

PREA Facility Audit Report: Final

Name of Facility: Mountain View Academy
Facility Type: Juvenile
Date Interim Report Submitted: 02/27/2024
Date Final Report Submitted: 09/08/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
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.	☐
Auditor Full Name as Signed: Robert Burns Latham	Date of Signature: 09/08/2024

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	01/11/2024
End Date of On-Site Audit:	01/12/2024

FACILITY INFORMATION	
Facility name:	Mountain View Academy
Facility physical address:	809 Peal Lane, Dandrige, Tennessee - 37725
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Tanya Ragston
Email Address:	tragston@waynehalfway.com
Telephone Number:	865.484.4124

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

Facility Health Service Administrator On-Site	
Name:	Jamie Whitt
Email Address:	jwhitt@waynehalfway.com
Telephone Number:	865.484.4124

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	92
Average daily population for the past 12 months:	88
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	12-18
Facility security levels/resident custody levels:	L3 Special Needs Enhanced, L4 Hardware Secure
Number of staff currently employed at the facility who may have contact with residents:	117
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

AGENCY INFORMATION

Name of agency:	Wayne Halfway House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	942 Andrew Jackson Drive, Waynesboro, Tennessee - 38485
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Kelly Banks	Email Address:	kbanks@waynehalfway.com
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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:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-01-11
2. End date of the onsite portion of the audit:	2024-01-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Just Detention International 2. A Kid's Place - A Child Advocacy Center 3. Tennessee Department of Children's Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	88
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	117
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents from all housing units were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ 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)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	3	0	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	2	0
Total	0	1	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

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

No text provided.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: - WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA - DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA - Mountain View Academy Organizational Chart - Mountain View Academy Pre-Audit Questionnaire responses Interviews: - PREA Coordinator - PREA Compliance Manager Site Review Observations: Observations during on-site review of physical plant

Findings (By Provision):**115.311 (a)**

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

WHWH Policy 6.13 (page 1) Wayne Halfway House, Inc. is committed to a zero-tolerance standard for all forms of sexual abuse/assault/misconduct/harassment or rape within its facilities and is committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct, and rape through appropriate private provider implementation of the Prison Rape Elimination Act (PREA) as outlined in Public Law 108-79, Section 3.

The purpose of this policy is to provide guidelines for zero-tolerance for all forms of sexual abuse, assault, misconduct, harassment or rape, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane, and appropriately secure environment free from threat of sexual abuse, assault, misconduct, harassment, or rape.

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

115.311 (b)

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

The position of the PREA Coordinator is in the agency's organizational structure as the Director of Compliance. The PREA Coordinator reports to the Vice President of

	Compliance and Legal Services. WHWH Policy 6.13 (page 2) Wayne Halfway House, Inc. Human Resources Department assigns a PREA Coordinator with sufficient time and authority to develop, implement, and oversee Wayne Halfway House, Inc. compliance with PREA standards and related DCS requirements. The PREA Coordinator stated she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the agency's facilities. There are PREA Compliance Managers at each facility. The PREA Coordinator interacts with the PREA Compliance Managers through weekly compliance calls and reviewing incident reports. 115.311 (c) PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure as the Administrative Assistant. The PREA Compliance Manager reports to the Facility Administrator. Within one week after the onsite audit, the PREA Compliance Manager left employment with the facility due to family illness. The PREA Coordinator is temporarily filling the position and was interviewed for the PREA Compliance Manager position for purposes of this audit. She stated she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA

	2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Contract PREA Requirements 4. Mountain View Academy Pre-Audit Questionnaire responses Findings (by provision): 115.312 (a) N/A PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. Mountain View Academy does not contract for the confinement of its residents with private agencies or other entities including other government agencies. DCS contracts with Mountain View Academy for confinement of juveniles. The DCS Contract with Mountain View Academy requires, “The Contractor shall comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. §15601 et seq.) and all applicable PREA Standards and DCS policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in facilities owned, operated, or subcontracted by the Contractor. Contractor acknowledges that, in addition to self-monitoring requirements, DCS will conduct announced and unannounced on-site compliance monitoring. Failure to comply with PREA, PREA Standards, or relevant DCS policies may result in termination of the contract.” 115.312 (b) N/A The DCS Contract with Mountain View Academy requires, “The Contractor shall comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. §15601 et seq.) and all applicable PREA Standards and DCS policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in facilities owned, operated, or subcontracted by the Contractor. Contractor acknowledges that, in addition to self-monitoring requirements, DCS will conduct announced and unannounced on-site compliance monitoring. Failure to comply with PREA, PREA Standards, or relevant DCS policies may result in termination of the contract.” Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:**Documents:**

1. WHWH Policy 11.1: Resident Supervision and Monitoring (Staffing Plan)
2. Facility Staffing Plan Assessments (2021, 2022, & 2023)
3. Documentation of Unannounced Supervisory Rounds
4. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during onsite review of facility

Findings (by provision):**115.313 (a)**

PAQ: Since the 2021 PREA audit:

1. The average daily number of residents: 88
2. The average daily number of residents on which the staffing plan was predicated: 88

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

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

115.313 (b)

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

WHWH Policy 11.1 (page 1) Wayne Halfway House, Inc. and its employees shall comply with the following staffing plan except during limited and discrete exigent circumstances and shall fully document any deviations from this plan during such circumstances.

The Facility Administrator stated that the facility maintains appropriate staffing ratios. She stated how she checks for compliance. Staffing is documented each shift on the duty roster. The prior shift will not be relieved until the current shift is adequately staffed to meet ratio requirements. Documentation of noncompliance would include explanations.

115.313 (c)

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

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

WHWH Policy 11.1 (page 2) Residential treatment Centers are required to maintain daytime ratios of 1:8 and nighttime ratios of 1.8.

The Facility Administrator confirmed the ratios are 1:8 for day and 1:16 for night.

PREA Site Review:

During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios. Staff were actively supervising the residents in the living units, gymnasium, and classrooms.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

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

WHWH Policy 11.1 (page 4) During each quarterly meeting of the PQI Committee, progress, status, and any incidents or problems related to the staffing plan are discussed. The discussion and any forthcoming recommendations are documented in the minutes of the meeting. If recommendations are submitted, the progress on implementation of the recommendations will be reviewed in the subsequent quarterly PQI Committee meeting.

As part of the Annual Risk Assessment, the Executive Director meets with the PREA Coordinator, Security Supervisor, Performance and Quality Improvement Coordinator, and any other assigned administrative staff members to review the staffing plan and determine whether adjustments are needed, assessing each area

below. The Wayne Halfway House, Inc. staffing plan takes into consideration each of the following:

1. Generally accepted juvenile 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 plant (including "blind spots" or areas where staff or residents may be isolated);
6. The composition of the resident population, if changes have occurred;
7. The number and placement of supervisory staff;
8. Programs/activities 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;
11. Prevailing staffing patterns;
12. The deployment of video monitoring systems and other monitoring technologies;
13. The allocation of agency/facility resources to commit to the staffing plan to ensure compliance; and;
14. Any other relevant factors.

This annual review of the Staffing Plan shall be included in each Annual Risk Assessment, which is presented for assessment by the Board of Directors. If changes are recommended, they shall be documented as a revision to this procedure.

The PREA Coordinator confirmed she is consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually and is documented through the Facility Staffing Plan Assessment. Additionally, there are quarterly administrative reviews of the staffing plan during Performance and Quality improvement Meetings.

The auditor reviewed the 2021, 2022, and 2023 Facility Annual Staffing Plan Assessments and verified they are inclusive of the standard provision requirements.

115.313 (e)

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

WHWH Policy 11.1 (page 3) Intermediate-level and higher-level staff shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment or any other staff misconduct. Each unannounced round shall be documented. Over time the unannounced rounds shall cover all shifts and all areas of the facility. Staff members are prohibited from alerting other staff members of the conduct of such rounds.

	The auditor reviewed 12 months of historical documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds on a log. An interview with the Shift Supervisor confirmed the unannounced rounds are conducted. They are conducted on all shifts and at varying times. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 9.1: Privacy from Cross-Gender Viewing and During Transgender or Intersex Searches 2. WHWH Policy 11.1: Searches 3. DCS Policy 20.20: Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression 4. CS-1219: Search Request for Transgender and Intersex Youth 5. Staff Training Curriculum 6. Staff Training Records 7. Mountain View Academy Pre-Audit Questionnaire responses Documents (Corrective Action): 1. 2024 Training Calendar (2/20/2024) 2. Staff Refresher Training Records (3/6/2024) Interviews: 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents Site Review Observations: Observations during onsite review of facility Findings (By Provision): 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

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

Mountain View Academy does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

115.315 (b)

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

In the past 12 months:

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

Mountain View Academy does not conduct cross-gender pat-down searches except in exigent circumstances. Exigent circumstances would include emergency situations involving a threat to life, limb, or property.

Policy review and interviews with staff and residents confirmed cross-gender searches are restricted.

