both internally and externally. Internal methods include: verbally, grievance, anonymously, or by third party. Information for reporting, including hotline numbers, is posted throughout the facility, included in the resident handbooks and PREA pamphlets. Resident interviews confirmed they were very knowledgeable of different ways to report. Responses included: verbal reports, grievances, third-party reports, anonymous reports, and reporting by telephone. Staff interviews confirmed residents are able to privately report. The most common answer was the grievance process. Based on the review of the Pre-audit questionnaire, observations of posters with hotline numbers, observation of the grievance box, reviewing resident handbooks and PREA pamphlets, and interviews with the residents and staff, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>KIDSPEACE PREA Policies Protecting Clients Rights and Responsibilities and Clients Grievance Protocol dictate that nothing shall prevent a resident from reporting abuse, neglect, or harassment to any outside public or private agency. The ZERO TOLERANCE poster is found in all living units along with a toll free phone number to report instances of abuse. A resident may make a report to PRAC with whom KIDSPEACE has a memorandum of understanding for victim advocate and rape crisis services. The contact phone numbers and address are posted in the dorms. A resident may remain anonymous upon request. Residents shall have unimpeded access to a telephone in which to make a report. Staff shall allow for limited resident privacy during the call without losing observation of the resident.</p> <p>Residents are advised of staff mandatory reporting requirements. There are no time limitations within which a client may report suspected abuse.</p>

Contact information for public or private entities or offices that are not part of the agency includes:

- PRAC posters/flyers
- ZERO TOLERANCE poster/flyer

The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Resident interviews confirmed the youth were knowledgeable of their ability to make an anonymous report. The PREA Coordinator confirmed there are several ways for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. The facility provided a memorandum stating KIDSPEACE does not detain residents solely for civil immigration purposes. Based on the review of the Pre-audit questionnaire, observations of posters and pamphlets with hotline numbers, review of the resident handbook, and interviews with the residents and staff, the evidence shows the facility follows this provision of the standard.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

KIDSPEACE PREA Policy Client Grievance 6408 mandate that staff shall accept reports made verbally, in writing, anonymously and from third parties. Staff shall immediately document any verbal report.

Staff interviews confirmed reports can be made verbally, in writing, anonymously, and from third parties. All staff interviewed stated they would document verbal reports immediately. Reports would be made to direct care supervisors, the Executive Director and the PREA Coordinator. Residents interviewed acknowledged they could report verbally or in writing. If they wanted to make a report without having to give their name a relative or friend could make the report for them. Based on the review of the Pre-audit questionnaire, and interviews with staff and residents, the evidence shows the facility follows this provision of the standard.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

KIDSPEACE PREA Policy Client Grievance ORG.4103 states residents are provided with the tools necessary to make written reports.

The PREA Coordinator confirmed residents have access to pens and pencils to write a grievance. The auditor observed the availability of writing utensils and grievance forms.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

KIDSPEACE PREA Policy states nothing shall prevent a staff member from privately reporting abuse, neglect, or harassment to the Administrator, PREA Coordinator, or any outside public or private agency, or any other authoritative entity. Any staff member may make a report utilizing any of the same methods as a resident.

Staff interviews confirmed they were knowledgeable they could privately report sexual abuse and sexual harassment of residents. Most named the grievance process as the preferred method.

Comments:

Residents have multiple internal ways for to privately report. The facility provides the residents with several ways to report abuse or harassment to a public or private entity or office. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately. Residents have access to pens and pencils to write a grievance. Staff can privately report sexual abuse and sexual harassment of residents.

115.352	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1474 456">KidsPeace Pre-Audit Questionnaire, KidsPeace Policy ORG.4103 Client Grievance, KIDSPEACE Resident Handout – “You have the right to be safe from sexual assault and abuse”, Auditor Review of Investigations Document, KIDSPEACE grievance/PREA grievance form, Youth acknowledgement of receipt of PREA grievance and appeal process, KIDSPEACE Parent Letter</p> <p data-bbox="240 488 352 515">Interviews:</p> <p data-bbox="240 546 667 573">Residents who Reported a Sexual Assault</p> <p data-bbox="240 604 719 631">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 663 376 689">Provision (a):</p> <p data-bbox="240 698 1461 757">An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 788 1485 981">KIDSPEACE Client Grievance Policy ORG.4103 outlines the administrative procedures to address resident grievances regarding sexual abuse. Paragraph 1 states information related to sexual abuse or sexual harassment grievance procedures and administrative remedies is contained in the KIDSPEACE Placement Agreement which is included in the client intake paperwork. Residents are provided instructions on the procedures and then are asked to date and sign the form. In addition, PREA information is provided in the Parent/Guardian Letter which is mailed to the parent or legal guardian of a new client/resident.</p> <p data-bbox="240 1012 1465 1039">The auditor confirmed KIDSPEACE has administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 1070 376 1097">Provision (b):</p> <p data-bbox="240 1106 1453 1164">(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1196 1465 1254">(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1285 1445 1344">(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1375 1469 1433">(4) Nothing in this section shall restrict the agency’s ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1464 1485 1693">KP Client Grievance state KP shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The facility may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. KIDSPEACE ensures a formal process to address resident grievances regarding sexual abuse and sexual harassment, and prohibits an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment. A log of grievances filed shall be maintained at the facility. A copy of all findings shall be forwarded to the PREA Coordinator. Nothing in this section shall restrict KIDSPEACE’s ability to defend against a lawsuit filed by a resident on the basis that the applicable statute of limitations has expired.</p> <p data-bbox="240 1724 1394 1818">Based on the review of the Pre-audit questionnaire, and review of the KIDSPEACE Placement Agreement (Juvenile acknowledgement of receipt of PREA grievance and appeal process), evidence shows the facility provides relevant information to the residents and follows this provision of the standard.</p> <p data-bbox="240 1850 376 1877">Provision (c):</p> <p data-bbox="240 1886 555 1912">The agency shall ensure that—</p> <p data-bbox="240 1944 1485 2002">(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</p> <p data-bbox="240 2033 1114 2060">(2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 2092 1461 2150">KIDSPEACE Client Grievance Policy ORG.4103 state a resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance shall not be</p>

referred to a staff member who is the subject of the complaint.

A locked drop box for grievances is also available. The box is checked daily by the direct care supervisors, PREA Coordinator, or the Administrator. This system is used to provide youth and staff a means to place written sexual abuse or sexual harassment grievances privately and securely.

Based on the review of the Pre-audit questionnaire, observation of the locked grievance box, and review of the KIDSPEACE Placement Agreement (Juvenile acknowledgement of receipt of PREA grievance and appeal process), evidence shows the facility provides relevant information to the residents and follows this provision of the standard.

Provision (d):

(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

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

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

KIDSPEACE Client Grievance Policy ORG.4103 state residents may make a report of sexual abuse or sexual harassment to any staff member of KIDSPEACE at any time. The first level of the process is conducted by the PREA Coordinator or designee. The client shall be given the opportunity to discuss the concern thoroughly and frankly. If the initial attempt at addressing the concern is not successful, the staff person consulted by the client shall encourage the client to file a formal grievance. Staff members will help any client who requests for required assistance in the completion of the grievance form. A written response shall be completed within 5 days, excluding weekends and holidays. An emergency grievance shall be forwarded within 1 working day to the Executive Director/Program Executive Director must review urgent grievances. Executive Director/Program Executive Director shall either arrange to hear the grievance within 3 working days, or immediately refer the grievance to the supervisor of the service area where the grievance originated. A formal written response shall be completed within 5 days excluding weekends and holidays. If a longer period needed to investigate, an extension of 5 days, the client will be notified of the extension.

There was no grievance that was filed that alleged sexual abuse in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, and associated memos of nonoccurrence, evidence shows the facility follows this provision of the standard.

Provision (e):

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

KIDSPEACE Protecting Clients Rights and Responsibility ORG.4100 states third parties, including fellow residents, staff members, family members, attorneys and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, KIDSPEACE shall require, as a condition of processing the request, that the alleged victim agree to have the request filed on his behalf. If the resident declines to have the request processed on his behalf, KIDSPEACE shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his behalf.

