

PREA Facility Audit Report: Final

Name of Facility: Highfields Residential Treatment Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/21/2026

| Auditor Certification | |
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| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Elaine Brideschge | Date of Signature: 03/21/2026 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------------------|
| Auditor name: | Brideschge, Elaine |
| Email: | risingsunauditing@gmail.com |
| Start Date of On-Site Audit: | 03/10/2026 |
| End Date of On-Site Audit: | 03/10/2026 |

| FACILITY INFORMATION | |
|-----------------------------------|-------------------------------------------------|
| Facility name: | Highfields Residential Treatment Facility |
| Facility physical address: | 5123 Old Plank Road, Onondaga, Michigan - 49264 |
| Facility mailing address: | |

| Primary Contact |
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| Name: | Julie Duffey |
| Email Address: | jduffey@highfields.org |
| Telephone Number: | 5173889335 |

| Superintendent/Director/Administrator | |
|----------------------------------------------|-----------------------|
| Name: | Tyler Jones |
| Email Address: | tjones@highfields.org |
| Telephone Number: | 5174940082 |

| Facility PREA Compliance Manager | |
|-----------------------------------------|-----------------------|
| Name: | Darryl Scott |
| Email Address: | dscott@highfields.org |
| Telephone Number: | 517-628-2287 ext. 34 |

| Facility Health Service Administrator On-Site | |
|------------------------------------------------------|------------------------|
| Name: | TaKarra Wilson |
| Email Address: | twilson@highfields.org |
| Telephone Number: | 517-628-2287 ext. 32 |

| Facility Characteristics | |
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| Designed facility capacity: | 36 |
| Current population of facility: | 9 |
| Average daily population for the past 12 months: | 10 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Men/boys |

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| Age range of population: | 11-17 |
| Facility security levels/resident custody levels: | Staff Secure/Non-Secure |
| Number of staff currently employed at the facility who may have contact with residents: | 56 |
| 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: | Highfields, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 5123 Old Plank Road, Onondaga, Michigan - 49264 |
| Mailing Address: | 5123 Old Plank Rd., Onondaga, Michigan - 49264 |
| Telephone number: | 517-628-2287 |

| Agency Chief Executive Officer Information: | |
|----------------------------------------------------|-------------------------|
| Name: | Brian Philson, CEO |
| Email Address: | bphilson@highfields.org |
| Telephone Number: | 517-628-2287 |

| Agency-Wide PREA Coordinator Information | | | |
|-------------------------------------------------|--------------|-----------------------|------------------------|
| Name: | Julie Duffey | Email Address: | jduffey@highfields.org |

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

8

- 115.313 - Supervision and monitoring
- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.317 - Hiring and promotion decisions
- 115.321 - Evidence protocol and forensic medical examinations
- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.364 - Staff first responder duties
- 115.381 - Medical and mental health screenings; history of sexual abuse

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2026-03-10 |
| 2. End date of the onsite portion of the audit: | 2026-03-10 |

Outreach

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

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 36 |
| 15. Average daily population for the past 12 months: | 10 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 10 |
| 25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 6 |
| 27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 1 |

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| <p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>2</p> |
| <p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>39</p> |
| <p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |

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| 38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | <p>2</p> |
| 39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | <p>No text provided.</p> |
| <h2>INTERVIEWS</h2> | |
| <h3>Inmate/Resident/Detainee Interviews</h3> | |
| <h4>Random Inmate/Resident/Detainee Interviews</h4> | |
| 40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | <p>5</p> |
| 41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |
| 42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | <p>All residents were interviewed.</p> |
| 43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |

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| 44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 5 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |

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| <p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |

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| <p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>2</p> |
| <p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>All residents were interviewed. Based on observations made onsite, review of files and discussions with staff, it was determined that current residents did not meet this specific population characteristic.</p> |
| <p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>58. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |

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| <p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Gender</p> |
| <p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>18</p> |
| <p>63. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| 64. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 65. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 66. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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

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

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| | <input type="checkbox"/> Other |
| 68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 2 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other |
| 70. Provide any additional comments regarding selecting or interviewing specialized staff. | The facility does not utilize volunteers. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| 71. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 75. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>No text provided.</p> |
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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| <p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
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| <p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>No text provided.</p> |
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

Based on the data collection worksheets, review of the pre audit questionnaire and discussions with staff, the facility has not had any PREA allegations during this reporting period.

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| <p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>Based on the data collection worksheets, review of the pre audit questionnaire and discussions with staff, the facility has not had any PREA allegations during this reporting period.</p> |
| <p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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| <p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No text provided.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Corrections Consulting Services LLC

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Organizational Chart 4. Interviews with the PREA Coordinator and PREA Compliance Manager <p>Findings:</p> <p>(a) Highfields adheres to a zero-tolerance policy of sexual abuse and sexual harassment and has implemented a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy requires staff to take prompt, effective, and compassionate action if allegations of sexual abuse or</p> |

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| | <p>harassment are made.</p> <p>(b) The facility has designated an upper-level PREA Coordinator that reports to the Director of Residential Services with sufficient time and authority to develop, implement, and oversee the facility’s efforts to comply with PREA standards. This was reflected in the PREA Coordinator interview.</p> <p>(c) The facility includes a designated PREA Compliance Manager with adequate time and authority to coordinate PREA-related efforts within the facility. This was reflected in the PREA Compliance Manager interview.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire <p>Findings:</p> <p>(a), (b) The facility does not contract for the housing of residents. Based on this fact, the facility meets this standard.</p> |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.313 Supervision and Monitoring</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Unannounced Rounds Logs |

4. Staffing Plan

5. Three Years of Staffing Plan Reviews

6. Site Review: Supervision Practices

7. Interviews with Director of Residential Services, PREA Coordinator and staff that conduct unannounced rounds

Findings:

(a) The facility has established and consistently executed a comprehensive, above-standard staffing plan that ensures optimal personnel coverage and uninterrupted video surveillance. This proactive approach not only meets but exceeds regulatory expectations, providing enhanced protection and vigilant oversight to safeguard all residents from the risk of sexual abuse.

(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.

During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. Staffing ratios in the housing unit are 1:8 during waking hours and 1:16 during sleeping hours. No blind spots were observed. Room checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement. This was reflected in the site review and staff interviews.

(b) The facility consistently maintains compliance with its approved staffing plan.

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| | <p>Any deviations occur only in rare and documented exigent circumstances and are not routine. All deviations are fully documented, including the reason for the deviation, the duration, and the specific mitigation measures implemented to ensure resident safety and continued PREA compliance. This was reflected in the site review and staff interview.</p> <p>(c) The facility has maintained full compliance with the minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, as required since before the October 1, 2017, deadline. Deviations due to exigent circumstances are rare and are fully documented. The PAQ reflects that no deviations have occurred in the past 12 months. This is reflected in staff interviews.</p> <p>(d) In coordination with the PREA Coordinator, the facility goes beyond minimum requirements by conducting a comprehensive annual review of its staffing plan and monitoring systems. This review not only evaluates current staffing practices but also includes an in-depth assessment of video monitoring effectiveness, blind-spot mitigation, and overall resource adequacy. The facility proactively identifies opportunities for improvement, implements enhancements as needed, and fully documents all findings, decisions, and adjustments as part of the annual assessment process. This is reflected in staff interviews.</p> <p>(e) The facility exceeds PREA requirements by maintaining a comprehensive written policy that mandates intermediate-level or higher supervisors conduct frequent, unannounced supervisory rounds on all shifts, including overnight hours. These rounds are consistently documented, carried out without advance notice to staff, and only adjusted when legitimate operational needs require it. This practice demonstrates the facility's proactive commitment to oversight, accountability, and the prevention and detection of sexual abuse and harassment. This was reflected in the site review and staff interviews.</p> <p>After a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.315 Limits to Cross-Gender Viewing and Searches</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire |

3. Staff PREA Training Records

4. Searching Residents Policy

5. Site Review: Cross-Gender Viewing & Searches

6. Interviews with random staff and residents.

Findings:

(a) The facility prohibits cross-gender strip searches and visual body cavity searches except in exigent circumstances or when performed by licensed medical practitioners. Any such instances are fully documented and justified. Whenever possible, at least two staff members participate in student searches. This ensures transparency, safety, and accountability during the process. Searches are conducted in a professional and respectful manner, with the primary purpose of maintaining safety and security for all students and staff. The auditor did not observe any cross-gender searches. This was reflected in the site review.