115.315 (c)

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

WHWH Policy 11.1 (page 4) All routine searches in which contraband or note-worthy incidents occur require documentation in TFACTS case recordings or in monthly summaries by Wayne Halfway House, Inc. Case Managers. All personal property searches, regardless of the presence of contraband, are documented in TFACTS as a case recording. Documentation of a non-routine invasive resident search is documented in TFACTS case recordings by the Case Manager or in monthly summaries by Contract Agency employees and is reviewed by the staff supervisor

115.315 (d)

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

WHWH Policy 9.1 (page 1) Residents have the right to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks (this includes viewing via video camera). In order to ensure this right, the following procedures are followed by all staff members:

1. Staff members of the opposite gender are required to announce their presence before entering residents' rooms or bathrooms.
2. All staff members are required to knock on residents' room doors and wait for response before entering, unless an emergency or dangerous situation is perceived to be occurring.
3. Two staff members are present when any staff member enters a resident's room, unless an emergency or dangerous situation is perceived to be occurring. In such a situation, the staff member entering without a second staff member calls for a second staff member, who follows immediately into the room.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of a single shower behind a door. Female staff would knock on resident's doors to alert them to their presence. The auditor observed cross-gender announcements and signs reminding staff to announce their presence. Two staff members are present when any staff member enters a resident's room. No cameras enable viewing of residents in a state of undress, such as showering, using the toilet, and/or changing their clothes.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.

WHWH Policy 9.1 (page 1) Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

No residents who identified as transgender or intersex were identified during the onsite phase of the audit.

	115.315 (f) The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100% WHWH Policy 9.1 (page 1) All new staff members, as a part of pre-service training, participate in training on conducting searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. All staff members participate in refresher training annually on such searches. The auditor reviewed the staff training curriculum and 2023 staff training records for verification the training is provided. However, staff interviews revealed a need for refresher training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. The facility provided a training schedule (2/20/2024) and training records (3/6/2024) for verification the refresher training has been completed. Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete. 115.315 (f) Staff refresher training is required for conducting cross-gender pat down searches and searches of transgender and intersex residents. The facility provided a training schedule (2/20/2024) and training records (3/6/2024) for verification the refresher training has been completed.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Posters (English and Spanish) 4. PREA Brochure (English and Spanish) 5. Resident Handbook (English and Spanish) 6. Interpreter Access (Linguistica International)

7. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Agency Head (CEO)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.316 (a)

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

WHWH Policy 6.13 (page 4) Appropriate provisions are made as necessary for children/youth who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual functioning, psychiatric, or speech or reading disabilities.

Medical staff, mental health staff, and special education teachers are available as needed to provide services to residents who have disabilities. The facility is not equipped to accept residents who are deaf or hard of hearing, residents who are blind or have low vision, and residents who have psychiatric disabilities. The facility is not a Psychiatric Residential Treatment Facility (PRTF).

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

During the onsite phase of the audit, there was one resident who was identified as having a cognitive disability. The resident stated he did not need assistance with understanding the PREA information.

115.316 (b)

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

WHWH Policy 6.13 (page 4) Spanish-speaking only child/youth will be provided with an interpreter for assessments and to provide educational materials. In addition, the resident handbook with PREA materials will be provided in Spanish (NOTE: Spanish-speaking only residents are the only non-English proficient child/youth referred to the program thus far). Other residents in need will be evaluated on a case-by-case basis as to the most appropriate way to provide materials, and

	provisions will be made for each within the same time limits as other residents. No residents were identified as limited English proficient. The auditor tested access to interpreter services through the assistance of the Clinical Director. During the intake demonstration she called Linguistica International to confirm services are available. PREA Site Review: The auditor observed posters, the brochure, and resident handbook are available in in English and Spanish. The auditor observed the intake staff was able to access the interpretation services contact information. At least 3 staff, including the Clinical Director, were identified as being bilingual in English and Spanish. 115.316 (c) PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0 WHWH Policy 6.13 (page 4) Wayne Halfway House, Inc. does not rely on child/youth interpreters for PREA information and education except in urgent circumstances where safety may be compromised. Staff interviews confirmed the agency would use a Spanish speaking staff member or service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 4.4: Background Checks
2. Interview Questions
3. Criminal Background Record Checks
4. Child Abuse Registry Checks
5. Reference Checks from Prior Institutional Employers
6. List of Contractors
7. Mountain View Academy Pre-Audit Questionnaire responses

Interview:

1. Administrative (Human Resources) Staff

Findings (By Provision):

115.317 (a)

PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

WHWH Policy 4.4 (pages 1-2) During all pre-hiring interviews, the interviewer shall ask the candidate and document the answers as to whether the candidate:

- a. 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);
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section.
- d. Has engaged in sexual abuse or sexual harassment inside or outside of the workplace.

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

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

for current employees.

115.317 (b)

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

WHWH Policy 4.4 (pages 1-2) During all pre-hiring interviews, the interviewer shall ask the candidate and document the answers as to whether the candidate: Has engaged in sexual abuse or sexual harassment inside or outside of the workplace.

The HR staff confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 102
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

WHWH Policy 4.4 (page 2) Wayne Halfway House, Inc. completes a criminal background record check and consults applicable child abuse registries (or receive a copy of the criminal background check and consultation of applicable child abuse registries performed on the employee of a subcontracting agency by that subcontracting agency) before enlisting the services of any subcontractor who may have contact with residents.

Records checks for all potential employees and subcontractors include all residences within past seven (7) years. They include but may not be limited to:

- a. Reference Check
- b. Criminal Background Check
- c. Criminal records check from local law enforcement records or county court records for all residences of employee within the immediate six (6) months preceding application for employment.
- d. National Sex Offender Registry Clearance
- e. Child Protective Services Background Checks
- f. Methamphetamine Offender Registry Clearance
- g. TBI/FBI Fingerprint Check

WHWH Policy 4.4 (page 6) Consistent with Federal, State, and local law, Wayne Halfway House, Inc. makes every effort to contact all prior institutional/facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision. The records include criminal background record checks, child abuse registry checks, and applicable reference checks of prior institutional employers.

115.317 (d)

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 8
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

WHWH Policy 4.4 (page 2) Wayne Halfway House, Inc. completes a criminal background record check and consults applicable child abuse registries (or receive a copy of the criminal background check and consultation of applicable child abuse registries performed on the employee of a subcontracting agency by that subcontracting agency) before enlisting the services of any subcontractor who may have contact with residents.

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

The auditor reviewed records of background checks of 8 contractors and verified they are conducted in compliance with the standard provision.

115.317 (e)

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

WHWH Policy 4.4 (page 5) Wayne Halfway House, Inc. conducts annual background checks on all employees who may or may not have direct contact with children or employees who work with sensitive or confidential information.

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

The auditor reviewed more than 30 annual background checks for staff interviewed and an additional selection of staff, and verified background checks are conducted annually.

115.317 (f)

WHWH Policy 4.4 (pages 1-2) During all pre-hiring interviews, the interviewer shall ask the candidate and document the answers as to whether the candidate:

- e. 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);
- f. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- g. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section.
- h. Has engaged in sexual abuse or sexual harassment inside or outside of the workplace.

In addition, the above questions shall be asked during interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor reviewed documented questions for staff interviewed and an additional selection of staff and confirmed the questions about previous misconduct were asked and answered at hiring, annually, and for promotions.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

WHWH Policy 4.4 (page 2) All employees have a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

WHWH Policy 4.4 (page 6) As permitted and specified in TN Title 50 Employer and Employee, Chapter 1 Employment Relationship and Practices, Part 1 Hiring Practices; Tenn. Code Ann. 50-1-105 (2014), and as required by PREA §115.317 (h), Wayne Halfway House, Inc. shall, unless prohibited by law, provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

	The HR staff confirmed the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. Mountain View Academy Pre-Audit Questionnaire responses 2. Facility Schematics with Camera Locations Interviews: 1. Agency Head (CEO) 2. Superintendent or Designee (Facility Administrator) Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.318 (a) PAQ: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. The CEO and the Facility Administrator both confirmed the facility considers the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The facility modified and opened new dorms within the last 3 years. 115.318 (b) PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The CEO and the Facility Administrator both confirmed when installing or updating a

	video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 14.25: Special Child Protective Services Investigations 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. DCS Core Standards 5. Memorandum of Understanding: Kid's Place - A Child Advocacy Center 6. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. PREA Compliance Manager 2. Random Sample of Staff 3. SAFEs/SANEs 4. Residents who Reported a Sexual Abuse Findings (By Provision): 115.321 (a) PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). DCS is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with local law enforcement for criminal sexual abuse investigations. Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that DCS and local law enforcement are responsible for conducting sexual abuse investigations.