There was one grievance alleging sexual abuse filed by residents in the 12 months preceding the audit in which the resident declined third-party assistance. Based on the review of the Pre-audit questionnaire, and associated memos of nonoccurrence, evidence shows the facility follows this provision of the standard.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

KIDSPEACE Protecting Clients Rights and Responsibility PR.CORP.D.02 states If an emergency grievance is received alleging that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Administrator within one day who shall take immediate corrective action or refer the grievance to the supervisor of the service area where the grievance originated. The Administrator shall provide an initial response within forty-eight (48) hours and shall issue a final decision within five (5) calendar days. The initial response and final decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

There were no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the 12 months preceding the audit. Based on the review of the Pre-audit questionnaire, and associated memos of nonoccurrence, evidence shows the facility follows this provision of the standard.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

KIDSPEACE Client Grievance Policy ORG.4103 states the client shall in no way be subject to disciplinary actions, reprisal, including reprisal in the form of denial or termination of services for filing a grievance.

There were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith filed in the 12 months preceding the audit.

Comments:

KIDSPEACE has an administrative procedure for dealing with resident grievances regarding sexual abuse that is inclusive of all provisions required by the standard. Residents sign an acknowledgement form confirming they have received this information. The grievance process is also included in the parent letter. A locked grievance box is located on each unit. The box is checked daily by the PREA Coordinator, or direct care worker supervisor. A process is available for individuals who wish to file a grievance on behalf of a resident. To date there have been one grievance that was filed that alleged sexual abuse, no grievances alleging sexual abuse in which the resident declined third-party assistance, no emergency grievances alleging substantial risk of imminent sexual abuse, and no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KidsPeace Policy SOP.GA.PR.25, Client Access to Outside Support Services, Resident PREA Posters, DJJ Safety Guide Zero Tolerance 6 Ways to report poster (English and Spanish) and Contact Information, KIDSPEACE Youth pamphlet, "What Residents Should Know About Sexual Abuse", KIDSPEACE Youth Confirmation of Receipt of PREA, MOU – PARC (Victim Advocacy Services)</p> <p>Interviews</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Random Sample of Residents</p> <p>Residents who Reported a Sexual Abuse</p> <p>Provision (a):</p> <p>The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>KIDSPEACE Client Access To Outside Support Service Policy SOP.GA.PR.25 states the facility provides residents with access to outside victim advocate services for emotional support related to sexual abuse, by providing, posting, or otherwise making accessible the mailing addresses and telephone number. Residents have unimpeded access to a telephone in which to call these services upon request. Staff shall allow for resident privacy during the call without losing observation of the resident.</p> <p>Contact information for outside victim advocate services for emotional support related to sexual abuse includes:</p> <p>Confidential PREA Reporting: 1-866-922-6360</p> <p>PARC Rape Crisis Center Hotline: 770-834-7273</p> <p>1-855-GA-Child: 1-855422-4453</p> <p>The auditor observed the contact information listed on PREA posters, PREA pamphlets, and in the resident handbook. Residents interviewed stated they were aware there are services available outside of the facility for dealing with sexual abuse, if they ever need it. Most stated counseling or therapy would be available. Residents interviewed knew contact information for outside services was posted on the walls, and provided in their handbooks. Residents interviewed knew calling outside support services would be a free and private call. The facility provided a memorandum stating KIDSPEACE does not detain residents solely for civil immigration purposes. Based on the review of the Pre-audit questionnaire, review of the MOU with PRAC (Victim Advocacy Services), observations of posters and pamphlets with contact information, review of the resident handbook, and interviews with a random sample of residents, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>KIDSPEACE Client Access to Outside Support Services Policy SOP.GA.PR.25 states staff shall advise residents, prior to giving them phone access, of the extent to which such communications will be monitored and the extent to which reports of sexual abuse will be forwarded to the proper authorities in accordance with mandatory reporting laws and requirements. Calls are not recorded.</p> <p>Resident interviews confirmed they were knowledgeable of mandatory reporting laws. During the site review the PREA Coordinator and direct care worker supervisor stated resident phone calls would be monitored with sight, but not sound supervision. The auditor observed a resident making a phone call in this manner. Based on interviews with a random sample of residents, observations made during the site review and informal questions with the PREA Coordinator and direct care</p>

worker supervisor, the evidence shows the facility follows this provision of the standard.

Provision (c):

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

KIDSPEACE Client Access to Outside Support Services Policy states the facility maintains a current memorandum of understanding with the PARC. The PARC is a victim advocates and rape crisis service center that provides confidential emotional support services related to sexual abuse. KIDSPEACE maintains documentation of such agreement on file in its business office.

The auditor reviewed the MOU with PARC and contacted the organization by telephone to confirm they would provide residents with confidential emotional support services related to sexual abuse. The auditor observed the contact information posted on walls, in PREA pamphlets and in resident handbooks. The evidence shows the facility follows this provision of the standard.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

KIDSPEACE Client Access to Outside Support Services Policy states residents shall not be prevented or restrained in any manner from gaining access to legal counsel. Such contact includes, but is not limited to telephone communication, uncensored correspondence and confidential contact with attorneys and their authorized representatives. Staff members shall respond promptly and cooperatively to any request for counsel access. Residents shall receive approved visitors during pre-established visiting hours. Visitation times shall be established to allow parents, guardians, or other approved visitor(s) convenient opportunities to visit with residents as soon as possible.

Residents interviewed confirmed the facility would allow them to see or talk with their lawyer or another lawyer privately. Residents interviewed confirmed the facility would allow them to see or talk with their parents or someone else, such as a legal guardian. The PREA Coordinator confirmed the facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. She stated residents can call attorneys or they can have confidential meetings in the conference room. He stated residents have home visits, phone calls, and visitation on Saturdays and Sundays. Based on interviews with a random sample of residents, and the interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.

Comments:

The facility provides residents' access to outside victim advocates for emotional support services related to sexual abuse through a MOU with PARC. Contact information is posted on the walls and included in PREA pamphlets and resident handbooks. Residents are knowledgeable of mandatory reporting laws. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls, confidential meetings, home visits, and visitation on the weekends.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Compliance Hot Line Flyer, KIDSPEACE Third-Party Reporting Form, KIDSPEACE Parent Letter, KIDSPEACE Client Grievance Policy, KIDSPEACE Website (Compliance Section)</p> <p>Interviews:</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>KIDSPEACE Policy ORG.4100 Protecting Client Rights and Responsibilities' states that anytime, clients, parents, or legal guardians make contact there State Agency(s) or Advocacy Group(s) to file a grievance and/or complaint including MH/MR offices where applicable. KP website provides a link where complaints can be submitted to an independent agency. Information would be forwarded to KP Corporate office.</p> <p>There were no third- party reports received during the 12 months preceding the audit.</p> <p>Comments:</p> <p>KIDSPEACE provides numerous methods for third- party reports of sexual abuse or sexual harassment. The online reporting system through the Georgia Department of Children and Families Services website, reporting by mail, the grievance box, various telephone numbers.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1469 456">KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Emergency Plan - Critical Incident Response, KIDSPEACE PREA Protocol Checklist, KIDSPEACE Flow Chart – Process for Inquiry into a Special Abuse Investigation, KIDSPEACE PREA Critical Incident Report, KIDSPEACE Staff Confirmation of Receipt of PREA, KIDSPEACE Parent PREA Notification Letter, KIDSPEACE Third-Party Reporting Flyer, KP Website</p> <p data-bbox="240 488 352 515">Interviews:</p> <p data-bbox="240 546 427 573">Executive Director</p> <p data-bbox="240 604 432 631">PREA Coordinator</p> <p data-bbox="240 663 491 689">Random Sample of Staff</p> <p data-bbox="240 721 437 748">Mental Health Staff</p> <p data-bbox="240 779 863 806">Medical Staff – KIDSPEACE does not employ medical staff.</p> <p data-bbox="240 837 379 864">Provision (a):</p> <p data-bbox="240 873 1493 999">The agency shall 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; 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.</p> <p data-bbox="240 1030 1437 1155">KIDSPEACE Policy GA 6408 states staff shall immediately report any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of KIDSPEACE; retaliation against residents or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1187 1485 1312">Interviews with staff, the PREA Coordinator, and Executive Director confirmed the requirement to report any sexual abuse or sexual harassment to outside officials and the Executive Director and PREA Coordinator immediately. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator, Executive Director, and staff, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1344 379 1370">Provision (b):</p> <p data-bbox="240 1402 1302 1429">The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="240 1460 1485 1518">KIDSPEACE Policy GA 6408 states staff shall comply with all mandatory reporting laws regarding child abuse, adhere to the Code of Federal Regulations 115.64 regarding staff first responder duties and prepare a written critical incident report.</p> <p data-bbox="240 1550 1469 1675">Interviews with staff confirmed they are knowledgeable of mandatory child abuse reporting laws. Staff reported they would report to the PREA Coordinator and Executive Director. All reports are made to the Georgia Department of Juvenile Justice PREA Unit. Based on the review of the Pre-audit questionnaire, mandatory reporting laws, and interviews with the PREA Coordinator, Executive Director, and staff, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1706 379 1733">Provision (c):</p> <p data-bbox="240 1742 1461 1832">Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.</p> <p data-bbox="240 1863 1477 1989">KIDSPEACE Policy GA 6408 states apart from reporting to designated supervisors, or officials and designated State and local agencies as required by law, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified by KIDSPEACE policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 2020 1485 2145">Interviews with staff confirmed they are knowledgeable they are 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. Based on the review of the Pre-audit questionnaire and interviews with staff, the evidence shows the facility follows this provision of the standard.</p>