(b) Except in cases of emergency, extraordinary, or unforeseen circumstances, searches must be conducted by staff members of the same gender as the student. Cross-gender searches are strictly prohibited unless exigent circumstances arise. If a cross-gender search does occur, staff will document and justify the reasons for the search. All searches, regardless of gender, must be approached with dignity and respect for the student. According to the facility there have been no cross-gender searches in the last 12 months. This was reflected in staff and resident interviews.

(c) All cross-gender searches require detailed documentation for transparency and policy compliance.

(d) Policies state that residents are entitled to privacy when showering, changing clothes, or performing bodily functions. Staff members of the opposite gender should not view residents during these activities, unless there are exigent circumstances or viewing is incidental to routine checks. This standard also applies to video camera monitoring. When a staff member of the opposite gender enters a bathroom or area where residents might be showering, changing, or using the restroom, they must announce their presence. The auditor did not observe any cross-gender viewing during the audit. Residents are provided with private areas to undress. This was reflected in the site review and staff and resident interviews.

(e) This provision is no longer applicable to your compliance finding.

(f) This provision is no longer applicable to your compliance finding.

After a thorough review of evidence, the facility meets this standard.

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| | proficient |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>15.316 Residents with Disabilities and Residents Who Are Limited English Proficient Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Staff PREA Training Curriculum 4. Resident Orientation PREA Training Curriculum 5. List Of Translation Services 6. Site Review: Interpretation Services 7. Interviews with the President/CEO, random staff, and residents with a disability. There were no residents that were limited English proficient. <p>Findings:</p> <p>(a) The facility exceeds PREA requirements by ensuring residents with disabilities have full, equal, and effective access to all components of its sexual abuse prevention, detection, and response program. Qualified interpreters are consistently provided for residents who are deaf or hard of hearing, and accessible, alternative-format materials are readily available for residents with visual or intellectual disabilities. All services are delivered without imposing undue burdens or altering core program functions. Facility policy further requires that PREA-related information be provided both verbally and in writing, in a language and format the resident can clearly understand, with interpreter services and appropriate accommodations provided as needed. The auditor ensured that interpretation services are readily available to residents when the need arises. The agency utilizes staff interpreters and a contracted interpretation service. This was reflected in the site review and staff and resident interviews.</p> <p>(b) The facility exceeds PREA requirements by ensuring residents with limited English proficiency have meaningful and effective access to all PREA-related information and services through the consistent use of qualified interpreters who accurately, competently, and impartially convey information critical to prevention, reporting, and response. PREA posters in English and Spanish were observed throughout the facility. This was reflected in the site review and resident interviews.</p> <p>(c) Resident interpreters are prohibited except when delay in translation could compromise safety or investigation. Use of resident interpreters will be documented. In such cases, the use is documented, and qualified interpretation</p> |

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| | <p>services are secured without delay. The facility has not used resident interpreters. This was reflected in staff and resident interviews.</p> <p>After a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.317 Hiring and Promotion Decisions</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. New Hire PREA Questionnaire 4. New Hire Application 5. Staff Backgrounds 6. Human Resource Policy 7. Interview with HR staff <p>Findings:</p> <p>(a) The facility exceeds applicable standards and state licensing requirements by maintaining a comprehensive policy that ensures all employees possess the good moral character required to work with children and youth. To uphold this commitment, the facility conducts multiple layers of background screening prior to hire and at regular intervals throughout employment, including fingerprinting (as needed), criminal history checks, driving record monitoring, Central Registry Clearances, and Sex Offender Registry checks. Driving records are continuously monitored, and compliance with all background screening requirements is a condition of continued employment. Employees are required to promptly notify Human Resources of any name changes and complete a new Background Screening Consent Form; refusal to comply results in disciplinary action, up to and including termination. Background check files were reviewed.</p> <p>(b) All allegations and incidents of sexual harassment are reviewed and considered in every hiring and promotion decision. This was reflected in HR staff interviews.</p> |

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| | <p>(c) Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations. The auditor reviewed the staff backgrounds for all current employees. This was reflected in HR staff interviews.</p> <p>(d) This same vetting process is applied to contractors with resident contact, including background checks and registry consultations. Background check files were reviewed. This was reflected in HR staff interviews.</p> <p>(e) The facility conducts criminal background checks at least every five years for current employees and contractors or uses a system for ongoing record monitoring. This was reflected in HR staff interviews.</p> <p>(f) Applicants and employees are required to disclose any prior misconduct related to sexual abuse. These disclosures are collected during hiring, promotion, and evaluations, and staff remain under a continuing obligation to report such conduct. This was reflected in HR staff interviews.</p> <p>(g) Any material omissions or false information related to sexual misconduct are grounds for immediate termination.</p> <p>(h) In accordance with applicable law, the facility provides substantiated information on sexual abuse or harassment to institutional employers upon request when a former employee applies for a position. This was reflected in HR staff interviews.</p> <p>After a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.318 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with the President/CEO and the Director of Residential Services <p>Findings:</p> <ol style="list-style-type: none"> (a) The facility has not made a major change to the facility. (b) When installing or upgrading video monitoring systems, electronic surveillance, |

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| | <p>or related technologies, the facility carefully evaluates their potential to enhance the detection, prevention, and response to sexual abuse. These considerations inform equipment selection and placement to maximize coverage and effectiveness. The facility added 15 Cameras in 2023. This was reflected in staff interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.321 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Law Enforcement Response to Sexual Assault 4. MOU with Michigan State University Sexual Assault Program to provide victim Services. 5. MOU with MSU Center for Survivors Counseling and Advocacy Services. 6. Email for Sane Nurses at the local Hospital 7. Email stating Highfields Community Services employs Licensed Social Workers to Provide Free Services. 8. Interviews with random staff. There were no residents who reported sexual abuse. <p>Findings:</p> <p>(a) The agency exceeds PREA requirements by adopting and consistently implementing a uniform, statewide evidence protocol designed to maximize the collection and preservation of usable physical evidence for both administrative proceedings and criminal prosecutions involving allegations of sexual abuse. This protocol is aligned with the Model Policy for Law Enforcement Response to Sexual Assault, developed by the State of Michigan through the Michigan Domestic and Sexual Violence Prevention and Treatment Board, ensuring investigations reflect recognized best practices and statewide standards. This was reflected in staff interviews.</p> |

(b) The agency exceeds PREA requirements by implementing a developmentally appropriate evidence protocol specifically tailored for youth, ensuring investigative and forensic responses are trauma-informed and age-appropriate. The protocol is adapted from the most recent edition of the U.S. Department of Justice, Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or other equally comprehensive and authoritative protocols developed after 2011, reflecting current best practices and nationally recognized standards.