115.321 (b)

Mountain View Academy is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

115.321 (c)

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

During the past 12 months:

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

The local hospital, Jefferson Memorial, has SANE services available. Additionally, DCS has a statewide network of Rape Crisis Centers to provide residents who experience sexual abuse access to forensic medical examinations. SAFEs and SANEs are available through Our Kids in Nashville. Our Kids is a Nashville nonprofit that provides expert medical evaluations and crisis counseling in response to concerns of child sexual abuse. Our Kids offers free 24/7 coverage to 47 Middle Tennessee counties. The auditor contacted Our Kids to confirm availability of the services.

115.321 (d)

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

The facility has a memorandum of understanding with Kid's Place - A Child Advocacy Center for victim advocate services. The auditor confirmed availability of the services through a telephone interview and reviewing the memorandum of understanding. Additionally, the PREA Coordinator confirmed Kid's Place would provide a qualified victim advocate.

115.321 (e)

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

There were 2 residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment. One resident requested not be interviewed. The second resident stated there was no forensic medical examination and no victim advocate was requested.

115.321 (f)

PAQ: The facility is not responsible for administrative or criminal investigating

	allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency, and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification they would be the investigating entity. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 14.25: Special Child Protective Services Investigations 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. DCS Core Standards 5. Mountain View Academy Pre-Audit Questionnaire (PAQ) Interview: 1. Agency Head (CEO) Findings (By Provision): 115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: 1. The number of allegations of sexual abuse and sexual harassment that were received: 5 2. The number of allegations resulting in an administrative investigation: 5 (The PAQ was incorrectly stated 0.) 3. The number of allegations referred for criminal investigation: 0 WHWH Policy 6.13 (page 10) DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment.

The CEO confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

The auditor reviewed 5 reports of sexual abuse and harassment allegations, including full investigative reports with findings. There were 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 unfounded allegation of staff-on-resident sexual abuse, 1 unsubstantiated allegation of resident-on-resident sexual harassment, and 1 unfounded allegation of resident-on-resident sexual harassment.

115.322 (b)

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

WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA is published on the parent agency's website at: <https://www.waynehalfwayhouse.com>.

The policy requires that all allegations of sexual abuse or sexual harassment be referred for investigation to DCS. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The auditor verified the policy is published on the WHWH website and reviewed documentation of referrals of allegations of sexual abuse and sexual harassment.

115.322 (c)

WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA describes the responsibilities of both Mountain View Academy and DCS.

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

115.322 (d)

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

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

Conclusion:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Training PowerPoint 4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 5. Training Sign-In sheets 6. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Random Sample of Staff Findings (By Provision): 115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the eleven required topics. WHWH Policy 6.13 (page 14) All Mountain View Academy employees who may have contact with child/youth shall complete training on: (1) The Wayne Halfway House, Inc. zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under Wayne Halfway House, Inc. sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Child/youth' right to be free from sexual abuse and sexual harassment; (4) The right of child/youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with child/youth; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming children/youth; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent. Staff interviewed confirmed they have received training on the 11 PREA topics in standard 115.331 when hired and annually thereafter. The auditor reviewed 14 staff training acknowledgements for staff interviewed. The training was completed in 2023.

	The annual training requirement exceeds the requirements of the standard. 115.331 (b) PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. WHWH Policy 6.13 (page 14) Such training is tailored to the unique needs and attributes of child/youth of juvenile facilities and to the gender of the child/youth of Wayne Halfway House, Inc. The employee receives additional training if the employee is reassigned from a facility that houses only female child/youth. Mountain View Academy is an all-male facility. 115.331 (c) PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: initially and at least annually WHWH Policy 6.13 (page 14) All Wayne Halfway House, Inc. employees and contractors that have direct contact with child/youth receive training during orientation and through annual refresher training thereafter. The auditor reviewed 14 staff training acknowledgements for staff interviewed. The training was completed in 2023. 115.331 (d) PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. WHWH Policy 6.13 (page 15) All Wayne Halfway House, Inc., employees, volunteers, and contractors sign form CS-0940, Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DCS zero-tolerance policy and understand the training they have received. The auditor reviewed 14 staff training acknowledgements for staff interviewed. The training was completed in 2023. Staff initial and sign that they have received training. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding employee training. Training is conducted annually. No corrective action is required.
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115.332	Volunteer and contractor training
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. List of Volunteers and Contractors
4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
5. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Volunteers and Contractors who have Contact with Residents

Findings (By Provision):

115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 16

WHWH Policy 6.13 (page 14) All volunteers who have contact with child/youth are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews with a contractor and 2 volunteers confirmed they have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed the training curriculum and volunteer/contractor acknowledgement forms for 16 volunteers and contractors and verified they have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Training occurred in 2022 and 2023.

115.332 (b)

PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

	WHWH Policy 6.13 (page 14) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with child/youth, but all volunteers and contractors who have contact with child/youth are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 115.332 (c) PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received. WHWH Policy 6.13 (page 15) All Wayne Halfway House, Inc., employees, volunteers, and contractors sign form CS-0940, Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DCS zero-tolerance policy and understand the training they have received. The auditor reviewed the training curriculum and volunteer/contractor acknowledgement forms for 16 volunteers and contractors. Training occurred in 2022 and 2023. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Poster: No Means No (English and Spanish) 4. Pamphlet: End the Silence (English and Spanish) 5. Resident Handbook (English and Spanish) 6. PREA Video 7. End Silence: Youth Speaking Up about Sexual Abuse in Custody • Billy Speaks Out is for male youth ages 14-18. • Carlo's Question is for LGBTQ youth • Charlie's Report is for male youth ages 10-13 8. Youth Acknowledgement of PREA 9. DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape

Elimination Act (PREA)

10. PREA Video Post and Pre-Tests

11. Interpreter Access (Linguistica International)

12. Mountain View Academy Pre-Audit Questionnaire responses

Documents (Corrective Action):

1. New Signage Posted - 3/16/2024

2. Corrected Pamphlet and Poster - 2/1/2024

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 152

WHWH Policy 6.13 (page 3) During the intake process, children/youth receive information explaining in an age-appropriate fashion, (this) Wayne Halfway House, Inc. zero-tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, retaliation by other child/youth or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Written and verbal information on PREA is provided and explained to all child/youth within forty-eight (48) hours of arrival (or 72 hours if the child/youth is admitted on a weekend or holiday) and includes at a minimum:

1. DCS and Wayne Halfway House, Inc.'s zero-tolerance policy regarding PREA Prevention/intervention;
2. Self-protection and how to avoid risk situations
3. Consequences for engaging in any type of sexual activity while at the facility
4. How to obtain medical and mental health treatment and counseling
5. How to safely report sexual abuse, including

PREA information is included in the Child/youth Handbook.

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

how to report incidents or suspicions of sexual abuse or sexual harassment through the pamphlet, handbook, and video.

The auditor reviewed acknowledgment forms to verify residents have been provided the PREA Pamphlet at intake. For all 16 residents interviewed the acknowledgment forms were completed during intake.

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

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 152

The Intake Staff stated the agency ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents through watching a video, reviewing the pamphlet, and taking a quiz. She confirmed the information is provided during intake. She demonstrated how the residents are educated and explained the materials used.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education upon admission to the facility, during intake.

The auditor reviewed the documentation for 16 residents interviewed and 12 residents for the past 12 months and verified the residents received PREA education.

115.333 (c)

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

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

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

WHWH Policy 6.13 (page 4) Appropriate provisions are made as necessary for children/youth who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual functioning, psychiatric, or speech or reading disabilities. Spanish-speaking only child/youth will be provided with an interpreter for assessments and to provide educational materials. In addition, the resident

handbook with PREA materials will be provided in Spanish (NOTE: Spanish-speaking only residents are the only non-English proficient child/youth referred to the program thus far). Other residents in need will be evaluated on a case-by-case basis as to the most appropriate way to provide materials, and provisions will be made for each within the same time limits as other residents.

During the onsite phase of the audit, there were one resident who was identified as having a cognitive disability. He stated he did not need assistance with understanding the PREA information.

The auditor observed posters, the End the Silence pamphlet, and resident handbook are available in in English and Spanish. Interpreter services are available through Linguistica International. Medical staff, mental health staff, and special education teachers are available as needed to provide services to residents who have disabilities. The facility is not equipped to accept residents who are deaf or hard of hearing, residents who are blind or have low vision, and residents who have psychiatric disabilities. The facility is not a Psychiatric Residential Treatment Facility (PRTF).

115.333 (e)

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

WHWH Policy 6.13 (page 4) All children/youth are required to sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have been notified and informed of PREA and on how to report incidents of sexual abuse/assault/misconduct/harassment.

- Copies of the signed form are sent to the child/youth's parents/guardians, family services worker, and
- The original signed form is maintained in the child/youth's case file and is uploaded into TFACTS.