Provision (d):

(1) Medical and mental health practitioners shall be 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.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

KIDSPEACE Policy GA 6408 state staff social workers shall report sexual abuse pursuant to (1) of this section, to a direct care supervisor, as well as, Georgia Department of Juvenile Justice PREA Unit, and any parent or legal guardian, if applicable, as required by mandatory reporting laws.

Such practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The interview with the Clinical Manager confirmed she discloses the limitations of confidentiality and her duty to report, at the initiation of services to a resident. She confirmed she is mandated by law to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the PREA Coordinator, Executive Director. Based on the review of the Pre-audit questionnaire, review of related forms and documents, and interview with the Clinical Manager, the evidence shows the facility follows this provision of the standard.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

KIDSPEACE Policy GA 6408 states upon receiving any allegation of sexual abuse, the staff member shall immediately report the allegation to a supervisor who shall then notify the Administrator. The first responder shall call the PREA Coordinator. In addition, the alleged victim's parents or legal guardians shall be notified promptly, unless KIDSPEACE has official documentation indicating the parents or legal guardians should not be notified. If a juvenile court retains jurisdiction over the alleged victim, the Administrator, or designee shall also report the allegation to the juvenile's attorney or their legal representative of record within fourteen (14) days of receiving the allegation.

Staff interviewed stated they would report information related to resident sexual abuse to their immediate supervisor. The Executive Director/Agency Head stated he would report allegations of sexual abuse. Within 24 business hours the Executive Director or his/her designee will notify the Office of Regulatory Childcare Services, Department of Human Resources, Office of Provider Management, and DJJ.

The PREA Coordinator stated when the facility receives an allegation of sexual abuse she reports the allegation to the Executive Director. She stated this has not occurred but they would be notified immediately. Based on the review of the Pre-audit questionnaire, review of related forms and documents, and interviews with the staff, the PREA Coordinator, and the Executive Director, the evidence shows the facility follows this provision of the standard.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

KIDSPEACE Policy GA 6408 states staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated supervisors, who shall then notify the Administrator.

KIDSPEACE does not conduct sexual abuse investigations. Administrative investigations are conducted by the Georgia DJJ. Criminal investigations are conducted by the GA DJJ PREA. The Executive Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly the GA DJJ PREA Unit. Interview with the DJJ PREA Investigator and interview with Executive Director, the evidence shows the facility follows this provision of the standard.

Comments:

Staff are knowledgeable of mandatory child abuse reporting laws. Staff are required to report immediately. Staff are 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. The Clinical Manager confirmed she discloses

the limitations of confidentiality and her duty to report, at the initiation of services to a resident. The agency head follows the requirements of the standard with regards to reporting to the appropriate parties. The facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports for investigation.

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Policy Official Response Policy, GA.6408 PREA Official Response Following a Resident Report, KIDSPEACE Housing Unit Placement Form, KIDSPEACE PREA Risk Reassessment Form</p> <p>Interviews:</p> <p>Agency Head</p> <p>Executive Director</p> <p>Random Staff</p> <p>§115.362</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>KIDSPEACE Policy Official Response Policy GA.6408 states when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, staff shall immediately forward that information to the Administrator who shall take immediate corrective action.</p> <p>In the 12 months preceding the audit, there have been no occurrences of the facility determining that a resident was subject to a substantial risk of imminent sexual abuse. The Agency Head/Executive Director confirmed that 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. Transfer to another program may be necessary. Staff interviewed confirmed they would take immediate action upon learning a resident is at risk of imminent sexual abuse. Protective measures mentioned included separating the potential victim from the potential aggressor, housing changes, and counseling. Based on the review of the Pre-audit questionnaire, interviews with the Agency Head/Executive Director, and interviews with staff, the evidence shows the facility follows this standard.</p> <p>Comments:</p> <p>Based upon the review and analysis of the available materials, the auditor has determined the facility is compliant with this standard regarding agency protection duties.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 448 300">Materials Reviewed:</p> <p data-bbox="242 329 1406 389">KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Reporting to other Confinement Policy #ORG.4201 Reporting of Suspected Abuse</p> <p data-bbox="242 421 352 450">Interviews:</p> <p data-bbox="242 479 379 508">Agency Head</p> <p data-bbox="242 537 427 566">Executive Director</p> <p data-bbox="242 595 552 624">Provisions (a), (b), (c), and (d):</p> <p data-bbox="242 629 1453 723">Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p data-bbox="242 752 1382 781">(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation</p> <p data-bbox="242 810 922 840">(c) The agency shall document that it has provided such notification.</p> <p data-bbox="242 869 1394 929">(c) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 958 1485 1052">KIDSPEACE Policy ORG.4201 states that upon receiving an allegation that a current resident was sexually abused while confined at another facility, the Administrator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p data-bbox="242 1081 1474 1142">KIDSPEACE Policy ORG.4201 states such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.</p> <p data-bbox="242 1171 1436 1232">KIDSPEACE Policy ORG.4201 states the Administrator shall document that he has provided such notification. A written incident report indication the reporting of abuse to the appropriate authorities shall be filed in facility records.</p> <p data-bbox="242 1261 1485 1321">KIDSPEACE Policy ORG.4201 states the facility head or office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1350 360 1379">Comments:</p> <p data-bbox="242 1408 1469 1637">The facility received no allegations that a resident was abused while confined at another facility in the 12 months preceding the audit. The Executive Director confirmed that upon receiving an allegation that a resident was sexually abused while confined at another facility, he would notify the head of the facility where the alleged abuse occurred within 72 hours. He would also report it to GA DJJ PREA Unit. The report would be documented with the KIDSPEACE Reporting to other Confinement Facilities form. Based on the review of the Pre-audit questionnaire, interview with the Agency Head/Executive Director, and review of related forms and documents, the evidence shows the facility follows the requirements of the standard.</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Policy GA 6408</p> <p>Interviews:</p> <p>Security Staff First Responders</p> <p>Residents who Reported a Sexual Abuse</p> <p>Provision (a):</p> <p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and <ol style="list-style-type: none"> (1) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. <p>KIDSPEACE Policy GA 6408 states that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and <p>There was one allegation that a resident was sexually abused in the 12 months preceding the audit. The allegation of sexual abuse was made by a peer after the alleged victim had been discharged from KidsPeace and after the alleged abuser had terminated her employment at KidsPeace.</p> <p>Provision (b):</p> <p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>KIDSPEACE Policy GA 6408 states non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall immediately notify security level staff.</p> <p>Comments:</p> <p>An interview with a non-security staff member confirmed he too needed refresher training on first responder duties when responding to allegations of sexual abuse. He stated he would request that an alleged victim not take any actions that could destroy physical evidence. Based on the review of the Pre-audit questionnaire and interview with a non-security staff member, the evidence shows the facility follows this provision of the standard. First responder refresher training was completed and verified by auditor prior to submission of final report.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 448 297">Materials Reviewed:</p> <p data-bbox="240 329 1147 356">KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Coordinated Response Plan/Checklist</p> <p data-bbox="240 387 352 414">Interviews:</p> <p data-bbox="240 445 427 472">Executive Director</p> <p data-bbox="240 504 719 530">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 562 339 589">§115.365</p> <p data-bbox="240 595 1453 656">The facility shall develop 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 data-bbox="240 687 603 714">KIDSPEACE Policy GA 6408 states</p> <ol data-bbox="240 745 1485 2114" style="list-style-type: none"> <li data-bbox="240 745 1485 869">1. The facility shall work towards providing a coordinated response to all allegations of sexual abuse, including interventions by facility staff, medical facility staff, mental health practitioners, and local law enforcement. This policy and procedure serves as a written plan for providing coordinated actions taken in response to an incident of alleged sexual abuse. Staff shall adhere to the Code of Federal Regulations 28:115.64 regarding first responder duties. <li data-bbox="240 900 1485 1447">2. Upon learning that a resident was sexually abused, the first staff member to respond to the scene must follow the established protocol. <ol style="list-style-type: none"> <li data-bbox="240 992 1249 1019">a. Separate the alleged victim and alleged abuser (call 911 if emergency medical response required). <li data-bbox="240 1050 1469 1137">a. To the extent possible, staff shall attempt to secure the area with the intent to preserve any evidence that may assist the investigation process. They shall also restrict unnecessary entry to the area to preserve and protect the crime scene for law enforcement. <li data-bbox="240 1169 1469 1301">b. If the abuse occurred within a time period that may still allow for the collection of any physical evidence (up to 96 hours), staff shall request that the alleged victim and the abuser not take any action that could destroy physical evidence, including, as appropriate, washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting. <li data-bbox="240 1332 1485 1393">c. Non-security level staff shall request the alleged victim not take any actions that could destroy physical evidence, and then shall notify security-level staff. <li data-bbox="240 1424 1225 1451">d. Staff shall then notify the on-duty staff supervisor who shall immediately notify the Administrator. <li data-bbox="240 1478 1023 1505">2. The staff first responder shall immediately notify the following of an incident: <ol style="list-style-type: none"> <li data-bbox="240 1536 627 1563">a. PREA Coordinator or Administrator; <li data-bbox="240 1594 1485 1718">3. Forensic medical examinations by a certified SAFE or SANE shall be provided free of charge to the victim at the Tanner Medical Center Emergency Room which has a SANE on duty 24/7. KIDSPEACE staff shall document the efforts to provide a SAFE or SANE. A qualified medical professional shall perform a forensic medical examination if there is no SAFE or SANE available. <li data-bbox="240 1749 1469 1809">4. The victim shall be provided unimpeded access to crisis intervention and victim advocate services which will be provided free of charge to the victim by the PARC with whom KIDSPEACE has a memorandum of understanding. <li data-bbox="240 1841 1453 1928">5. If requested by the victim, a victim advocate can accompany and support the victim during the forensic medical examination and investigatory interviews for emotional support, crisis intervention, information and referrals. KIDSPEACE staff shall document the efforts to secure services from the rape crisis center. <li data-bbox="240 1960 1469 2060">6. In the event that a staff member is accused or suspected of perpetrating sexual abuse upon a resident, the staff member shall immediately be placed on leave by the Administrator, and shall be removed from the facility until such time that an investigation may be conducted. Any substantiated case of sexual abuse by a staff member will result in termination. <li data-bbox="240 2092 1129 2119">7. Staff shall complete a critical incident report in accordance with policy and procedures.