(c) All residents who report sexual abuse are provided access to forensic medical examinations at no financial cost, when such examinations are evidentiary or medically appropriate. If it is believed or determined that a sexual assault occurred within the past 96 hours, the Facility Director or designee will arrange immediate transport to Sparrow Hospital, St. Lawrence Campus Emergency Room for a forensic examination. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. In circumstances where SAFEs or SANEs are unavailable, qualified medical practitioners conduct the examinations.

(d) The facility exceeds PREA requirements by ensuring that any resident victim of sexual abuse is offered continuous advocacy and emotional support throughout the forensic examination process. At the resident's request, an outside victim advocate is provided to accompany the victim during the examination and offer advocacy services. The agency has established a MOU to ensure access to a rape crisis center advocate who is independent of the criminal justice system and provides a level of confidentiality comparable to nongovernmental service providers, reinforcing victim trust, privacy, and trauma-informed care. This was reflected in staff interviews.

(e) As requested by the victim, a victim advocate who is a qualified community-based organization is made available to accompany and support the victim throughout the forensic medical examination and any investigatory interviews. MSU provides emotional support, crisis intervention, information, and referrals. This was reflected in staff interviews.

(f) The agency is not responsible for investigating an allegation of sexual abuse, it formally requests that Ingham County Sheriff's Office adhere to the Michigan Model to Law Enforcement Response to Sexual Assault.

(g) Auditor is not required to audit this provision.

(h) All individuals designated as qualified community-based organization staff members have been screened for appropriateness to serve in this role and have received education and training specific to sexual assault and forensic examination procedures.

After a thorough analysis of evidence, the facility exceeds this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.322 Policies to Ensure Referrals of Allegations for Investigations

Evidenced Analyzed:

1. Highfields Freedom From Sexual Harassment/Abuse Policy
2. Pre-Audit Questionnaire
3. Michigan Model Policy for Law Enforcement Response to Sexual Assault
4. Agency Website
5. Interviews with the President/CEO and investigative staff

Findings:

(a) The agency ensures that every allegation of sexual abuse or sexual harassment is promptly and thoroughly investigated through either a criminal or administrative process. Each incident of alleged or reported sexual abuse or sexual harassment is investigated to the fullest extent possible. Evidence is preserved under strict control. Highfields will not terminate an investigation solely because the source of the allegation recants the allegation. Highfields will not terminate an investigation due to the alleged victim or alleged perpetrator leaving the facility. According to the information provided in the pre-Audit Questionnaire there have been no allegations of sexual abuse or harassment in the last 12 months. This was reflected in staff interviews.

(b) The agency has implemented a formal policy requiring the referral of all allegations that may involve criminal behavior to the appropriate law enforcement or legal authority. This policy is publicly available on the agency's website and through other accessible platforms. All referrals are thoroughly documented to ensure transparency and accountability. The auditor reviewed the agency website. This was reflected in staff interviews.

(c) In cases where an external agency is responsible for conducting criminal investigations, the agency's policy clearly defines the roles and responsibilities of both the agency and the external investigative authority. This ensures a coordinated and efficient response that protects the rights and safety of all parties involved.

(d) The Auditor is not required to audit this provision.

(e) The Auditor is not required to audit this provision.

After a thorough analysis of evidence, the facility meets this standard.

115.331 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.331 Employee Training

Evidenced Analyzed:

1. Highfields Freedom From Sexual Harassment/Abuse Policy
2. Pre-Audit Questionnaire
3. Staff PREA Training Curriculum
4. Staff PREA Training Attendance Records
5. Interviews with random staff

Findings:

(a) The agency trains all employees who may have contact with residents on:

Its zero-tolerance policy for sexual abuse and sexual harassment.

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Residents' right to be free from sexual abuse and sexual harassment.

The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

The dynamics of sexual abuse and sexual harassment in juvenile facilities.

The common reactions of juvenile victims of sexual abuse and sexual harassment.

How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.

How to avoid inappropriate relationships with residents.

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

This was reflected in staff interviews.

(b) Training is customized for the specific needs and gender of juvenile facility residents. Employees must complete extra training if transferred between male-only and female-only facilities.

(c) All current employees were trained within one year of the PREA standards' effective date. The agency provides refresher training every two years to keep staff informed about current sexual abuse and sexual harassment policies and procedures. In years without refresher training, the agency will distribute updated information on these policies.

(d) The facility provided the documentation about employees' acknowledgments of their understanding of the material ensuring accountability and confirming that

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| | <p>training objectives have been met.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.332 Volunteer and Contractor Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Three Contractor Training Acknowledgements 4. Interviews with two contractors. The facility did not have volunteers at time of audit. <p>Findings:</p> <p>(a) The facility has three contractors with potential resident contact that received training on the facility’s sexual abuse and harassment policies and procedures. This was verified through training records and reflected in contractor interviews.</p> <p>(b) Training content is proportional to the extent of resident interaction but includes the zero-tolerance policy and reporting procedures. This was verified through training records. This was reflected in contractor interviews.</p> <p>(c) Documentation confirms each volunteer, and contractor understands their training responsibilities, verified by signature or electronic acknowledgement. This was verified through training records. This was reflected in contractor interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | 115.333 Resident Education |

Evidenced Analyzed:

1. Highfields Freedom From Sexual Harassment/Abuse Policy
2. Pre-Audit Questionnaire
3. Resident Orientation Manual in English, Spanish and Arabic
4. Resident Orientation Video
5. Date of Residents Intake and Date of Orientation
6. Zero Tolerance Poster
7. Site Review: Intake PREA Information; Interpretation Services
8. Interviews with random residents and intake staff

Findings:

(a) The facility exceeds PREA standards by providing comprehensive, age-appropriate PREA education at the time of intake. The auditor reviewed resident orientation materials and confirmed that all residents receive clear, developmentally appropriate information explaining the facility's zero-tolerance policy for sexual abuse and sexual harassment. In addition, the auditor reviewed the Zero-Tolerance poster, which is prominently displayed and clearly informs residents of multiple internal and external reporting options for sexual abuse and sexual harassment. These measures ensure residents receive ongoing, accessible information beyond the minimum PREA requirements. As part of the site review, the auditor observed how sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake or transfer. Interpretation service information is readily available to intake staff. This was reflected in the site review and staff and resident interviews.

(b) Within 10 days of arrival, the facility exceeded PREA requirements by providing each resident with comprehensive education through both in-person instruction and a video presentation. This education covered residents' rights under PREA, protections from retaliation, and clear procedures for reporting incidents and for the facility's response to allegations of sexual abuse and sexual harassment. During the site review, the auditor observed how comprehensive education is provided and verified that each unit contained continuous PREA information through signage posted. This was reflected in the site review and staff and resident interviews.

(c) The agency ensured that all residents who had not previously received this education were provided the required information within one year of the PREA standards' effective date. Residents who are transferred to or from other facilities receive updated education when applicable to ensure continued awareness of their rights and reporting options. This was reflected in staff interviews.