The auditor reviewed the documentation for 16 residents interviewed and 12 residents for the past 12 months and verified the facility maintains documentation of resident participation in PREA education sessions.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The pamphlet and posters contain information about PREA, including how to report sexual abuse and sexual harassment, as well as the DCS Child Abuse Hotline number, 1-877-237-0004. The auditor observed posters were consistent but were not accessible and contained some inaccurate information. Through corrective action, the facility updated the End the Silence Pamphlet and No Means No Poster in English and Spanish. The updated pamphlet and poster have corrected contact information for the Safe Harbor Child Advocacy Center, an additional external resource for emotional support services. The posters were placed behind a wire

	mesh and were poorly lit. Through corrective action, the posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete. 115.333 (f) • The facility updated the End the Silence Pamphlet and No Means No Poster with corrected contact information for the Safe Harbor Child Advocacy Center (2/1/2024). • Posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). Pictures of the new postings were provided to the auditor for review and a compliance determination (3/16/2024).
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 5.2 Professional Development and Training Requirements 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Investigative Staff (DCS) Findings: WHWH does not conduct any form of administrative or criminal sexual abuse investigations. Investigators are employed and trained by DCS. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles. The DCS Special Investigators Unit Training Curriculum includes: (1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5)

	Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Juvenile Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse; (11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning The DCS investigator stated she has received the required training. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Training Materials used for Pre-Service and Annual In-Service Training 4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) 5. Training Curriculum: Specialized PREA Training for Medical and Mental Health Professionals 6. Certificates: Specialized PREA Training for Medical and Mental Health Professionals 7. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Medical Staff and Mental Health Staff Findings (By Provision): 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 16 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

WHWH Policy 6.13 (pages 14-15) Wayne Halfway House, Inc. will ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities receive training. This training shall include:

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.

Medical and mental health staff interviewed stated they received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed 16 training acknowledgements and certificates to confirm receipt of the training. The specialized training was completed in 2023.

115.335 (b)

PAQ: The facility does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Medical and mental health staff interviewed stated forensic medical examinations are not conducted at the facility. Forensic examinations would be conducted at Jefferson Memorial Hospital.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

WHWH Policy 6.13 (page 15) All Wayne Halfway House, Inc., employees, volunteers, and contractors sign form CS-0940, Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the DCS zero-tolerance policy and understand the training they have received. Wayne Halfway House, Inc. maintains documentation on all employees, volunteers and contractors who receive training on PREA.

The auditor reviewed training acknowledgements and certificates to confirm receipt of the training. The specialized training was completed in June of 2023.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

WHWH Policy 6.13 (page 15) Medical and mental health care practitioners will also receive the training mandated for employees under PREA Standards § 115.331 or for contractors and volunteers under PREA Standards § 115.332, depending upon the practitioner's status at the facilities.

The auditor reviewed staff PREA training records. The medical and mental health staff received the training mandated for employees under § 115.331.

	Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization 4. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents Findings (By Provision): 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. In the past 12 months: 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 93 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

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

WHWH Policy 6.13 (page 2) During the intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization will be administered to children/youth within twenty-four (24) hours of admission.

The auditor reviewed completed risk assessments. Twelve assessments were reviewed for the 12-month audit period. All 12 assessments were completed within 72 hours of intake. Sixteen assessments were reviewed for residents interviewed. All 16 assessments were completed within 72 hours of intake. The auditor reviewed risk reassessments and determined they occur at 90-day intervals.

The Staff Responsible for Risk Screening (Clinical Director) demonstrated the screening process. The screening process occurs in a private office, ensuring as much privacy as possible. She confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

Sixteen residents were interviewed. They confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you have any disabilities?
4. Do you think you might be in danger of sexual abuse at the facility?

115.341 (b)

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

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

115.341 (c)

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

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;

	j. The resident's own perception of vulnerability; and k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The auditor reviewed the Assessment, Checklist, and Protocol for Behavior and Risk for Victimization tool and found it to be inclusive of the required information, with the exception of identification as intersex. The agency will write in "intersex" until DCS updates the risk screening instrument. 115.341 (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, and other relevant documentation from the resident's files. The interview with the Clinical Director confirmed the information is ascertained through conversations with the residents using the Assessment, Checklist, and Protocol for Behavior and Risk for Victimization tool. Other assessments and records are referred to as needed. 115.341 (e) The PREA Coordinator, PREA Compliance Manager, and Clinical Director confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The information is securely maintained by the therapists and is available to the case managers, clinical director, medical professionals, as well as on a need-to-know basis. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
4. DCS Form CS-1236 Safe Housing Assessment
5. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. PREA Coordinator
3. PREA Compliance Manager
4. Staff Responsible for Risk Screening
5. Staff who Supervise Residents in Isolation (N/A)
6. Medical Staff
7. Mental Health Staff
8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – no isolation
9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.342 (a)

PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

WHWH Policy 6.13 (page 161) Once the risk assessment is completed, DCS form CS-1236, Safe Housing Assessment, is used to determine the appropriate housing assignment for the child/youth placed in a congregate care setting.

DCS form CS-1237, Safe Housing Re-Assessment, is completed for children/youth in a congregate care setting at the following time intervals:

- a. Every ninety (90) days while in the congregate care setting;
- b. Within two (2) days of any occurrence that would require a room assignment change; and
- c. At least seven (7) days prior to a transfer to another congregate care setting.

Designated staff will develop appropriate treatment interventions that may include further assessments or screenings by a mental health professional for identified residents prior to assigning the child/youth to a program, education, work, or room assignment to decrease the risk of sexual victimization/perpetration.

WHWH Policy 6.13 (page 15) Wayne Halfway House, Inc. staff members use the information from the PREA risk screening(s) as well as information contained in the child/youth's file and any other information obtained after admission to assess his/her level of risk for either victimization or perpetration of sexual abuse, assault, misconduct, harassment or rape. If a child/youth has been identified as being a past victim of a violent crime or incident, including but not limited to all forms of

sexual abuse, assault, misconduct, harassment or rape, the child/youth's housing assignment is closely monitored by staff to ensure the safety and security of each child/youth.

The Staff Responsible for Risk Screening (Clinical Director) discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. The score from the risk assessment is used to complete the Safe Housing Assessment and inform dorm and room assignment. Management meetings occur at least weekly where information is shared for programming, work, and education assignments. Treatment teams occur monthly for each resident to discuss necessary clinical and medical updates.

The auditor reviewed Safe Housing Assessments for the residents interviewed and for the 12-month audit period. Assessments designate a resident's risk level and housing placement recommendation. The residents remain grouped by dorm throughout the day and staff have access to alert rosters for reference to keep residents safe and free from sexual abuse.

115.342 (b)

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

In the past 12 months:

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

WHWH Policy 6.13 (page 15) Wayne Halfway House, Inc. does not and cannot place child/youth in involuntary segregated housing.

The Facility Administrator confirmed Mountain View Academy does not use isolation for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

WHWH Policy 6.13 (page 16) Lesbian, gay, bisexual, transgender, or intersex child/youth are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does Wayne Halfway House, Inc. consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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

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

115.342 (d)

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

WHWH Policy 6.13 (pages 15-16) In making housing and programming assignments for transgender or intersex child/youth, Wayne Halfway House, Inc. considers on a case-by-case basis whether a placement would ensure the child/youth's health and safety, and whether the placement would present management or security problems.

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

115.342 (e)

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

WHWH Policy 6.13 (page 16) Placement and programming assignments for each transgender or intersex child/youth are reassessed at least twice each year to review any threats to safety experienced by the child/youth.

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

115.342 (f)

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

WHWH Policy 6.13 (page 16) A transgender or intersex child/youth's own views with respect to his or her own safety are given serious consideration.

The PREA Coordinator confirmed the agency considers whether placement will ensure a resident's health and safety and stated transgender or intersex residents'

	views of their safety are given serious consideration in placement and programming assignments. 115.342 (g) PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents. WHWH Policy 6.13 (page 16) Transgender and intersex child/youth are given the opportunity to shower separately from other child/youth. The PREA Coordinator confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually. No residents identified as transgender or intersex during the onsite phase of the audit. Site Review: The auditor observed residents shower behind the privacy of a shower curtain, in side by side showers stalls. Transgender or intersex residents would be given the opportunity to shower separately from other residents by showering at a different time or in an unused dorm. 115.342 (h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 1. A statement of the basis for facility's concern for the resident's safety, and 2. The reason or reasons why alternative means of separation cannot be arranged: N/A No residents at risk of sexual victimization were held in isolation in the past 12 months. Mountain View Academy does not use isolation for residents at risk of sexual victimization. 115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were held in isolation in the past 12 months. Mountain View Academy does not use isolation for residents at risk of sexual victimization. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.
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115.351	Resident reporting
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 9.3: Grievance Policy for Residents/Families 2. WHWH Policy 6.4: Abuse Reporting 3. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 4. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 5. Pamphlet: End the Silence (English and Spanish) 6. Poster: No Means No (English and Spanish) 7. Resident Handbook (English and Spanish) 8. Staff Handbook 9. Mountain View Academy Pre-Audit Questionnaire responses Documents (Corrective Action): 1. New Signage Posted - 3/16/2024 2. Anonymous Reporting Method- August 19, 2024 Interviews: 1. PREA Compliance Manager 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.351 (a) PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents. WHWH Policy 6.13 (page 6) Children/youth may report allegations of sexual abuse, assault, misconduct, and/or harassment internally or externally. They may also report, internally or externally, retaliation by other child/youth or staff members for reporting sexual abuse and harassment and staff neglect or violations of responsibilities that may have contributed to these incidents. If they choose to report internally, they may do so by telling any staff member or by filing a grievance (such grievance is treated as an emergency or urgent situation and is handled immediately).