8. The Administrator, or designee shall forward an incident report within 24 hours to the following:

a. DJJ PREA Unit

Comments:

In addition to the detailed policy and procedures, the facility has developed a PREA Protocol Checklist that coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Executive Director confirmed the facility would follow the PREA Protocol Checklist in response to an incident of sexual abuse. Based on the review of the Pre-audit questionnaire, and PREA Protocol Checklist, interview with the Executive Director confirmed the facility meets this standard.

115.366	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>Agency Head</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>KIDSPEACE has not entered into any collective bargaining agreements with any agency, facility or government entity on its behalf.</p> <p>The Agency Head confirmed KIDSPEACE does not have a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based on the review of the Pre-audit questionnaire and interview with the Agency Head, the evidence shows that this standard does not apply to KIDSPEACE.</p> <p>Provision (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern:</p> <p>(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or</p> <p>(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Comments:</p> <p>KIDSPEACE does not have a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 448 297">Materials Reviewed:</p> <p data-bbox="240 331 1485 389">KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Policy GA 6408, KIDSPEACE PREA Protection Against Retaliation Form, KIDSPEACE Housing Unit Placement Form, KIDSPEACE Resident Notification of PREA Investigation Outcome Form</p> <p data-bbox="240 423 352 450">Interviews:</p> <p data-bbox="240 483 379 510">Agency Head</p> <p data-bbox="240 544 427 571">Executive Director</p> <p data-bbox="240 604 863 631">Designated Staff Member Charged with Monitoring Retaliation</p> <p data-bbox="240 665 1193 692">Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)</p> <p data-bbox="240 725 655 752">Residents who Reported a Sexual Abuse</p> <p data-bbox="240 786 719 813">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 846 379 873">Provision (a):</p> <p data-bbox="240 907 1414 965">The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="240 1021 1481 1111">KIDSPEACE Policy GA 6408 states the facility shall 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 PREA Coordinator or designee shall be charged with monitoring retaliation.</p> <p data-bbox="240 1144 379 1171">Provision (b):</p> <p data-bbox="240 1205 1489 1263">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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1319 1489 1346">KIDSPEACE Policy GA 6408 states measures to protect staff and residents shall include, but are not limited to, the following:</p> <ul data-bbox="240 1379 1002 1491" style="list-style-type: none"> a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services through PARC, which <p data-bbox="240 1525 1489 1715">The Agency Head/Executive Director confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA Coordinator stated some of the measures he would take to protect residents and staff from retaliation is moving the alleged abuser or the alleged victim. Georgia Department of Juvenile Justice would be contacted regarding transfers. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Agency Head/Executive Director, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1749 379 1776">Provision (c):</p> <p data-bbox="240 1809 1489 1977">For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 2011 1489 2157">KIDSPEACE Policy GA 6408 states the PREA Coordinator, or designee shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents, who were reported to have suffered sexual abuse for ninety (90) days to see if there are any changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. The PREA Coordinator, or designee, shall monitor any resident disciplinary reports, housing, or program changes, or negative performance reviews, or reassignments of staff. Resident school reports and any shift notes or</p>

comments shall be reviewed, as well. The monitoring shall continue beyond ninety (90) days, if the initial monitoring indicates a continuing need.

There have been no incidents of retaliation during the 12 months preceding the audit. The PREA Coordinator stated some of the things she would look for in detecting possible retaliation are changes in resident behaviors, problems at school, and any relevant factors. He confirmed he would monitor the conduct and treatment of residents and staff who report sexual abuse of a resident or were to have suffered sexual abuse for 90 days or until the retaliation ends and the individual reports feeling safe.

The Executive Director stated if retaliation is suspected close observation, transfers, and housing unit changes are examples of measures that may be taken. Based on the review of the Pre-audit questionnaire and interviews with the PREA Coordinator and Executive Director, the evidence shows the facility follows this provision of the standard.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

KIDSPEACE Policy GA 6408 states in the case of residents, monitoring shall also include periodic status checks.

The PREA Coordinator confirmed she would use the PREA Protection Against Retaliation form. The form is designed for weekly status checks. Based on the review of the Pre-audit questionnaire, interview with the PREA Coordinator, and review of the PREA Protection Against Retaliation form, the evidence shows the facility follows this provision of the standard.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

KIDSPEACE Policy GA 6408 states If any other individual who cooperates with an investigation expresses a fear of retaliation from another resident or staff member, KIDSPEACE shall take appropriate measures to protect that individual against retaliation as well.