(d) The facility exceeded the PREA standard by ensuring PREA education is fully accessible to all residents, including individuals with limited English proficiency,

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| | <p>visual or hearing impairments, intellectual or developmental disabilities, and limited literacy skills. The facility uses appropriate and individualized communication methods to ensure residents fully understand their PREA rights, reporting options, and available protections. PREA posters were visible in all living areas. This was reflected in the site review and staff interviews.</p> <p>(e) Resident participation in PREA education sessions is documented for each individual, verifying that the training has been received and understood. Records were reviewed.</p> <p>(f) As evidenced by the pictures observed, key PREA-related information is permanently posted throughout the agency, including in all housing units, program areas, and other common spaces. This information is also included in the resident handbook to ensure constant access and reinforcement of reporting methods and rights. This was reflected in the site review.</p> <p>After a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.334 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Memo Documenting the three staff who completed PREA Investigation Training 4. One PREA Investigator Training Certificate 5. Interview with the investigator <p>Findings:</p> <p>(a) All facility investigators received specialized training in investigating sexual abuse in confinement settings, in addition to standard employee training. Training records were reviewed. This was reflected in staff interviews.</p> <p>(b) Training covers interviewing juvenile victims, using Miranda and Garrity warnings, evidence collection in secure environments, and the appropriate standards of proof. Training curriculum was reviewed. This was reflected in staff</p> |

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| | <p>interviews.</p> <p>(c) The facility maintains documentation confirming that all investigators have completed this specialized training. Training records were reviewed.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.335 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.335 Specialized Training: Medical and Mental Health Care</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Two PREA Training Certificates 4. Interviews with mental health staff. The facility does not employ medical staff. Medical services are available in the community. <p>Findings:</p> <p>(a) The facility provided documentation that 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>Training records was reviewed. This was reflected in staff interviews.</p> <p>(b) There is no medical staff at the facility. Forensic exams are provided at the local hospital.</p> <p>(c) The facility provided documentation that mental health practitioners have received the required PREA training.</p> <p>(d) Mental health care practitioners 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> |

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| | After a thorough analysis of evidence, the facility meets this standard. |
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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.341 Screening for Risk of Sexual Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Screenings for Residents who arrived in 2025 4. Therapy Progress Notes for those Residents who Disclosed Prior Sexual Abuse 5. Site Review: PREA Risk Screening; Record Storage 6. Interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening and random residents <p>Findings:</p> <p>(a) The facility exceeds PREA standards by using a thorough, multi-step screening process before placement and during intake. Prior to placement, each referred youth's behavior history is reviewed by the Highfields Residential Coordinator, the Director of Residential Services, and/or a designee as part of pre-intake screening, orientation, and treatment planning. This review helps identify any risk of sexually aggressive or harmful behavior toward other residents. During the site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes. This was reflected in the site review and staff and resident interviews.</p> <p>The facility also exceeds requirements by completing a PREA Intake Screening for every youth within 72 hours of intake. The auditor reviewed the dates of arrival and the dates of the orientation to ensure compliance. This screening looks at both a youth's potential vulnerability and any risk of victimizing others, using individual factors such as age, physical size, developmental disabilities, mental health needs, offense history, first-time offender status, and past experiences of victimization.</p> <p>Information from these screenings is actively used to guide housing decisions, supervision levels, and individualized treatment planning, ensuring resident safety and protection beyond minimum PREA standards.</p> <p>(b) The assessments provided were conducted using an objective screening</p> |

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| | <p>instrument. This was reflected in the site review.</p> <p>(c) This assessment exceeds PREA standards by being actively used to determine appropriate placement, housing, and the need for High Alert Status. High Alert Status is specifically designed to enhance resident safety and ensure protection from sexual abuse and sexual harassment upon admission into the Highfields program. Information from the assessment is consistently used to guide bed assignments, housing decisions, and other placements, and the facility documents how this information is applied to ensure accountability, transparency, and ongoing resident safety. This was reflected in the site review and staff interviews.</p> <p>(d) This information is gathered through conversations with the resident during intake, medical and mental health screenings, classification assessments, as well as by reviewing court records, case files, facility behavioral records, and other relevant documents from the resident's file. This was reflected in the site review and staff interviews.</p> <p>(e) The agency has implemented procedures regarding the distribution of responses to questions asked under this standard within the facility, ensuring that staff or other residents do not access sensitive information inappropriately. This was reflected in the site review and staff interviews.</p> <p>After a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening, Director of Residential Services and Mental Health staff. There were no residents held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. There were no staff that supervise isolation. <p>Findings:</p> <p>(a) This assessment is used to determine appropriateness of placement, housing and High Alert Status. High Alert Status is designed to ensure resident safety and</p> |

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| | <p>freedom from sexual abuse or harassment upon admittance into Highfields' program. How the information was used to inform bed, housing, and other assignments is documented. This was reflected in staff interviews.</p> <p>(b) Highfields does not utilize isolation as a housing designation. As a last resort, we may temporarily place a resident, fully staffed, in the Dart Family Center or other designated area, if less restrictive measures are inadequate to keep residents at risk of sexual victimization safe and only until an alternative means of keeping all residents safe can be arranged. Such residents have access to legally required educational programming, special education services, and daily large-muscle exercise. Highfields affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the accused. This was reflected in staff interviews.</p> <p>(c) This provision is no longer applicable to your compliance finding.</p> <p>(d) This provision is no longer applicable to your compliance finding.</p> <p>(e) This provision is no longer applicable to your compliance finding.</p> <p>(f) This provision is no longer applicable to your compliance finding.</p> <p>(g) This provision is no longer applicable to your compliance finding.</p> <p>(h) When a resident is placed in isolation the agency documents both the specific safety concerns that led to the placement and the rationale for determining that no less restrictive alternatives were appropriate at the time.</p> <p>(I) For any resident placed in isolation under these circumstances, the agency conducts a formal review every 30 days to determine whether continued placement is necessary and to explore any possible alternatives that may allow the resident to safely transition out of isolation. According to the Information provided the facility has not had to use isolation for any resident in the last 12 months. This was reflected in staff interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.351 Resident Reporting</p> <p>Evidenced Analyzed:</p> <p>1. Highfields Freedom From Sexual Harassment/Abuse Policy</p> |

2. Pre-Audit Questionnaire

3. Youth Orientation Packet

4. Mandated Reporting Policy

5. PREA Investigation Check List

6. Staff PREA Training Curriculum

7. PREA Zero Tolerance Poster

8. Site Review: Signage; Internal and External Reporting Method; Sending and Receiving Mail; Record Storage; Staff Reporting

9. Interviews with PREA Compliance Manager, random staff and residents. There were no residents who reported sexual abuse.

Findings:

(a) The agency has established several internal mechanisms that allow residents to confidentially report incidents of sexual abuse, sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff negligence or breaches of duty that may have facilitated such occurrences. The Youth Orientation Packet states that resident can report Sexual Abuse or Harassment by:

Telling any staff, supervisor, or administrator.

By writing a Grievance

Telling your parent/guardian, caseworker, or attorney

Calling the CPS confidential hotline at 517-887-2762

Call End the Violence Encounters at 517-372-5572

How to report signage is posted in each unit and other places within the facility. Drop boxes were observed in each unit and other areas within the facility and are kept secured. Postal mail is free and goes out five days a week. A test call was made to the Hotline. This was reflected in the site review and staff and resident interviews.

(b) Residents may also report allegations directly to an external law enforcement agency, including anonymously. That agency forwards the report to the facility for review and action, providing an additional reporting avenue and supporting transparency and accountability. The hotline number was tested. This was reflected in the site review and staff and resident interviews.