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

The pamphlet and posters contain information about PREA, including how to report sexual abuse and sexual harassment, as well as the DCS Child Abuse Hotline number, 1-877-237-0004. The auditor observed posters were consistent but were not accessible and readable. The posters in the living units were placed behind a wire mesh and were poorly lit. Through corrective action, the posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024).

The auditor tested internal reporting by submitting a test grievance in the box located in the school hallway. The auditor received an emailed response 1 day after submitting the test grievance.

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The facility does not detain youth solely for civil immigration purposes.

WHWH Policy 6.13 (page 6) Reports can be made directly to the DCS Child Abuse Hotline at 1-877-237-0004.

WHWH policy does not include procedures for residents detained solely for civil immigration purposes. The PAQ indicates Mountain View Academy does not accept residents detained solely for civil immigration purposes.

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

The auditor tested external reporting by calling the DCS Child Abuse Hotline. Posters, located throughout the facility, instruct reporters to dial 1-877-237-0004. Additionally, the hotline number is included in the End the Silence Pamphlet and the No Means No Poster.

The standard requires that the facility should have reporting mechanisms in place that allow the identity of the confined person making the report to remain anonymous to facility staff and administrators. The auditor did not determine that

anonymous reports could be made. Through corrective action, the facility provided a mechanism for residents to report anonymously to an external entity by using the grievance process August 19, 2024. Residents are permitted to fill out a grievance, place it in a preaddressed envelope, and drop it in the grievance box to be mailed to the Tennessee Child Abuse Hotline. The facility posted an instructional poster next to the grievance box. The poster is in English and translated in Spanish.

115.351 (c)

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

WHWH Policy 6.13 (page 5) Duty to Report – As per Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse.

In terms of PREA standards, this duty to report includes but is not limited to any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff members may have this knowledge by any means including personal witness or reports made verbally, in writing, anonymously, by third parties or by any other means and must in all cases be reported.

WHWH Policy 6.4 (page 1) Tennessee law (T.C.A. 37-1-403) requires that any person having knowledge of child abuse is to report this immediately. Any report of suspected abuse or neglect of a minor child must be reported to DCS. The telephone number to report is 1-877-237-0004. Reports are to be made immediately. Reports can be made twenty-four hours a day, seven days a week.

Staff interviewed confirmed verbal reports would be documented immediately or as soon as possible.

115.351 (d)

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

WHWH Policy 9.3 (pages 1-2) When a resident or family/guardian/advocate of a resident feels that a situation has occurred that warrants a grievance, the following process should be followed:

Residents/family members/advocates should use the grievance box to submit grievances.

1. The Grievance Box is available to residents at all times and without control or comment by staff members.
2. Grievance forms are available at all times. All residents normally have pencils and access to pencils without having to ask for one. If a resident does not have a

pencil, he can obtain one by asking any staff member without having to state why he wants a pencil.

3. The Executive Director, Facility Administrator, or Assistant Facility Administrator are the only staff members with access to the Grievance Box. Grievances are removed by these persons and reviewed each weekday (Monday through Friday, with the exception of days neither is present the entire day).

The PREA Coordinator confirmed a writing utensil would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed a grievance box and forms available to the residents. She stated residents have unimpeded access to file a grievance, call the TN DCS Abuse Hotline, or tell a staff.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: The Employee Handbook is the WHWH Policy & Procedures Manual.

Staff report to the DCS Child Abuse Hotline at 1-877-237-0004.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline or meeting with their supervisor or an administrator privately.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. Corrective action is complete.

115.351 (a)

Posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). Pictures of the new postings were provided to the auditor for review and a compliance determination (3/16/2024).

115.351 (b)

The facility must provide a mechanism for residents to report anonymously and remain anonymous to facility staff and administrators. The anonymous reports may be made by telephone, mail, or email. The facility provided a mechanism for residents to report anonymously to an external entity by using the grievance process August 19, 2024. Residents are permitted to fill out a grievance, place it in a preaddressed envelope, and drop it in the grievance box to be mailed to the Tennessee Child Abuse Hotline. The facility posted an instructional poster next to the grievance box. The poster is in English and translated in Spanish.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Policy 24.5: DOE Youth Grievance Procedures 4. Form CS-0072: Youth Grievance 5. Resident Handbook (English and Spanish) 6. Test Grievance 7. Mountain View Academy Pre-Audit Questionnaire responses Interviews: Residents who Reported a Sexual Abuse Site Review Observations: Observations during on-site review of physical plant Findings: This standard does not apply to Mountain View Academy. All resident grievances regarding sexual abuse are investigated externally by DCS. Mountain View Academy does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Mountain View Academy policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties, including other residents, staff members, family members, attorneys, and/or outside advocates. Those third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of Mountain View Academy must document the resident's decision to decline. Third parties, including parents, advocates, other residents, or any other person may report allegations of resident sexual abuse or sexual harassment internally by

	contacting any staff member or by filing an emergency grievance. It is suggested that in order to provide for immediate action, the third party directly contact the Executive Director or the Security Supervisor at 1-931-722-3272 and notifying the person answering the telephone that the situation is an emergency. This information shall be provided in the parent letter, resident handbook, Family Services Worker information letter, and be posted in the common area of the facility. There were 2 residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment. One resident requested not be interviewed. The resident interviewed did not use the grievance process to report the allegation of sexual abuse. The auditor reviewed the resident handbook to determine that relevant information is provided. The auditor tested internal reporting by submitting a test grievance in the box located in the school hallway. The auditor received an emailed response 1 day after submitting the test grievance. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Memorandum of Understanding: A Kid's Place - A Child Advocacy Center 4. Resident Handbook (English and Spanish) 5. Pamphlet: End the Silence (English and Spanish) 6. Poster: No Means No (English and Spanish) 7. Mountain View Academy Pre-Audit Questionnaire responses Documents (Corrective Action): 1. New Signage Posted - 3/16/2024 2. Corrected Brochure and Poster - 2/1/2024

Interviews:

1. Superintendent of Designee (Facility Administrator)
2. PREA Compliance Manager
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Findings (By Provision):**115.353 (a)**

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

- Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
- Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

WHWH Policy 6.13 (page 10) Wayne Halfway House, Inc. provides child/youth 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.

WHWH policy does not include procedures for residents detained solely for civil immigration purposes. The PAQ indicates Mountain View Academy does not accept residents detained solely for civil immigration purposes.

Contact information for outside victim advocate services for emotional support related to sexual abuse is included in the resident handbook and PREA pamphlet provided at the time of admission, as well as posters.

A Kid's Pace Child Advocacy Center:

- Phone: 931-766-2213
- Address: 614 West Point Road, Lawrenceburg, TN 38464

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with A Kid's Pace Child Advocacy Center. The auditor contacted A Kid's Pace Child Advocacy Center and confirmed victim advocacy is available to the youth at the facility.

Additionally, the auditor called A Kid's Pace Child Advocacy Center from a facility telephone to confirm calls could be made.

Resident interviews revealed limited knowledge of outside victim advocates for emotional support services related to sexual abuse if they ever need it. Through corrective action, the posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). The increased visibility and readability will enable the residents with improved access to the information. Also, the Clinical Director stated information for outside victim advocate services will be included in intake.

Additionally, the facility updated the End the Silence Pamphlet and No Means No Poster in English and Spanish. The updated pamphlet and poster have corrected contact information for the Safe Harbor Child Advocacy Center, an additional external resource for emotional support services (2/1/2024).

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

WHWH Policy 6.13 (page 10) Wayne Halfway House, Inc. informs the child/youth, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse are forwarded to authorities in accordance with mandatory reporting laws.

The auditor reviewed the resident handbook and determined residents were informed of the extent to which communications will be monitored. Additionally, the resident handbook provides information regarding mandatory reporting rules associated with A Kid's Pace victim advocates.

The End the Silence Pamphlet and No Means No Poster include relevant information for A Kid's Pace Child Advocacy Center. The pamphlet and poster indicate A Kid's Place victim advocates are mandatory reporters, calls are free and confidential, staff will not listen to calls, and includes instructions for placing a call.

115.353 (c)

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

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with A Kid's Pace Child Advocacy Center. The auditor contacted A Kid's Pace Child Advocacy Center and confirmed victim advocacy is available to the youth at the facility.

115.353 (d)

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

WHWH Policy 6.13 (page 10) Wayne Halfway House, Inc. enables reasonable communication between child/youth and these organizations and agencies, in as confidential a manner as possible.