The Agency Head/Executive Director stated protective measures would include monitoring residents and transfers if needed. Staff would be monitored, placed on leave, or terminated. Based on the review of the Pre-audit questionnaire and interview with the Agency Head/Executive Director, the evidence shows the facility follows this provision of the standard.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

KIDSPEACE Policy GA 6408 states the facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

Comments:

The Executive Director has designated Human Resources, Quality Assurance, Compliance Manager, Campus Ombudsman, Assistant Director and PREA Coordinator are charged with monitoring retaliation. If the facility were to have an incident of retaliation, they would employ protection measures, monitor according to the time frames required by the standard, and use the PREA Protection Against Retaliation form to document periodic status checks.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed: KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Housing Unit Placement Form, KIDSPEACE PREA Risk Reassessment Form</p> <p>Interviews: Executive Director Staff who Supervise Residents in Isolation - NA Medical and Mental Health Staff Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - NA</p> <p>Discussion of Policy and Documents Reviewed: §115.368 Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342. KIDSPEACE Policy GA 6408 states the facility does not utilize isolation practices. If need should arise, residents will be assigned to another room and/or dormitory or be placed Out of Program (OOP).</p> <p>Comments: KIDSPEACE does not have or use segregated housing, but is fully prepared to follow the requirements of §115.342 if the need were to arise.</p>

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Criminal and Administrative Investigations are referred to GA DJJ PREA Investigation Unit., DJJ Standard Operating Procedures for Contract Providers (Excerpt), DCFS Child Residential Standards Class A, KIDSPEACE PREA Critical Incident Report, DJJ Confirmation of Investigative Training</p> <p>Interviews:</p> <p>Executive Director</p> <p>PREA Coordinator</p> <p>Investigative Staff - KIDSPEACE does not employ investigative staff.</p> <p>Residents who Reported a Sexual Abuse</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>KIDSPEACE Policy GA 6408 states it is the policy of KIDSPEACE that all incidents of alleged sexual abuse or sexual harassment be adequately addressed through investigation, and inquiry. The facility refers all suspected incidents of sexual abuse immediately to the appropriate agency (DJJ PREA Investigation Unit) for criminal and administrative investigation. KIDSPEACE follows strict notification procedures regarding State agencies / placement authority. KIDSPEACE refers all incidents to investigating authorities.</p> <p>KIDSPEACE does not conduct sexual abuse investigations. Administrative investigations are conducted by the Department of Juvenile Justice Based on the review of the Pre-audit questionnaire and related documents; and interviews.</p> <p>Provision (b):</p> <p>Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>Interviews with DJJ PREA Unit Lead Investigator confirmed adherence to specific requirements the facility maintains a memorandum of understanding agreement letter on file requesting the Monroe Police Department to adhere to specific requirements regarding sexual abuse investigations and evidence collection procedures involving juvenile victims according to PREA Standards.</p> <p>DJJ Investigators receive training as required by the standard. Verification of specified training was reviewed by auditor. Based on the review of the Pre-audit questionnaire and related documents, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (c):</p> <p>Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>KIDSPEACE Policy GA 6408 states when allegations of sexual harassment are made, KidsPeace shall conduct an inquiry under the following guidelines:</p> <p>a. Resident to resident: The Administrator, his designee shall conduct an inquiry questioning all persons involved to determine the circumstances of the alleged incident and direct actions to prevent any further incidents. The Administrator or his designee shall forward the appropriate critical incident report to the GA Department of Juvenile Justice within 24 hours.</p> <p>b. Staff to resident: The Administrator or his designee shall conduct an inquiry questioning all persons involved to determine the circumstances. The Administrator or his designee shall forward the appropriate critical incident report to the GA Department of Juvenile Justice within 24 hours.</p> <p>c. Disciplinary sanctions Policy GA 6400 and interventions for resident and staff shall be as described in PREA Ch. 17,</p>

VIII.D. and F.

Provision (d):

The PREA Unit shall not terminate an investigation solely because the source of the allegation recants the allegation.

KIDSPEACE Policy GA 6408 states no investigation shall be terminated solely because the source of the allegation recants the allegation.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

KIDSPEACE Policy GA 6408

Provision (f):

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

KIDSPEACE Policy GA 6408 states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provision (g):

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

KIDSPEACE Policy GA 6408 states administrative investigations or inquiries shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Provision (h):

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

KIDSPEACE Policy GA 6408

Provision (i):

Substantiated allegations shall be referred for prosecution.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

KIDSPEACE Policy GA 6408 states all reports shall be retained while the abuser is incarcerated in, or employed by KIDSPEACE, plus five years.

Provision (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.

KIDSPEACE Policy GA 6408 states the departure of the alleged abuser or victim from employment or control of KIDSPEACE shall not provide a basis for terminating an investigation.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to

remain informed about the progress of the investigation.

KIDSPEACE Policy GA 6408 states staff shall cooperate with any outside investigators and shall endeavor to remain informed about the progress of the investigation.

Comments:

KIDSPEACE does not conduct sexual abuse investigations. Administrative investigations are conducted by the Department of Juvenile Justice based on the review of the Pre-audit questionnaire and related documents, and interviews. KidsPeace not responsible for conducting any form of criminal or administrative sexual abuse investigations.

The Program Manager or their designee will complete and submit the Office of Regulatory Child Care's Incident Intake Information Form and notify Child Protective Services (CPS) as soon as possible but no later than 24-hours of learning about the allegation or incident. This notification will be documented in each client's record via a Case Management Note.

Within 24 Business Hours, the Executive Director or his/her designee will notify the Office of Regulatory Child Care Services, Department of Human Resources, Office of Provider Management, and the Department of Juvenile Justice regarding an incident resulting in police involvement.

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 454 300">Materials Reviewed:</p> <p data-bbox="242 327 622 356">KIDSPEACE Pre-Audit Questionnaire</p> <p data-bbox="242 383 359 412">Interviews:</p> <p data-bbox="242 439 422 468">Investigative Staff</p> <p data-bbox="242 495 1452 560">The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 586 1476 685">KIDSPEACE Policy GA 6408 states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the DJJ PREA Investigator confirmed this standard.</p> <p data-bbox="242 712 359 741">Comments:</p> <p data-bbox="242 768 1468 833">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations.</p>

115.373	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 1370 389">KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Policy GA 6400, KIDSPEACE Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation Form</p> <p data-bbox="240 421 352 448">Interviews:</p> <p data-bbox="240 479 427 506">Executive Director</p> <p data-bbox="240 537 405 564">DJJ Investigator</p> <p data-bbox="240 595 644 622">Resident who Reported a Sexual Abuse</p> <p data-bbox="240 654 376 680">Provision (a):</p> <p data-bbox="240 685 1469 743">Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 775 1489 833">KP utilizes GA DJJ document (Resident notification of investigated outcome). Inform residents in writing, as to whether and allegation has been determined to be substantiated, unsubstantiated or unfounded following and investigation by the agency.</p> <p data-bbox="240 864 376 891">Provision (b):</p> <p data-bbox="240 896 1485 954">If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="240 985 1485 1043">KIDSPEACE Policy GA 6400 states the facility shall request all relevant information from the investigating agency in order to inform the resident.</p> <p data-bbox="240 1075 376 1102">Provision (c):</p> <p data-bbox="240 1106 1437 1164">Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="240 1196 1437 1438" style="list-style-type: none"> (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 another location. (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1469 1485 1559">KIDSPEACE Policy GA 6400 states following a resident's allegation that a staff member committed sexual abuse against the resident, the Administrator, or designee shall subsequently inform the resident (unless KIDSPEACE has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="240 1590 1225 1792" style="list-style-type: none"> a. The staff member is no longer assigned within the resident's housing unit; b. The staff member is no longer employed at the facility; c. The staff member has been indicted on a charge related to sexual abuse within KIDSPEACE; or d. The staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1823 376 1850">Provision (d):</p> <p data-bbox="240 1854 1485 1912">Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p> <ol data-bbox="240 1944 1437 2029" style="list-style-type: none"> (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. <p data-bbox="240 2060 1469 2119">KIDSPEACE Policy GA 6400 states following a resident's allegation that he has been sexually abused by another resident; the alleged victim shall be subsequently informed whenever:</p>

- a. The alleged abuser is criminally charged related to the sexual abuse; or
- b. The alleged abuser is adjudicated on a charge related to sexual abuse.