(c) Staff are required to accept reports in any form, including verbal, written, anonymous, or third-party reports. Verbal reports are documented immediately to ensure timely follow-up and investigation. Residents are not required to follow a specific format or use a designated form in order to make a report. This was

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| | <p>reflected in staff and resident interviews.</p> <p>(d) Staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurred in the facility, any retaliation against Residents or staff who reported such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This ensures prompt action and compliance with PREA reporting requirements. This was reflected in staff interviews.</p> <p>(e) The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff were able to explain this process to the auditor. This was reflected in the site review and staff interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.352 Exhaustion of Administrative Remedies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Grievance Policy 4. Site Review: Signage; Third Party Reporting 5. There were no residents who reported sexual abuse to interview. <p>Findings:</p> <p>(a) Upon admission, the grievance process is explained to each youth at the initial orientation. The process for grievances will be submitted to families at or prior to their son's intake. The youth/family will be asked to sign a form indicating that the information and grievance process was explained to them. Locked boxes are located in the houses and in four additional locations (the Dining Room, School hallway, Gym, and the Jean Schultz Center. Grievances must be submitted in writing and dated. These boxes will be checked each night by the Overnight Supervisor or their designee.</p> <p>(b) The facility does not impose any time limit on when a resident may submit a grievance concerning sexual abuse. Residents are not required to use an informal grievance process or attempt resolution with staff before filing a formal grievance</p> |

regarding sexual abuse.

(c) Residents may file grievances related to sexual abuse without being required to submit them to the staff member who is the subject of the complaint. The facility ensures that such grievances are not referred to any staff member named in the allegation, thereby maintaining the integrity of the review process.

(d) The agency issues a final decision on the merits of any grievance related to sexual abuse within 90 days of its initial submission. This 90-day timeframe excludes any period during which the resident is preparing or pursuing an administrative appeal. If necessary, the agency may extend the response time by up to 70 additional days. In such cases, the resident is provided written notice of the extension and the expected date of response. If a resident does not receive a response within the required timeframe, including any extension, the grievance may be treated as denied at that level. According to the information in the Pre-Audit Questionnaire There have been no grievances filed for Sexual Abuse or Harassment in the last 12 months.

(e) A third party (fellow resident, staff member, family members, attorneys, and outside advocates may assist residents in filing grievances regarding sexual assault, and to file grievances on behalf of the resident. The agency will document If the resident declines to have third party assist in filing a grievance alleging sexual abuse. Parents or legal guardians may file a grievance alleging sexual abuse, including appeals, on behalf of a resident regardless of whether or not the resident agrees with the filing. Signage is posted in areas where third party reporters may have access too, such as visitation and public lobby. Third party reporting method was tested. This was reflected in the site review.

(f) The agency has procedures in place for responding to emergency grievances that allege a substantial risk of imminent sexual abuse. These grievances are immediately routed to a supervisory level where prompt corrective action can be taken. Residents receive an initial response within 48 hours, and a final decision is issued within five calendar days. Both responses document whether the resident was determined to be at substantial risk and describe the actions taken to address the concern.

(g) The agency strictly prohibits disciplinary action against any resident for filing a grievance related to sexual abuse unless it is determined, through clear evidence, that the grievance was submitted in bad faith. No grievances have been filed in the past 12 months.

After a thorough analysis of evidence, the facility meets this standard.

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

115.353 Resident Access to Outside Support Services and Legal Representation

Evidenced Analyzed:

1. Highfields Freedom From Sexual Harassment/Abuse Policy
2. Pre-Audit Questionnaire
3. MOU with Michigan State University Sexual Assault Program to provide victim Services.
4. MOU with MSU Center for Survivors Counseling and Advocacy Services.
5. Email stating Highfields Community Services employs Licensed Social Workers to Provide Free Services.
6. PREA Zero Tolerance Poster
7. Youth Orientation Packet
8. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail
9. Interviews with Director of Residential Services, PREA Compliance Manager, random residents. There were no residents who reported sexual abuse.

Findings:

(a) The agency provides all residents with access to outside victim advocates for emotional support related to sexual abuse. Information about national, state, and local advocacy organizations including toll-free rape crisis hotlines is posted prominently throughout the facility and included in the resident handbook. No residents are held solely for civil immigration purposes. How to report signage is displayed on postings throughout the facility and a test call made. Postal mail goes out five days a week and postage are free. This was reflected in the site review and resident interviews.

(b) Residents are allowed to communicate confidentially with these advocacy organizations. Prior to such communication, the agency informs residents of any applicable monitoring procedures and mandatory reporting obligations under state law to ensure informed consent and transparency. This was reflected in resident interviews.

(c) The agency maintains memoranda of understanding (MOUs) or other formal agreements with community-based service providers that offer confidential emotional support services to victims of sexual abuse. When such agreements are not yet finalized, the agency documents all efforts made to establish these partnerships, demonstrating ongoing commitment to victim support.

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| | <p>(d) The agency ensures that all residents are able to communicate confidentially with their attorneys or legal representatives. For juvenile residents, the agency also facilitates confidential communication with parents or legal guardians, reinforcing the resident's right to support and legal counsel. This was reflected in staff and resident interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.354 Third-Party Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. PREA Poster that is Displayed throughout the Facility 4. Parent Acknowledgements for PREA Information 5. Agency Website 6. Site Review: Signage; Third Party Reporting <p>Findings:</p> <p>(a) The facility has established procedures that allow third parties including family members, legal representatives, and advocacy organizations to report sexual abuse or harassment on behalf of residents. Information about how to file such reports is made publicly available and is accessible to both residents and third parties. This was reflected in the site review and a review of the agency website. The posters that are available to the public state the following:</p> <p>How to Report Sexual Abuse</p> <ol style="list-style-type: none"> 1. Report to any staff, volunteer, contractor or medical or mental health staff. 2. Submit a grievance 3. Report to the PREA coordinator or PREA compliance manager 4. Tell family member, friend, legal counsel or anyone outside of the facility. A report can be submitted on someone's behalf by a staff member, friend, |

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| | <p>family member, legal counsel or any other third party by using any of the ways listed here.</p> <ol style="list-style-type: none"> 5. Call Protective Services at 855-444-3911 6. Calling the CPS confidential hotline at 517-887-2762 7. Any of the listed ways can be done anonymously <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.361 | Staff and agency reporting duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>15.361 Staff and Agency Reporting Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Mandatory Reporting Policy 4. Interviews with the Mental Health staff, PREA Compliance Manager, Director of Residential Services and random staff. The facility does not employ medical staff. <p>Findings:</p> <p>(a) Any staff or first responder receiving a report (verbal, written, anonymous, or third-party) of sexual assault/rape, attempted sexual assault/rape, sexual harassment, staff neglect, retaliation, or observing sexual activity between clients or between a client and staff, contractor, visitor, or volunteer must immediately report the event to their supervisor. The supervisor will notify the Facility Director or designee, who is responsible for notifying DCWL. Criminal referrals will be made to the Ingham County Sheriff's Department when appropriate. The staff member receiving the report must complete an Incident Report before the end of their shift and complete a DHS-3200 Report of Actual or Suspected Child Abuse or Neglect within 72 hours. This was reflected in staff interviews.</p> <p>(b) According to the Michigan Child Protection Law {Act #238, 1975), any social worker, regulated childcare provider, counselor, or teacher is required to report any suspected child abuse, neglect, or harassment. Because Highfields' Residential Program is licensed by the State of Michigan, staff are "mandatory reporters" and as such, are required by law to report any and all suspected abuse and/or neglect. Staff adhere strictly to mandatory child abuse reporting laws, ensuring that all applicable allegations involving minors are referred without delay to the appropriate state or</p> |