The Facility Administrator and PREA Coordinator confirmed the facility would provide

	residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete. 115.353 (a) • To increase visibility and readability the posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). • The facility updated the End the Silence Pamphlet and No Means No Poster in English and Spanish. The updated pamphlet and poster have corrected contact information for the Safe Harbor Child Advocacy Center, an additional external resource for emotional support services (2/1/2024).
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Pamphlet: End the Silence 4. Poster: No Means No 5. Resident Handbook 6. Third-Party Reporting Test 7. Mountain View Academy Pre-Audit Questionnaire responses Documents (Corrective Action): 1. New Signage Posted - 3/16/2024 §115.354 PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. WHWH Policy 6.13 (page 7) Third parties, including parents, advocates, other child/youth, or any other person may report allegations of child/youth sexual abuse or sexual harassment internally by contacting any staff member or by filing an

	emergency grievance. It is suggested that in order to provide for immediate action, the third party directly contact the Executive Director or the Head of Security at 1-931-722-3272 and notifying the person answering the telephone that the situation is an emergency. This notification procedure and contact information is provided in the parent letter, child/youth handbook, Family Services Worker information letter, and is posted in the common area of the facility. Posters and pamphlets provide residents and visitors with information about third-party reporting. The auditor observed posters were consistent but were not accessible and readable. The posters in the living units were placed behind a wire mesh and were poorly lit. Through corrective action, the posters were placed behind a protective Plexiglas barrier and posted in each living unit, next to telephones, in intake, and in medical (3/16/2024). Reports can be made via telephone or otherwise, by the Department of Children’s Services Central Intake Division hotline at 1-877-237-0004 (1-877-54ABUSE) or online (at: https://apps.tn.gov/carat/referral/emergency.html). Additionally, a third-party reporting method is published on the Wayne Halfway House, Inc. website. This method includes the DCS Child Abuse Hotline. The auditor successfully tested third-party reporting by calling the DCS Child Abuse Hotline at 1-877-237-0004. The hotline operator explained how the report would be processed. Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. Corrective action is complete. Posters were placed behind a protective Plexiglas barrier to improve accessibility and readability (3/16/2024).
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.4: Abuse Reporting 2. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605

5. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

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

Findings (By Provision):

115.361 (a)

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

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

WHWH Policy 6.4 (page 1) In accordance with Tennessee Compilation of Selected Laws on Children, Youth and Families, Copyright 2001, 2005 revision by The State of Tennessee, Title 37, Chapter 1, Part 4 37-1-403, "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately, if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect."

WHWH Policy 6.13 (page 5) Duty to Report – As per Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse.

In terms of PREA standards, this duty to report includes but is not limited to any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (b)

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

WHWH Policy 6.4 (page 1) Tennessee law (T.C.A. 37-1-403) requires that any person having knowledge of child abuse is to report this immediately. Any report of suspected abuse or neglect of a minor child must be reported to DCS. The telephone number to report is 1-877-237-0004. Reports are to be made immediately. Reports can be made twenty-four hours a day, seven days a week.

WHWH Policy 6.13 (page 5) Duty to Report – As per Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse.

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

115.361 (c)

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

WHWH Policy 6.13 (page 5) Apart from reporting to the designated supervisors and designated state and local services agencies, staff members are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

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

115.361 (d)

Medical and mental health practitioners are required to report sexual abuse to DCS. They are mandated to follow Duty to Report laws. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical staff and mental health staff both stated they disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They both confirmed they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. The medical staff stated she has not become aware of such incidents. The mental health staff stated the therapists have become aware of such incidents and they have been reported.

115.361 (e)

WHWH Policy 6.13 (pages 7-8) upon receiving any allegation of sexual abuse, the Executive Director or his or her designee promptly reports the allegation to the

	alleged victim's parents or legal guardians, unless Wayne Halfway House, Inc. has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCS, the report is made to the alleged victim's Family Services Worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the Executive Director or designee also reports the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The PREA Coordinator stated when the facility receives an allegation of sexual abuse, the TN Department of Children's Services Abuse Hotline (PREA) is immediately called, and a CPS Referral Number is given to the program for tracking purposes. Notifications to all parties are made. The Facility Administrator stated when the facility receives an allegation of sexual abuse, the allegation is reported to the Tennessee Department of Children's Services Child Abuse Hotline. She stated if the victim is under the guardianship of the child welfare system, the allegation is reported to the victim's caseworker in addition to the parent or legal guardian. Lastly, she stated it would not be applicable that a juvenile court retains jurisdiction over a victim. 115.361 (f) WHWH Policy 6.13 (page 3) All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. WHWH Policy 6.13 (page 10) DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment. The Facility Administrator confirmed all allegations of sexual abuse or sexual harassment are reported to DCS for investigation. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA

	2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Agency Head (CEO) 2. Superintendent or Designee (Facility Administrator) 3. Random Sample of Staff Findings (By Provision): 115.362 PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0 WHWH Policy 6.13 (pages 8-9) Upon learning that a child/youth is subject to a substantial risk of imminent sexual abuse, staff members on duty take immediate action to protect the child/youth. This includes but is not limited to separating the child/youth from any potential perpetrator of abuse or perpetrator of harassment about reporting imminent abuse, providing protection as needed, and notifying the Head of Security or his/her designee for further instruction. The CEO confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential risk and making housing assignments accordingly. Staff are expected to respond immediately, or risk termination. The Facility Administrator confirmed if a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions including separating the resident from the risk, making appropriate notifications, and offering the resident additional counseling. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Agency Head (CEO)
2. Superintendent or Designee (Facility Administrator)

Findings (By Provision):

115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

WHWH Policy 6.13 (pages 2-3) If the victimization occurred while the child/youth was confined at another congregate care setting, the head of the congregate care setting (Wayne Halfway House, Inc. facility) that received the allegation promptly, within seventy-two hours, notifies the head of the congregate care setting where the alleged abuse occurred and reports the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004 and then to the Department of Children's Services Family Services Worker and the Wayne Halfway House, Inc. Head of Security.

115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

WHWH Policy 6.13 (page 3) The head of the congregate care setting (Wayne Halfway House, Inc. facility) that received the allegation, or designee documents in the child/youth's file that such notification has been made and whether it was made within 72 hours of receiving the allegation.

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

WHWH Policy 6.13 (page 3) The head of the congregate care setting (Wayne Halfway House, Inc. facility) that received the allegation, or designee documents in the child/youth's file that such notification has been made and whether it was made within 72 hours of receiving the allegation.

	115.363 (d) PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 WHWH Policy 6.13 (page 10) DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. The CEO stated the agency would automatically reach out to the head of the facility, as well as report to CPS. The Facility Administrator stated the other agency will file the DCS report for investigation. She reported no allegations of sexual abuse or sexual harassment have been received from other facilities during the 12-month audit period. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Documents (Corrective Action): 1. 2024 Training Calendar (2/20/2024) 2. Staff Refresher Training Records (3/6/2024) Interviews: 1. Staff First Responders 2. Random Sample of Staff

3. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: 3

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 3
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A

WHWH Policy 6.13 (page 8) In response to an allegation of sexual abuse, a written plan is enacted as follows:

Upon receiving notice of an incident of sexual abuse by a child/youth, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee:

- a. Ensures the child/youth is safe and kept separated from the perpetrator;
- b. Immediately notifies their supervisor;
- c. Secures the incident area and treat it as a crime scene, not allowing anyone (child/youth, staff members, or others) to enter the area until law enforcement or Child Protective Services indicates that this is no longer necessary;
- d. If the abuse or assault took place within a time period in which physical evidence may be present, requests that the alleged victim does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after law enforcement arrives and determines that all physical evidence is obtained in connection with the violation. Also, the staff member in charge makes sure the alleged abuser does not take any actions that could destroy physical evidence.

Interviews with staff revealed a need for refresher training on their first responder

	duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Refresher training was conducted (3/6/2024) and training records were provided to the auditor for verification the training was completed. 115.364 (b) PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to: 1. Request that the alleged victim not take any actions that could destroy physical evidence. 2. Notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0 WHWH Policy 6.13 (page 9) If the first staff responder is not a security staff member, that responder is required to request that the alleged victim not take any actions that could destroy physical evidence and the staff responder shall immediately notify the Security Supervisor, or if not available, the Executive Director. Interviews with staff revealed a need for refresher training on their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Refresher training was conducted (3/6/2024) and training records were provided to the auditor for verification the training was completed. Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete. Staff refresher training is required for first responder duties. The facility provided a training schedule (2/20/2024). Refresher training was conducted (3/6/2024) and training records were provided to the auditor for verification the training was completed.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual

	Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Protocol: First Responder Guidelines for Sexual Assaults 4. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Superintendent or Designee (Facility Administrator) Findings: PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. WHWH Policy 6.13 (page 9) Refer to Protocol-First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults. The DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Administrator stated facility leadership is responsible for ensuring coordination with the investigative agency. The PREA Coordinator will also assist in ensuring processes are followed. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Agency Head (CEO) Findings (By Provision): 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for

	collective bargaining on the agency's behalf has not entered into a collective bargaining agreement since the last PREA audit. The CEO confirmed Mountain View Academy has not entered into or renewed any collective bargaining agreements. 115.366 (b) N/A Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Retaliation Monitoring Log 4. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Agency Head (CEO) 2. Superintendent or Designee (Facility Administrator) 3. Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager) 4. Residents who Reported a Sexual Abuse - none present Findings (By Provision): 115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. WHWH Policy 6.13 (pages 5-6) Retaliation or negative consequences for reporting sexual abuse/harassment or cooperating with sexual abuse/harassment investigations is not tolerated and results in disciplinary action up to and including termination. All staff members are required to report immediately and according to

WHWH policy retaliation against child/youth who reported sexual abuse or sexual harassment. Staff members have a duty to and must also report staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

115.367 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The CEO stated the PREA Compliance Manager keeps an updated retaliation log. The agency complies with all PREA policies, and they abide by the WHWH Zero-Tolerance Policy. Their past history, current charges, along with other deciding factors tells the PREA Compliance Manager how they need to be housed. Victims and perpetrators are not roomed together. The agency has a MOU with "A Kid's Place" Child Advocacy Center if external emotional support services are needed or requested.