Provision (e):

All such notifications or attempted notifications shall be documented.

KIDSPEACE Policy GA 6400 states all such notifications or attempted notifications shall be documented. Notification is also documented in weekly individual treatment meetings (youth is present during these meetings).

KIDSPEACE Resident Notification of PREA Investigative Outcome of Sexual Abuse Allegation

Provision (f):

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

KIDSPEACE Policy GA 6400 states the facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

Comments:

The facility has had four allegations during the 12 months preceding the audit; all youth received notification of the outcome of the investigations. The auditor has determined the facility is compliant with this standard regarding reporting to residents.

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 442 300">Materials Reviewed</p> <p data-bbox="242 329 823 358">KIDSPEACE Pre-Audit Questionnaire, KP Policy GA 6400</p> <p data-bbox="242 387 411 416">Interviews: None</p> <p data-bbox="242 445 719 474">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="242 504 376 533">Provision (a):</p> <p data-bbox="242 539 1445 595">Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 627 1490 683">KIDSPEACE Policy GA 6400 states staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.</p> <p data-bbox="242 714 376 743">Provision (b):</p> <p data-bbox="242 750 1267 779">Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="242 808 1406 864">KIDSPEACE Policy GA 6400 states termination of employment shall be the presumptive disciplinary sanction for any KIDSPEACE staff who have engaged in sexual abuse.</p> <p data-bbox="242 896 376 925">Provision (c):</p> <p data-bbox="242 931 1442 1025">Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1057 1481 1182">KIDSPEACE Policy GA 6400 states disciplinary sanctions for violations of KIDSPEACE policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1214 376 1243">Provision (d):</p> <p data-bbox="242 1249 1485 1344">All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1375 1485 1469">KIDSPEACE Policy GA 6400 states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to the GA DJJ, unless the activity is clearly not criminal. In addition, it shall be reported to any relevant placement and licensing authorities.</p> <p data-bbox="242 1500 1445 1556">In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 1</p> <p data-bbox="242 1588 1445 1644">In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1675 1445 1731">In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 1</p> <p data-bbox="242 1762 1453 1863">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: 1</p> <p data-bbox="242 1895 360 1924">Comments:</p> <p data-bbox="242 1955 1461 2011">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.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, Volunteer/Contractor Confirmation of Receipt of PREA, Volunteer/Contractor Notice of Zero Tolerance Policy</p> <p>Interviews:</p> <p>Executive Director</p> <p>Provision (a):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>KIDSPEACE Policy GA 6400 states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents, and will be reported to the GA DJJ, unless the activity is clearly not criminal.</p> <p>Provision (b):</p> <p>The facility shall take appropriate remedial measures and shall consider 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>KIDSPEACE Policy GA 6400 states the Administrator shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of the sexual harassment policy by a contractor or volunteer.</p> <p>Comments:</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 corrective action for contractors and volunteers.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE PREA Critical Incident Review, KIDSPEACE PREA Critical Incident Debriefing, KIDSPEACE Housing Unit Placement Form</p> <p>Interviews:</p> <p>Executive Director</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a): A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>KIDSPEACE Policy GA 6400 states a resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Such discipline shall be in accordance with the facility’s policies as deemed appropriate under the circumstances. (See Policy and Procedural Manual; ACA 3C-03;3C-04;SOP 3.13) KIDSPEACE does not utilize isolation to discipline residents.</p> <p>Provision (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>KIDSPEACE Policy GA 6400 states any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the extreme event a disciplinary sanction results in the isolation of a resident, KIDSPEACE shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents shall have access to other programs and work opportunities to the extent possible.</p> <p>Provision (c): The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>KIDSPEACE Policy GA 6400 states the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Provision (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</p> <p>KIDSPEACE Policy GA 6400 states the facility shall also consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other rewards-based incentives, but not as a condition to access to general programming or education.</p> <p>Provision (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to</p>

such contact.

KIDSPEACE Policy GA 6400 states the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

KIDSPEACE Policy GA 6400 states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Comments:

The facility does not utilize isolation, any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Staff Confirmation of Receipt of PREA, KIDSPEACE Screening for Risk of Sexual Victimization and Abusiveness, KIDSPEACE Resident Intake Screening, KIDSPEACE Intake Screening, Treatment Plan, Mental Health Therapy notes – examples</p> <p>Interviews:</p> <p>Residents who Disclose Sexual Victimization at Risk Screening -NA</p> <p>Staff Responsible for Risk Screening</p> <p>Medical and Mental Health Staff</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>KIDSPEACE Policy GA.6407 states any resident who indicates during initial screening pursuant to § 115.341 that they were a victim, or perpetrator of sexual abuse shall be offered a follow-up medical health screening and evaluation within 14 days of the intake screening.</p> <p>No residents were identified as indicating experiencing prior sexual victimization during risk screening. The Human Resources Manager responsible for performing screening for risk of victimization and abusiveness confirmed if a screening indicates a resident has experienced prior sexual victimization they are offered a follow-up meeting with a medical or mental health practitioner within 14 days. Based on the review of the Pre-audit questionnaire and interviews with the Human Resources Manager, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>KIDSPEACE Policy GA.6407 states a resident identified as having experienced prior sexual victimization, or identified as a prior sexual perpetrator, shall attend designated therapy sessions with clinical staff, as part of their treatment plan within 14 days.</p> <p>Three (3) residents were identified as perpetrating sexual abuse. All three were offered follow-up evaluations well within 14 days. File reviews revealed the average length of time was three (3) days.</p> <p>Provision (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>KIDSPEACE Policy GA.6407 states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>The auditor observed the facility's file room. The files are secured in a locked cabinet behind a locked door. The files have a list of individuals that have access to them. Interviews with the Human Resources Manager and PREA Coordinator confirmed the information is limited to only certain facility staff, including the PREA Coordinator, designated administrative staff, direct care supervisory staff, and the Clinical Manager. Based on the review of the Pre-audit questionnaire, observations of the controlled access to the files, and interviews with the PREA Coordinator and Human Resources Manager, the evidence shows the facility follows this provision of the standard.</p>

Provision (d):

Medical and mental health practitioners shall 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.

KIDSPEACE Policy GA.6407 states medical and mental health practitioners shall 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.

Comments:

All clients who perpetuated sexual abuse was offered a follow up meeting with a mental health practitioner. 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.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Staff Receipt of PREA 115.331, KIDSPEACE PREA Protocol, KIDSPEACE First Responder Guidelines for a Sexual Abuse Incident at KIDSPEACE, MOU – PARC, KP Policy GA 6407</p> <p>Interviews:</p> <p>Medical Staff – KIDSPEACE does not employ medical staff.</p> <p>Mental Health Staff</p> <p>Residents who Reported a Sexual Abuse</p> <p>Security Staff First Responders - KIDSPEACE does not employ security staff.</p> <p>Non-Security Staff First Responders</p> <p>Provision (a):</p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>KIDSPEACE Policy GA 6407 states resident victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Emergency medical treatment shall be provided through Tanner Medical Center. Mental health services shall be provided by Clinical Manager. Residents shall be provided with access to an outside victim advocate for emotional support through a memorandum of understanding with PARC Which offers victim advocate and rape crisis services.</p> <p>KIDSPEACE has a MOU with Tanner Medical Center. The MOU specifies the Tanner Medical Center Emergency Room as the location for emergency medical treatment. The facility also has a MOU with PARC for crisis intervention services. The interview with the KIDSPEACE Clinical Manager confirmed the nature and scope of mental health services are determined according to her professional judgement. Based on the review of the Pre-audit questionnaire, review of MOU's for medical and crisis intervention services, and interview with the Clinical Manager, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>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.</p> <p>KIDSPEACE Policy GA 6407 states if 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 follow proper protocol as described in Chapter 17, VII. E.</p> <p>Security Staff and Non-Security Staff First Responders would follow the KIDSPEACE PREA Protocol and the First Responder Guidelines for a Sexual Abuse Incident when responding to a report of recent sexual abuse. They are instructed to call 911 if emergency medical response is required. Interviews with Security Staff and Non-Security Staff First Responders confirmed they are knowledge of the established protocol. Based on the review of the Pre-audit questionnaire, reviewing the PREA Protocol</p> <p>and First Responder Guidelines, and interviews with the Security Staff and Non-Security Staff First Responders, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (c):</p> <p>Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>KIDSPEACE Policy GA 6407 states resident victims of sexual abuse while in custodial care shall be offered, timely information about and timely access to, emergency medical care which includes sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p>

KIDSPEACE has a MOU with that provides for emergency medical services at Tanner Medical Center. Based on the review of the MOU with Tanner Medical Center and PARC.