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| | <p>local child protection authorities. This was reflected in staff interviews.</p> <p>(c) The agency enforces strict confidentiality protocols. Staff are prohibited from disclosing any information related to a report of sexual abuse or harassment, except to individuals who are directly involved in providing treatment to the resident, conducting investigations, or ensuring facility security. This was reflected in staff interviews.</p> <p>(d) Mental health practitioners employed by or working in the facility are required to report all suspected incidents of sexual abuse to designated supervisory personnel and the appropriate outside agencies. Prior to delivering services, these practitioners inform residents of their obligation to report and clearly explain any limitations on confidentiality. This was reflected in staff interviews.</p> <p>(e) When an allegation involves a juvenile resident, the facility heads, or designated official promptly notifies the appropriate agency officials and the resident’s parent or legal guardian. If the juvenile is in the custody of a child welfare agency, their caseworker is contacted. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days of the allegation. This was reflected in staff interviews.</p> <p>(f) The agency ensures that all allegations of sexual abuse or harassment including those made anonymously or by third parties are immediately referred to the appropriate investigative authorities for review and action, in accordance with PREA standards. This was reflected in staff interviews.</p> <p>After a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.362 | Agency protection duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.362 Agency Protection Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with the President/CEO, Director of Residential Services and random staff <p>Findings:</p> <p>(a) Upon learning that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate steps to protect the resident. These measures may include</p> |

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| | <p>housing reassignments, separation from potential aggressors, and other safety-driven interventions. The Facility Director or designee will take immediate steps to protect alleged victims by separating them from alleged perpetrators and arranging alternative housing, dining, or programming as needed. Isolation is not used as a disciplinary response. Any separation is temporary, fully staffed, reviewed regularly, and provides access to required services and programming. According to the information in the PAQ, there have been no residents that were in imminent risk of sexual abuse in the past 12 months. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.363 | Reporting to other confinement facilities |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.363 Reporting to Other Confinement Facilities</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with the President/CEO and the Director of Residential Services <p>Findings:</p> <p>(a) 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. The facility has reported no such incidents occurred in the last 12 months. This was reflected in interviews with staff.</p> <p>(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) The agency shall document that it has provided such notification.</p> <p>(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.364 Staff First Responder Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom from Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire (PAQ) 3. First Responder Duties 4. Coordinator Response Plan <p>Findings:</p> <p>(a) The facility requires that staff immediately report of actual or suspected sexual abuse or rape received. Any staff member who receives a report must complete and submit an Incident Report before the end of their work shift and must also complete a DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident.</p> <p>If the alleged assault occurred less than 96 hours prior, the facility contacts the hospital for further guidance and following all recommended steps to ensure appropriate response, documentation, and continued protection of the youth. The staff will immediately arrange for the youth to be transported to Sparrow Hospital, St. Lawrence Campus, for a forensic examination. At the same time, the area where the incident occurred is secured for evidence collection.</p> <p>Upon receiving a report that a resident was sexually abused, the facility ensures that the first responding staff member takes the following actions:</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 evidence. 3. If the abuse occurred recently enough for evidence collection, the alleged victim is asked to avoid actions that could destroy evidence, such as washing, brushing teeth, changing clothes, using the bathroom, smoking, drinking, or eating. 4. If the incident took place within a timeframe that permits the collection of physical evidence, take steps to prevent the individual in question from engaging in activities that may compromise evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, as appropriate. <p>Exceeding the standard, staff are issued a first responder card outlining their</p> |

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| | <p>specific responsibilities in the event of a sexual assault. This card is readily available and accessible for each staff member. This was reflected in interviews with staff.</p> <p>(b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response. PAQ states that they have not had an incident that required first responder response. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility exceeds this standard.</p> |
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| 115.365 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.365 Coordinated Response</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Coordinated Response Plan 4. Interview with the Director of Residential Services <p>Findings:</p> <p>(a) The facility has implemented a written Coordinated Response Plan that outlines the roles and responsibilities of:</p> <ol style="list-style-type: none"> 1. Staff 2. First Responder Actions 3. Medical and Mental Health Providers 4. Investigators 5. Supervision/Administration 6. Facility Director or Designee <p>This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.366 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Interview with the Director of Residential Services <p>Findings:</p> <p>(a) The facility has no collective bargaining or other agreements restricting their ability to remove staff alleged to have committed sexual abuse from contact with residents during an investigation. This was reflected in interviews with staff.</p> <p>(b) The Auditor is not required to audit this provision.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.367 Agency Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with the President/CEO, Director of Residential Services, and designated staff charged with monitoring retaliation. There were no residents who reported sexual abuse or being held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. <p>Findings:</p> <p>(a) The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment</p> |

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| | <p>investigations from retaliation by other residents or staff. There have been no reports of retaliation in the last 12 months.</p> <p>(b) Protective measures include changes in housing, separation from abusers, and access to support services. The facility acts promptly if retaliation is suspected. This was reflected in interviews with staff.</p> <p>(c) For at least 90 days following a report, the facility monitors treatment and status of involved individuals. Monitoring may include review of disciplinary actions, housing reassignments, and staff evaluations, with extensions as needed. This was reflected in interviews with staff.</p> <p>(d) Residents receive periodic status checks to detect and address any signs of retaliation. This was reflected in interviews with staff.</p> <p>(e) If an individual raises concerns about retaliation, the facility takes immediate action to address them. This was reflected in interviews with staff.</p> <p>(f) The Auditor is not required to audit this provision.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.368 | Post-allegation protective custody |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.368 Post-Allegation Protective Custody</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Site Review: Isolation 4. Interviews with Director of Residential Services and mental health staff. There are no residents held in isolation or staff that supervise isolation and the facility does not employ medical staff. Residents are provided with single private rooms. <p>Findings:</p> <p>(a) When protective custody is used to house a resident alleged to have experienced sexual abuse, the facility ensures compliance with § 115.342. This includes limiting segregation to the shortest duration necessary and providing</p> |

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| | <p>access to education, healthcare, and services during that time. According to the information provided by the facility there have been no requests for protective custody. This was reflected in the site review and interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.371 | Criminal and administrative agency investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.371 Criminal and Administrative Agency Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Investigations from 2023 4. Site Review: Record Storage 5. Interviews with Director of Residential Services, PREA Coordinator, PREA Compliance Manager, and investigator. There were no residents that reported sexual abuse. <p>Findings:</p> <p>(a) The agency conducts thorough, timely, and objective investigations into all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. All investigations are assigned to trained investigators with specialized knowledge in handling cases involving juvenile populations. This was reflected in interviews with staff.</p> <p>(b) Where sexual abuse is alleged, the agency uses investigators from the sheriff's office. This was reflected in interviews with staff.</p> <p>(c) Investigators collect and review all available evidence relevant to each allegation, including physical evidence, electronic data, and witness statements. They also examine any prior complaints or allegations involving the same alleged perpetrator to identify patterns or corroborating information. This was reflected in interviews with staff.</p> <p>(d) Investigations continue regardless of whether the alleged victim recants their original statement. The agency remains committed to ensuring that all allegations are fully explored and resolved based on the evidence. This was reflected in interviews with staff.</p> |

(e) When the available evidence suggests possible grounds for criminal prosecution, the agency must consult with prosecutors before conducting compelled interviews to determine whether such interviews could hinder future criminal proceedings. This was reflected in interviews with staff.

(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. This was reflected in interviews with staff.

(g) Administrative investigations include a full analysis of whether staff actions or failures to act contributed to the incident. All findings are documented in detailed written reports that describe the evidence considered and the basis for the conclusions reached. Information collected during an investigation, including all reports, are secured with limited access. This was reflected in the site review and interviews with staff.