The Facility Administrator described the different measures that would be taken to protect residents and staff from retaliation. The facility maintains a retaliation log for a minimum of 90 days following an allegation. Monitoring includes youth behavior, staff reports, and observations.

The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager). The PREA Compliance Manager stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations. When a resident makes a sexual abuse or sexual harassment allegation, after they have called CPS, it is reported to their case manager and therapist. They will then be moved to another dorm room. It's then recorded in the retaliation log and she, the Facility Administrator, and all Assistant Facility Administrators will continue to monitor the youth for any kind of retaliation from the allegation. She confirmed she initiates daily contact with residents who have reported sexual abuse and has day to day contact.

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

115.367 (c)

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

- The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial

monitoring indicates a continuing need.

- The number of times an incident of retaliation occurred in the past 12 months: 0

WHWH Policy 6.13 (page 6) For a period of ninety (90) days following a report, the Executive Director appoints a staff member on site to monitor the treatment of the child/youth or staff that made a report, and the child/youth who was reported to be abused, to identify attempts at retaliation or negative consequences and acts immediately to remedy any such actions. Monitoring includes, but is not limited to:

- Child/youth disciplinary reports or room changes
- Negative performance reviews or staff reassignments
- Periodic status checks of child/youth

Wayne Halfway House, Inc. continues monitoring beyond ninety (90) days if evidence indicates a continued need.

The Facility Administrator stated measures she would take when she suspects retaliation. There is zero tolerance for retaliation and leadership will take appropriate measures to address retaliation through accountability and programming.

The PREA Compliance Manager stated things she looks for to detect possible retaliation. Residents may experience mood changes or behavioral changes, social isolation, and act aggressively toward other residents and staff.

115.367 (d)

WHWH Policy 6.13 (page 6) Monitoring will include periodic status checks of child/youth.

The PREA Compliance Manager stated monitoring in the form of periodic status checks occurs for at least 90 days and longer if needed.

The auditor reviewed the Retaliation Monitoring Log form to verify retaliation monitoring would be documented according to the standard requirements. The log for the 12-month audit period included entries for 3 allegations. The auditor observed the log indicated actions taken such as separation or staff termination and includes monitoring at least every 30 days for 90 days or longer.

115.367 (e)

WHWH Policy 6.13 (page 6) If any individual involved in a report expresses fear of retaliation, Wayne Halfway House, Inc. takes appropriate measures to protect that individual.

The CEO stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes educating residents on reporting and their rights. If a staff member is found to be involved in any retaliation, they will be terminated immediately.

The Facility Administrator stated if an individual who cooperates with an investigation expresses a fear of retaliation, monitoring would occur for a minimum

	of 90 days following an allegation. 115.367 (f) WHWH Policy 6.13 (page 6) Wayne Halfway House, Inc.'s responsibility to monitor terminates if the allegation is unfounded. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Superintendent or Designee (Facility Administrator) Findings: PAQ: Wayne Halfway House does not use isolation. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 The Facility Administrator confirmed the facility does not use segregated housing in this manner. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.4: Abuse Reporting
2. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS Policy 14.25: Special Child Protective Services Investigations
4. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
5. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. PREA Coordinator
3. PREA Compliance Manager
4. Investigative Staff (DCS)
5. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.371 (a)

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

WHWH Policy 6.13 (page 10) DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment.

The DCS investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed she handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. She begins by interviewing the individual who reported the allegation.

The auditor reviewed 5 reports of sexual abuse and harassment allegations, including full investigative reports with findings. There were 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 unfounded allegation of staff-on-resident sexual abuse, 1 unsubstantiated allegation of resident-on-resident sexual harassment, and 1 unfounded allegation of resident-on-resident sexual harassment.

115.371 (b)

Mountain View Academy does not conduct criminal investigations.

DCS investigators receive specialized training in sexual abuse investigations involving juveniles.

The DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through

classroom and computer-based training. She confirmed she received the training.

115.371 (c)

The DCS Investigator gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator.

The DCS investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. She then travels to the facility to review any video footage that may be available, and conducts interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence she would be responsible for gathering in an investigation of an incident of sexual abuse would include video footage, interviews, statements, third-party information, etc.

The auditor reviewed 5 reports of sexual abuse and harassment allegations, including full investigative reports with findings.

115.371 (d)

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

The DCS investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The DCS investigator confirmed when she discovers evidence that a prosecutable crime may have taken place, she consults with prosecutors before conducting compelled interviews.

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She stated under no circumstance, does she require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

During the onsite phase of the audit, there were 2 residents identified who reported a sexual abuse or sexual harassment allegation. One of the residents chose not to be interviewed. The resident who was interviewed made 1 unfounded allegation of staff-on-resident sexual abuse. The resident stated he was not required to submit to a polygraph examination or truth telling device.

115.371 (g)

The DCS investigator stated the efforts she makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DCS PREA Coordinator. She confirmed she documents administrative investigations in

written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h)

The DCS investigator confirmed criminal investigations documented. The investigations are documented in the appropriate TFACTS incident reporting section.

There were no criminal investigation reports.

115.371 (i)

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

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

The DCS investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

115.371 (j)

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

WHWH Policy 6.13 (page 12) A copy of any documentation submitted or received by Wayne Halfway House, Inc. pertaining to investigation of alleged sexual assault or sexual harassment will be retained by Wayne Halfway House, Inc. for:

- a. A period of no less than the last day of employment of an allegedly perpetrating employee, plus five (5) years, or
- b. Seven (7) years after the resident's twenty-second (22nd) birthday. Records may be maintained either as hard copy or electronically.

The auditor reviewed 5 reports of sexual abuse and harassment allegations, including full investigative reports with findings.

115.371 (k)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The DCS investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (m)

WHWH Policy 6.13 (page 11) Wayne Halfway House, Inc. and its employees cooperate with outside investigators, and the Executive Director endeavors to remain informed about the progress of the investigation. Documentation of each attempt to remain informed is kept in the child/youth's file with the Sexual Abuse Incident Review form and associated documents (see section H of this policy/procedure).

	The Facility Director stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. Investigators communicate with leadership and the PREA Compliance Manager, through email, in-person visits, and documentation of outcomes. The PREA Coordinator stated the investigating agency submits notification of outcome to the facility and PREA Compliance Manager. Facilities communicate findings to the PREA Coordinator and VP of Policy and Compliance. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Interview with DCS Investigative Staff Site Review Observations: Observations during on-site review of physical plant Findings: PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602. The DCS investigator confirmed she refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment. Conclusion:

	Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Juvenile Notification of Investigation Outcome Form 4. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Superintendent or Designee (Facility Administrator) 2. Investigative Staff (DCS) 3. Residents who Reported a Sexual Abuse Findings (by provision): 115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A The Facility Administrator confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The DCS Investigator stated she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an

investigation.

115.373 (b)

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

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 3 (The PAQ included sexual harassment allegations.)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 2 (The PAQ was completed prior to receiving outcome of a pending investigation.)