Provision (d):

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.

KIDSPEACE Policy GA 6407 states 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.

Based on the review of the Pre-audit questionnaire and policy the evidence show that the facility follows this provision of the standard.

Comments:

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.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KP Policy GA 6407, 2020 Report of Sexual Abuse, MOU -PARC</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Residents who Reported a Sexual Abuse</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): The facility shall 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.</p> <p>KIDSPEACE Policy GA 6407 states a medical and mental health evaluation and, as appropriate, treatment will be offered to all residents who have been victimized by sexual abuse while in custodial care.</p> <p>Medical services are provided offsite at Tanner Medical Center. The facility does employ a Clinical Supervisor. The Clinical Supervisor office is centrally located and she is available to the residents as needed. Based on the review of the Pre-audit questionnaire, related documents, and observations made during the site review, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>KIDSPEACE Policy GA 6407 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>The Clinical Manager confirmed evaluation and treatment of victims would 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. Based on the review of the Pre-audit questionnaire, facility observations, policy review, and interview with the Clinical Manager, and review of MOU with PARC, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>KIDSPEACE Policy GA 6407 states the facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The Clinical Manager stated she feels the medical and mental health services are consistent with the community level of care. Based on the review of the Pre-audit questionnaire, policy review, and interview with the Clinical Manager, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>Provision (e): If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>Provision (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p>

KIDSPEACE Policy GA 6407 states resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate either through Tanner Medical Center.

Tanner Medical Center confirmed tests for sexually transmitted infections would be offered. Based on the review of the Pre-audit questionnaire, policy review, and telephone interview with Tanner Medical Center, the evidence shows the facility follows this provision of the standard.

Provision (g):

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.

KIDSPEACE Policy GA 6407 states 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.

Policy provides that any medical treatment services provided to a resident will be at no cost to him or his family. Based on the review of the Pre-audit questionnaire, policy review, the evidence shows the facility follows this provision of the standard.

Provision (h):

The facility shall 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.

KIDSPEACE Policy GA 6407 states the facility shall 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.

Comments:

The Clinical Manager confirmed she would initiate a referral to appropriate practitioners. She stated the referral would be made within two days and when they are court ordered to receive sex offender treatment. Based on the review of the Pre-audit questionnaire and interview with the Clinical Manager, the evidence shows the facility follows this provision of the standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KP Policy GA.6402, KIDSPEACE PREA Critical Incident Report Form, KIDSPEACE Critical Incident Debriefing Form</p> <p>Interviews:</p> <p>Facility Administrator</p> <p>PREA Coordinator</p> <p>Incident Review Team</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>The facility shall 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.</p> <p>KIDSPEACE GA.6402 states the review team shall 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.</p> <p>KIDSPEACE had one (1) substantiated allegation of sexual abuse within the 12 months preceding the audit. Incident review was documented. Substantiated or unsubstantiated allegations of sexual abuse are documented on the PREA critical incident review form. Based on the review of the Pre-audit questionnaire and review of the incident review form, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>KIDSPEACE Policy GA.6402 states such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.</p> <p>The PREA Coordinator and Executive Director confirmed incident reviews would occur within 30 days of the conclusion of an investigation. Based on the review of the Pre-audit questionnaire, interviews with the PREA Coordinator and Executive Director, and review of policy, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (c):</p> <p>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>KIDSPEACE Policy GA.6402 states the review team shall include the Administrator, PREA Coordinator, social worker and a direct care supervisor, along with input from direct care workers, and any law enforcement or administrative investigators, as needed.</p> <p>The interview with the Executive Director confirmed the incident review team would include upper level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Based on the review of the Pre-audit questionnaire, interview with the Executive Director, and review of policy, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (d):</p> <p>The review team shall:</p> <p>(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</p> <p>(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</p>

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(1) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(2) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

KIDSPEACE Policy GA 6402 states the review team shall:

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

b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;

c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

d. Assess the adequacy of staffing levels in that area during different shifts;

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

f. Prepare a report of its findings, including by not necessarily limited to determinations made pursuant to paragraphs (4) (a)-(d) and (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

KIDSPEACE Policy GA 6402 a copy of the review report shall be forwarded to the PREA Coordinator.

The interview with the PREA Coordinator/Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.

Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator/Incident Review Team Member, the evidence shows the facility follows this provision of the standard.

Provision (e):

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

KIDSPEACE Policy GA.6402 states the administration shall implement the recommendations for improvement or shall document its reasons for not doing so.

Discussion of Interviews:

The PREA Coordinator confirmed the incident review team makes recommendations for improvement and any reasons for not implementing the recommendations would be documented. She reported the facility has not noticed any trends due to the absence of substantiated allegations. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator/Incident Review Team Member, the evidence shows the facility follows this provision of the standard.

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviews:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE PREA Annual Data Review, KP Policy GA 6402, PREA Critical Incident Form, Survey of Sexual, Victimization, 2016 Substantiated Incident Form (Juvenile), Survey of Sexual Victimization, 2017 Locally or Privately-Operated Juvenile Facilities Summary Form</p> <p>Interviews: None</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provisions (a) & (c):</p> <p>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>KIDSPEACE Policy Gab 6402 states the Human Resources Manager shall collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>KIDSPEACE Policy GA 6402 states the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>KIDSPEACE had one (1) substantiated allegation of sexual abuse within the 12 months preceding the audit. If it were to have been a substantiated allegation the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile) would be completed in addition to the PREA Critical Incident Form. Also, KIDSPEACE uses the PREA Annual Data Review to aggregate sexual abuse data at least annually. Based on the review of the Pre-audit questionnaire, review of incident forms, and review of the data review, the evidence shows the facility follows these provisions of the standard.</p> <p>Provision (b):</p> <p>The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>KIDSPEACE Policy GA 6402 states the PREA Coordinator shall aggregate the incident-based sexual abuse data, at least, annually.</p> <p>KIDSPEACE had one (1) substantiated allegation of sexual abuse within the 12 months preceding the audit. The incident was reported on the PREA Critical Incident Form. If it were to have a substantiated allegation the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile) would be completed. Based on the review of the Pre-audit questionnaire and review of the incident forms, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (d):</p> <p>The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>KIDSPEACE Policy GA.6402 states the Human Resources Manager shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed the investigative file for the one (1) unfounded allegation of sexual abuse. Based on the review of the Pre-audit questionnaire and review of the collected data, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (e):</p> <p>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>KIDSPEACE Policy GA 6402 states KIDSPEACE does not contract with outside facilities for confinement of its residents from which to obtain any additional data.</p> <p>KIDSPEACE does not contract with other facilities for the confinement of its residents.</p> <p>Provision (f):</p>

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

KIDSPEACE Policy GA 6402 states upon request, KIDSPEACE shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The U.S. Department of Justice Bureau of Justice Statistics requested KIDSPEACE to complete the Survey of Sexual Victimization, 2020 locally or Privately-Operated Juvenile Facilities Summary Form. The auditor reviewed the completed summary form. Based on the review of the Pre-audit questionnaire and review of the data summary form, the evidence shows the facility follows this provision of the standard.