(h) In criminal investigations, findings are thoroughly documented and include supporting materials such as witness statements, forensic reports, and relevant records. Information collected during an investigation, including all reports, are secured with limited access. This was reflected in the site review and interviews with staff.

(i) Substantiated allegations of conduct that appear to be criminal are referred for prosecution. This was reflected in interviews with staff.

(j) The agency retains all investigation records for the duration of the subject's incarceration or employment, plus an additional five years, unless state law allows for a shorter retention period for juvenile cases. Information collected during an investigation, including all reports, are secured with limited access. This was reflected in the site review.

(k) The departure of the victim or the alleged perpetrator from the agency does not terminate the investigation. All allegations are pursued to completion, regardless of the individual's custody or employment status. This was reflected in interviews with staff.

(l) Auditor is not required to audit this 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. This was reflected in interviews with staff.

Based on a thorough analysis of evidence, the facility meets this standard.

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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.372 Evidentiary Standard for Administrative Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interview with investigator <p>Findings:</p> <p>(a) The facility uses the preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. Findings are based on whether it is more likely than not that the incident occurred, not on the higher criminal standard of proof beyond a reasonable doubt. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.373 Reporting to Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. One Investigation from the Department of Health and Human Services Licensing Board from 2021 4. Interviews with the Director of Residential Services and investigation staff. There were no residents who reported sexual abuse. <p>Findings:</p> <p>(a) Upon the conclusion of any investigation into a resident’s allegation of sexual abuse, the agency ensures that the resident is promptly informed of the outcome. The resident is clearly notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. According to the information</p> |

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| | <p>submitted in the Pre-Audit Questionnaire there have been no allegations of sexual abuse or harassment in the last 12 months. This was reflected in interviews with staff.</p> <p>(b) When an investigation is conducted by an external agency, the agency actively requests the results of the investigation to ensure that the resident receives timely and accurate notification of the outcome.</p> <p>(c) If the allegation involves staff misconduct and is not determined to be unfounded, the agency notifies the resident of the following, as applicable:</p> <ol style="list-style-type: none"> 1. The staff member is no longer assigned to the resident’s unit. 2. The staff member is no longer employed at the agency. 3. The staff member has been indicted on a charge related to the sexual abuse; or 4. The staff member has been convicted of a charge related to the sexual abuse. <p>(d) When the allegation involves another resident, the agency notifies the alleged victim if:</p> <ol style="list-style-type: none"> 1. The alleged abuser has been indicted on a charge related to the abuse; or 2. The alleged abuser has been convicted of a related offense. <p>(e) All notifications to residents, as well as any attempts to notify them, are thoroughly documented to ensure accountability and compliance with PREA standards.</p> <p>(f) The Auditor is not required to audit this provision.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.376 Disciplinary Sanctions for Staff</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire <p>Findings:</p> |

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| | <p>(a) Staff are subject to disciplinary sanctions, up to and including termination, for violating the facility's sexual abuse or harassment policies. According to the information in the PAQ no staff have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse.</p> <p>(c) In other policy violations, sanctions are based on the nature of the violation, the staff member's history, and consistency with disciplinary actions imposed in similar cases.</p> <p>(d) Any terminations or resignations in lieu of termination related to sexual misconduct are reported to law enforcement, unless the behavior was clearly not criminal, and to any applicable licensing boards.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.377 - Corrective action for contractors and volunteers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interview with the Director of Residential Services <p>Findings:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and referred to law enforcement and relevant licensing agencies unless the behavior is clearly not criminal. According to the information in the PAQ no volunteer/contractor have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) For other violations of facility policy, appropriate corrective action is taken, which may include removal of resident contact privileges. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

| 115.378 | Interventions and disciplinary sanctions for residents |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.378 Interventions and Disciplinary Sanctions for Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Interviews with mental health staff and the Director of Residential Services. The facility does not employ medical staff. <p>Findings:</p> <p>(a) Residents are subjected to disciplinary sanctions only after a formal disciplinary process confirms, either administratively or criminally, that the resident committed resident-on-resident sexual abuse. According to the information in the PAQ no residents have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy.</p> <p>(b) Sanctions are proportionate to the abuse, the resident's disciplinary history, and comparable sanctions for similar behavior. If isolation is imposed, the resident continues to receive large-muscle exercise, educational programming (including special education if applicable, daily clinical visits, and access to other programs and services as feasible. This was reflected in interviews with staff.</p> <p>(c) Disciplinary decisions consider whether a mental illness or disability contributed to the resident's behavior. This was reflected in interviews with staff.</p> <p>(d) The facility may require participation in counseling or interventions to address underlying behaviors. However, participation is not required for general access to programs or education. This was reflected in interviews with staff.</p> <p>(e) Residents will only be disciplined for sexual contact with staff if it is determined the staff member did not consent.</p> <p>(f) Residents who report sexual abuse in good faith, based on a reasonable belief that the conduct occurred, are not disciplined for false reporting if the allegation is unsubstantiated.</p> <p>(g) The facility prohibits all sexual activity between residents and may discipline residents for engaging in such behavior. Non-coerced sexual activity is not treated as sexual abuse.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | <p data-bbox="280 188 1015 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1310 378">115.381 Medical and Mental Health Screenings; History of Sexual Abuse</p> <p data-bbox="280 412 576 445">Evidenced Analyzed:</p> <ol data-bbox="280 479 1458 882" style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. A Sample of five follow up Progress Notes from Mental Health 4. Site Review: Record Storage 5. Interviews with mental health staff, staff responsible for risk screening and two residents who disclosed sexual victimization at risk screening. The facility does not employ medical staff. <p data-bbox="280 927 408 960">Findings:</p> <p data-bbox="280 994 1469 1240">(a) The facility exceeds PREA standards by ensuring that when a resident reports prior victimization during screening, a timely follow-up meeting with a qualified medical or mental health practitioner is scheduled and completed within 14 days. This proactive response ensures residents receive appropriate support, assessment, and ongoing care beyond minimum PREA requirements. This was reflected in interviews with staff and residents.</p> <p data-bbox="280 1274 1437 1476">(b) The facility exceeds PREA standards by ensuring that residents identified as having previously perpetrated sexual abuse are promptly referred for a mental health follow-up within 14 days to address risk factors, support behavioral intervention, and enhance overall resident safety. This was reflected in interviews with staff.</p> <p data-bbox="280 1509 1469 1800">(c) Information on prior victimization or abusiveness is restricted to staff necessary for medical, mental health, or classification decisions, in compliance with all applicable privacy laws. The facility ensures a follow-up meeting with a qualified medical or mental health practitioner within 14 days. Information about past abuse is shared only on a need-to-know basis for safety, treatment, or management decisions. During the site review, medical records were securely maintained with restricted access. This was reflected in the site review.</p> <p data-bbox="280 1834 1458 1957">(d) Informed consent is obtained before disclosing information about non-institutional sexual victimization unless the resident is under 18. This was reflected in interviews with staff.</p> <p data-bbox="280 1991 1366 2024">Based on a thorough analysis of evidence, the facility exceeds this standard.</p> |

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.382 Access to Emergency Medical and Mental Health Services</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. One Sample of a Medical Incident Report from 2024 4. Interviews with security and non-security staff first responders, and mental health staff. There were no residents who reported sexual abuse. The facility does not employ medical staff. <p>Findings:</p> <p>(a) Resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention through the local hospital. This was reflected in interviews with staff.</p> <p>(b) First responders take immediate protective steps and promptly notify the hospital and mental health staff. This was reflected in interviews with staff.</p> <p>(c) Victims are offered timely access to emergency contraception and STI prophylaxis, as medically appropriate and consistent with accepted standards of care. This was reflected in interviews with staff.</p> <p>(d) All emergency services are provided at no cost to the resident, regardless of whether they identify the abuser or cooperate with the investigation.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidenced Analyzed:</p> |

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| | <p>1. Highfields Freedom From Sexual Harassment/Abuse Policy</p> <p>2. Pre-Audit Questionnaire</p> <p>3. Interviews with mental health staff. There were no residents that reported sexual abuse. The facility does not employ medical staff.</p> <p>Findings:</p> <p>(a) Residents who have experienced sexual abuse are offered medical and mental health evaluations and follow-up treatment.</p> <p>(b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services. This was reflected in interviews with staff.</p> <p>(c) All care is provided at a community-level standard to ensure adequate quality. This was reflected in interviews with staff.</p> <p>(d) This is an all-male facility.</p> <p>(e) This is an all-male facility.</p> <p>(f) STI testing is offered as medically indicated to support the victim's health.</p> <p>(g) All services are provided at no cost to the resident, regardless of participation in the investigation.</p> <p>(h) The facility attempts to conduct a mental health evaluation of any known resident-on-resident abuser within 30 days of discovery and offers treatment where appropriate. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.386 Sexual Abuse Incident Reviews</p> <p>Evidenced Analyzed:</p> <p>1. Highfields Freedom From Sexual Harassment/Abuse Policy</p> <p>2. Pre-Audit Questionnaire</p> <p>3. Incident Review Form</p> |

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| | <p>4. Interviews with Director of Residential Services and members of the incident review team</p> <p>Findings:</p> <p>(a) A sexual abuse incident review is conducted following every completed investigation, except in cases determined to be unfounded. According to the information provided in the Pre-Audit Questionnaire there have been no allegations of sexual abuse or harassment in the last 12 months so there were no incident reviews.</p> <p>(b) The review occurs within 30 days of the investigation’s conclusion.</p> <p>(c) The review team includes upper-level managers and input from supervisors, investigators, and clinical staff. This was reflected in interviews with staff.</p> <p>(d) Reflected in interviews with staff, the team examines:</p> <ol style="list-style-type: none"> 1. Whether policy or procedural changes are needed. 2. Potential motivations including bias or group dynamics. 3. Whether the physical layout contributed to the incident. 4. Staffing adequacy at the time of the incident. 5. The use or need for video monitoring or technological improvements. 6. Findings and recommendations are documented and submitted to the facility head and PREA compliance manager. <p>(e) Recommended changes are implemented, or the facility documents reasons for not doing so, ensuring continuous improvement.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.387 Data Collection</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire |

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| | <p>3. Agency Website</p> <p>4. PREA Annual Reports 2021-2025</p> <p>5. 2024 PREA Federal Audit Report</p> <p>Findings:</p> <p>(a) The agency collects standardized, uniform data on all allegations of sexual abuse.</p> <p>(b) Data is aggregated at least annually to identify patterns and trends.</p> <p>(c) The agency ensures that its data addresses all questions from the most recent DOJ Survey of Sexual Violence.</p> <p>(d) Data collection includes incident reports, investigation outcomes, and review findings.</p> <p>(e) The agency does not contract for the housing of residents.</p> <p>(f) Upon request, the agency submits the previous calendar year's data to DOJ by June 30.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.388 Data Review for Corrective Action</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Agency Website 4. PREA Annual Reports 2021-2025 5. 2024 PREA Federal Audit Report 6. Interviews with the President/CEO, PREA Coordinator and PREA Compliance Manager <p>Findings:</p> |

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| | <p>(a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This was reflected in interviews with staff. This includes:</p> <ol style="list-style-type: none"> 1. Identifying areas needing improvement. 2. Taking corrective actions as needed. 3. Preparing an annual report outlining findings and responses. <p>(b) The annual report compares current and past data and actions to assess progress.</p> <p>(c) The agency head approves the report and ensures public availability via the agency's website. This was reflected in interviews with staff.</p> <p>(d) Any redactions for safety or security are noted by category. This was reflected in interviews with staff.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.389 Data Storage, Publication, and Destruction</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Highfields Freedom From Sexual Harassment/Abuse Policy 2. Pre-Audit Questionnaire 3. Agency Website 4. Site Review: Record Storage 5. Interview with PREA Coordinator <p>Findings:</p> <p>(a) The agency securely stores all collected sexual abuse data to prevent unauthorized access. This was reflected in the site review and interviews with staff.</p> <p>(b) Aggregated data is published annually, including data from any contracted facilities.</p> <p>(c) Personal identifiers are removed before publication to protect resident privacy.</p> |

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| | <p>As evidenced by reviewing the department website it contains all information as required by this standard. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) All data is retained for at least 10 years unless a longer period is required by law. Historical data was reviewed on the agency website.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.401 | Frequency and scope of audits |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.401 Frequency and Scope of Audits</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website 2. Site Review: Notice of Audit; Access to Facility 3. Issue Log 4. Notice of Audit <p>Findings:</p> <p>(a) The agency operates a single residential program. Audit reports from the facility are available on the agency website. This is the first year of the current (5th) audit cycle.</p> <p>(b) The agency has ensured that the single facility is audited during the first year of each cycle.</p> <p>(h) The auditor had access to and was able to observe during the site review all areas of the facility.</p> <p>(i) The auditor received copies of any relevant documents requested.</p> <p>(m) Resident interviews were conducted in a private room without staff present.</p> <p>(n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was</p> |

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| | <p>observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit. This was reflected in the site review.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>(a) All PREA audit reports from the facility are published on the agency website.</p> <p>Based on a thorough analysis of evidence, the facility meets this standard.</p> |

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

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

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

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

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| | functions of the facility? (N/A for non-secure facilities) | |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |
| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.315 (f) | Limits to cross-gender viewing and searches | |

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| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 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 |

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| | 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 | yes |

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| | coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | 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 | yes |

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| | abuse or any resignation during a pending investigation of an allegation of sexual abuse? | |
| 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 | |

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| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based | yes |

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| | 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.) | |
| 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 | yes |

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

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| (c) | | |
| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to | yes |

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| | mandatory reporting of sexual abuse to outside authorities? | |
| | 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 |

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| 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 | |

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| | 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).) | yes |
| 115.334 | Specialized training: Investigations | |

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| (b) | | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 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 |

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| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 | Obtaining information from residents | |

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| (a) | | |
| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 | yes |

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| | the agency attempt to ascertain information about: Physical disabilities? | |
| | 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 |

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| | 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 | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.342 (d) | Placement of residents | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.342 (e) | Placement of residents | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.342 | Placement of residents | |

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| (f) | | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.342 (g) | Placement of residents | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 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 | |

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| | 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? | no |
| 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. | no |

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| 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 a 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 |

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| 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 | yes |

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| | the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | |
| | 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 | |

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| | 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 |

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| | 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 | yes |

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| | 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.) | |
| | 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 | |

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| | 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 |

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| 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? | no |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |

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| | 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 | yes |

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| | is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal | yes |

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| | prosecution? | |
| 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 | |

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| | 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 |

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| | 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 | yes |

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| | harassment policies? | |
| 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 | yes |

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| | take appropriate remedial measures, and consider whether to prohibit further contact with residents? | |
| 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 | yes |

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| | for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | |
| | 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 |

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| 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 | Access to emergency medical and mental health services | |

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| (d) | | |
| | 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.) | na |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |

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| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |

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

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

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

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