115.388	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 451 300">Materials Re viewed:</p> <p data-bbox="240 331 1461 389">KIDSPEACE Annual PREA Data Review, KP Policy GA 6402, KIDSPEACE Pre-Audit Questionnaire, KIDSPEACE Critical Incident Debriefing Form, KIDSPEACE PREA Critical Incident Review Form, Correctional Action Plan</p> <p data-bbox="240 421 352 448">Interviews:</p> <p data-bbox="240 479 871 506">Agency Head, PREA Coordinator, PREA Compliance Manager</p> <p data-bbox="240 537 719 564">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 595 376 622">Provision (a):</p> <p data-bbox="240 631 1366 689">The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol data-bbox="240 721 1414 864" style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 896 1477 985">KIDSPEACE PREA Policy GA 6402 states the PREA Coordinator shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices and training including:</p> <ol data-bbox="240 1016 1158 1160" style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for the facility as a whole. <p data-bbox="240 1191 1493 1482">The auditor reviewed the KIDSPEACE Annual PREA Data Review. The data review included the requirements of this provision. The agency head confirmed the facility would use incident-based sexual abuse data to take corrective actions on an ongoing basis. One example of improving the sexual abuse prevention, detection and response policies would be to assess the video monitoring technology. The PREA Coordinator confirmed the facility 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. The data is securely retained in a locked file cabinet and KIDSPEACE takes corrective action on an ongoing basis based on the data. Based on the review of the Pre-audit questionnaire, review of the KIDSPEACE Annual PREA Data Review, and interviews with the Agency Head and PREA Coordinator, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1514 376 1541">Provision (b):</p> <p data-bbox="240 1550 1485 1608">Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1639 1477 1697">KIDSPEACE PREA Policy GA 6402 states such reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.</p> <p data-bbox="240 1729 1485 1854">The auditor reviewed the KIDSPEACE Annual PREA Data Review. The report included a comparison of the 2019 data and corrective actions with those from 2020 and provides an assessment of the agency's progress in addressing sexual abuse. Based on the review of the Pre-audit questionnaire and review of the KIDSPEACE Annual PREA Data Review, the evidence shows the facility follows this provision of the standard.</p> <p data-bbox="240 1886 376 1912">Provision (c):</p> <p data-bbox="240 1921 1493 1980">The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p data-bbox="240 2011 1461 2069">KIDSPEACE PREA Policy GA 6402 states the report shall be approved by the Administrator and made readily available to the public by request from the KIDSPEACE office. A copy of the report shall be forwarded to the PREA Coordinator.</p> <p data-bbox="240 2101 1485 2159">The Agency Head confirmed he approves the KIDSPEACE Annual PREA Data Review and the report is available upon request from the administrative office. Based on the review of the Pre-audit questionnaire, review of the KIDSPEACE Annual</p>

PREA Data Review, and interview with the Agency Head, the evidence shows the facility follows this provision of the standard.

Provision (d):

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Comments:

KIDSPEACE PREA Policy GA 6402 states the facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KP Policy GA 6402, KIDSPEACE PREA Annual Data Review</p> <p>Interview:</p> <p>PREA Coordinator</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a):</p> <p>The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>KIDSPEACE PREA Policy GA 6402 states the facility shall ensure that data collected pursuant to §115.387 is securely retained.</p> <p>The PREA Coordinator confirmed the KIDSPEACE reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the data. Based on the review of the Pre-audit questionnaire and interview with the PREA Coordinator, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (b):</p> <p>The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>KIDSPEACE PREA Policy GA 6402 states the facility shall make all sexual abuse data readily available to the public annually. Current copies are provided and made available in the receiving area of the facility. All phone requests for annual data should be directed to the KIDSPEACE office.</p> <p>The auditor observed copies of the KIDSPEACE PREA Annual Data Review available on the credenza in the foyer of the main building. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (c):</p> <p>Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>KIDSPEACE PREA Policy GA.6402 states before making sexual abuse data publicly available, the facility shall remove all personal identifiers.</p> <p>The auditor observed the publicly available sexual abuse data to confirm that personal identifiers have been removed. Based on the review of the Pre-audit questionnaire and observation of the publicly available data, the evidence shows the facility follows this provision of the standard.</p> <p>Provision (d):</p> <p>The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>KIDSPEACE PREA Policy GA 6402 states the facility shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection.</p> <p>The review of the policy confirmed KIDSPEACE maintains sexual abuse data collected pursuant to §</p> <p>Comments:</p> <p>115.387 for at least 10 years after the date of its initial collection. Based on the review of the Pre-audit questionnaire and review of the data retention policy, the evidence shows the facility follows this provision of the standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Materials Reviewed:</p> <p>KIDSPEACE Pre-Audit Questionnaire, KP Policy GA 6402</p> <p>Interviews:</p> <p>None</p> <p>Discussion of Policy and Documents Reviewed:</p> <p>Provision (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>KIDSPEACE operates a single facility. The facility was last audited June 2018.</p> <p>Provision (b): During each one-year period starting on August 20, 2013, the agency shall ensure that at least one- third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>KIDSPEACE operates a single facility. The facility was last audited January 2018.</p> <p>Provision (c): The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.</p> <p>KIDSPEACE did not report the Department of Justice recommending an expedited audit.</p> <p>Provision (d): The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p>The auditor used the Auditor Compliance Tool for guidance on the conduct and guidance of the audit.</p> <p>Provision (e): The agency shall bear the burden of demonstrating compliance with the standards.</p> <p>KIDSPEACE demonstrated compliance with the standards.</p> <p>Provision (f): The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.</p> <p>The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for KIDSPEACE.</p> <p>Provision (g): The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p>The auditor reviewed a sampling of relevant documents and other records and information for 12 the months preceding the audit.</p> <p>Provision (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>The auditor shall have access to, and observed, all areas of the audited facilities.</p> <p>Provision (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored</p>

information).

The auditor received all requested documents relevant to the audit.

Provision (j):

The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor has retained all documentation relied upon in making audit determinations. The documentation shall be provided to the Department of Justice upon request.

Provision (k):

The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

The auditor interviewed a representative sample of residents, staff, supervisors, and administrators. Refer to the Interviews section of the Onsite Audit Phase of the Audit Narrative.

Provision (l):

The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

There were twenty-three 23 allegations during the 12 months preceding the audit. There were video tapes or other electronically available data relevant to the provisions being audited.

Provision (m):

The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

The auditor conducted private interviews with residents in the KIDSPEACE conference room.

Provision (n):

Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

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 correspondence was received.

Provision (o):

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Comments:

The auditor communicated with the PARC Community Based Organization Advocate.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding frequency and scope of audits.

115.403	Audit contents and findings
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 448 300">Materials Reviewed:</p> <p data-bbox="240 331 620 358">KIDSPEACE Pre-Audit Questionnaire</p> <p data-bbox="240 389 352 416">Interviews:</p> <p data-bbox="240 448 300 474">None</p> <p data-bbox="240 506 719 533">Discussion of Policy and Documents Reviewed:</p> <p data-bbox="240 564 379 591">Provision (a):</p> <p data-bbox="240 595 1425 658">Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p data-bbox="240 685 1414 712">The auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of the KIDSPEACE.</p> <p data-bbox="240 743 379 770">Provision (b):</p> <p data-bbox="240 775 1331 801">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="240 833 1321 860">The audit report states whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="240 891 379 918">Provision (c):</p> <p data-bbox="240 922 1477 1052">For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.</p> <p data-bbox="240 1084 1453 1146">For each PREA standard, the auditor determined whether KIDSPEACE Exceeds Standard, Meets Standard, or Does Not Meet Standard. The audit summary indicates the number of provisions the facility has achieved at each grade level.</p> <p data-bbox="240 1178 379 1205">Provision (d):</p> <p data-bbox="240 1209 1433 1272">Audit report shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility and shall include recommendations for any required corrective action.</p> <p data-bbox="240 1303 1433 1366">The audit report describes the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for the facility.</p> <p data-bbox="240 1397 379 1424">Provision (e):</p> <p data-bbox="240 1451 1390 1514">Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.</p> <p data-bbox="240 1545 1046 1572">The auditor redacted any identifiable resident or staff information from the report.</p> <p data-bbox="240 1603 379 1630">Provision (f):</p> <p data-bbox="240 1657 1490 1720">The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p> <p data-bbox="240 1751 943 1778">The 2018 audit report is published on KidsPeace.org/Georgia website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	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 functions of the facility? (N/A for non-secure facilities)	yes
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)	na
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 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?	yes
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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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 (c)	Hiring and promotion decisions	
	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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
	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
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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
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.)	na

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

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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?	no
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 (f)	Criminal and administrative agency investigations	
	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 does not provide a basis for terminating an investigation?	yes

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 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?	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 indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

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

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 cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	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.)	yes
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