WHWH Policy 6.13 (page 11) Child Protective Services notifies the Department of Children's Services Family Services Worker and the Head of Security of the outcome of the investigation. If necessary, the Head of Security requests the relevant information from Child Protective Services in order to inform the child/youth. When the Head of Security learns the outcome of the investigation, the Head of Security or his/her designee informs the alleged victim directly as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.373 (c)

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

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

WHWH Policy 6.13 (page 11) Following a child/youth's allegation that a staff member has committed sexual abuse against the child/youth, Wayne Halfway House, Inc. subsequently informs the child/youth (unless Child Protective Services has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer posted within the child/youth's unit (during the investigation, the staff member is not in any area with the child/youth without being directly supervised);
- b. The staff member is no longer employed at the facility;
- c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

	There were 2 unsubstantiated complaints and 1 unfounded complaint of sexual abuse committed by a staff member against a resident in the past 12 months. The auditor reviewed 2 Juvenile Notification of Investigation Outcome Forms and observed the residents were informed of the standard provision requirements. 115.373 (d) PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. WHWH Policy 6.13 (page 11) Following a child/youth's allegation that s/he has been sexually abused by another child/youth, Wayne Halfway House, Inc. subsequently informs the alleged victim whenever: a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor reviewed the Juvenile Notification of Investigation Outcome Form for verification notifications to residents includes the standard provision requirements. 115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented. WHWH Policy 6.13 (page 12) Documentation of notifications shall be provided and maintained in the resident's file on a page or pages following the applicable Serious Incident Report. The auditor reviewed 2 documented notifications using the Juvenile Notification of Investigation Outcome Form. 115.373 (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Mountain View Academy Pre-Audit Questionnaire responses

Findings (by provision):

115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

WHWH Policy 6.13 (page 1) Failure by any staff member to follow the related procedures will result in disciplinary action up to and including termination.

115.376 (b)

PAQ: In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 (The PAQ indicates 1 allegation was pending outcome of investigation. That allegation was determined to be unfounded.)
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: N/A

WHWH Policy 6.13 (page 1) Any employee, contractor, or volunteer who is found to have perpetrated or participated in sexual abuse, assault, misconduct, rape, harassment of a resident, or harassment of a witness to these acts, will be terminated.

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

WHWH Policy 6.13 (page 1) Sanctions for violations (other than engaging in sexual abuse or any other criminal sexual act) will be determined by the employee's supervisor in consultation with the Executive Director, or solely by the Executive Director commensurate with the nature and circumstances of the acts committed or omitted, the staff member's disciplinary history, and the sanctions imposed for

	comparable offenses by other staff members with similar histories. 115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 WHWH Policy 6.13 (page 1) Any employee, contractor, or volunteer who engages in sexual abuse of any type will be reported to law enforcement agencies, the Department of Children’s Services, and any other licensing agencies. Any further contact with current or future child/youth of Wayne Halfway House, Inc. programs by such person is prohibited. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Interview: 1. Superintendent or Designee (Facility Administrator) Findings (by provision): 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any

	contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. WHWH Policy 6.13 (page 1) Any employee, contractor, or volunteer who is found to have perpetrated or participated in sexual abuse, assault, misconduct, rape, harassment of a child/youth, or harassment of a witness to these acts, will be terminated. Any employee, contractor, or volunteer who engages in sexual abuse of any type will be reported to law enforcement agencies, the Department of Children's Services, and any other licensing agencies. Any further contact with current or future child/youth of Wayne Halfway House, Inc. programs by such person is prohibited. 115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor interviewed the Facility Administrator. The Facility Administrator stated the facility would take remedial measures and prohibit further contact with residents. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. WHWH Policy 8.5: Disciplinary Reports 3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. Mountain View Academy Pre-Audit Questionnaire responses Interviews:

1. Superintendent or Designee (Facility Administrator)

Findings (by provision):

115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

WHWH Policy 8.5 (page 2) Sanctions imposed upon residents as a result of a disciplinary offense are in relation to the seriousness of the offense and uniform in application. Before sanctions are imposed on any resident, they are notified of the sanction and, in the case of major write-ups, are given the opportunity to explain the behavior that led to the write-up.

115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

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

Mountain View Academy does not use isolation as a disciplinary sanction. The Facility Administrator stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would be determined by the disciplinary process. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the

residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories.

115.378 (c)

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

The Facility Administrator stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

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

WHWH Policy 6.13 (page 10) If a child/youth remains in program after being found by DCS investigation to have committed sexual abuse or sexual harassment, s/he is referred for a mental health evaluation within 60 days of learning of such abuse history. S/he is offered the opportunity to participate in and cooperate with counseling or therapy recommended by the mental health practitioner to address and correct underlying reasons or motivation for abuse, as well as to establish and carry out a safety plan. Should s/he refuse to participate in and cooperate with such services, s/he is subject to recommendation for termination from any Wayne Halfway House, Inc. program.

If a child/youth remains in program after being found by DCS investigation to have committed sexual abuse or sexual harassment, and s/he is to receive sanctions for his/her behavior, refer to WHWH Policy and Procedures 8.5 Disciplinary Reports which states, "When determining sanctions, the following factors shall be considered.... Whether a child/youth's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed."

115.378 (e)

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

WHWH Policy 6.13 (page 10) Wayne Halfway House, Inc. disciplines a child/youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if

	an investigation does not establish evidence sufficient to substantiate the allegation. WHWH Policy 6.13 (page 7) A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action. 115.378 (g) PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Treatment Notes 4. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening Findings (by provision): 115.381 (a) PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required

services.

In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100% (10 residents)

WHWH Policy 6.13 (page 3) If further screening or assessments indicate that a child/youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff ensures that the child/youth is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

The intake staff responsible for risk screening (Clinical Director) confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

The auditor reviewed 3 documented mental health treatment notes for residents who disclosed prior victimization during risk screening, for the 12-month audit period. The notes indicate compliance with the standard provision requirement. Additionally, during the onsite audit, 2 residents were identified as reporting prior sexual victimization during risk screening. One of the residents stated he was offered a meeting with a mental health care practitioner within 14 days. The other resident denied prior sexual victimization. The auditor reviewed the mental health treatment notes for both residents and observed they were offered a meeting with a mental health care practitioner within 14 days.

115.381 (b)

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

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

WHWH Policy 6.13 (page 3) If the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, designated staff ensure that the child/youth is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.

The Clinical Director confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

	115.381 (c) PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The interviews with medical staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments. The auditor observed that medical information is securely maintained in the medical department. Mental health records are maintained by the therapists. Medical and mental health staff have access to the records. 115.381 (d) PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. The Nurse stated informed consent is required for residents 18 and older. The Clinical Director stated staff have a duty to report regardless of age. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Mountain View Academy Pre-Audit Questionnaire responses Interviews: 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders Site Review Observations: Observations during on-site review of physical plant

Findings (By Provision):**115.382 (a)**

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

WHWH Policy 6.13 (page 9) Wayne Halfway House, Inc. offers prompt and appropriate medical and mental health evaluations and, as appropriate, treatment to all child/youth who have been victimized by sexual abuse in any jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, 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. The victim is offered medical and mental health services consistent with the community level of care.

The auditor interviewed medical and mental health staff. The Nurse and Clinical Director stated resident victims of sexual abuse receive immediate, unimpeded access to emergency medical treatment and crisis intervention services the nature and scope of these services would be determined according to their professional judgement.

The auditor contacted A Kid's Place. Services would be available to resident victims of sexual abuse at the facility and through the Our Kids Center in Nashville.

There were 2 residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment. One resident requested not be interviewed. The second resident stated no emergency medical treatment or crisis intervention services were required.

115.382 (b)

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Staff were knowledgeable of their first responder duties. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely

	information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. WHWH Policy 6.13 (pages 9-10) If the victim remains in the program, counseling and other services are provided, to include but not necessarily be limited to: a. Staff provide emotional support to the child/youth with the forensic medical exam process and investigation interviews. b. Wayne Halfway House, Inc. develops a safety action plan that includes a review/adjustment, if necessary, of appropriate housing, bed, program, education, and work assignments to keep the child/youth safe and free from sexual abuse. c. An assessment by a mental health professional. d. Mental health counseling as needed. e. Follow-up services and referrals, as applicable, for continued care following transfer to, or placement in other facilities, or release from custody. f. Unimpeded access to emergency medical treatment and crisis intervention services. g. Timely information about and timely access to tests for sexually transmitted infections, as medically appropriate. Medical and mental health staff confirmed victims of sexual abuse would be offered timely information about access to sexually transmitted infection prophylaxis. 115.382 (d) PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. WHWH Policy 6.13 (page 10) Treatment services shall be without financial cost to the victim. No child/youth is denied access to treatment resources and/or services for failing to fully disclose details to internal investigators, outside law enforcement investigators, and/or medical/mental health staff. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

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

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

WHWH Policy 6.13 (page 9) Wayne Halfway House, Inc. offers prompt and appropriate medical and mental health evaluations and, as appropriate, treatment to all child/youth who have been victimized by sexual abuse in any jail, lockup, or juvenile facility.

The auditor observed medical facilities during the site review. Additionally, services are available through A Kid's Place Child Advocacy Center, and the Our Kids Center.

115.383 (b)

WHWH Policy 6.13 (page 9) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The medical and mental health staff stated evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. They would be provided STD treatment, injuries would be treated, and individual and family counseling would be provided.

There were 2 residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment. One resident requested not be interviewed. The second resident stated no follow-up services were required.

115.383 (c)

WHWH Policy 6.13 (page 9) The victim shall be offered medical and mental health services consistent with the community level of care.

The Nurse and Clinical Director stated medical and mental health services are consistent with the community level of care.

115.383 (d) N/A Mountain View Academy is an all-male facility.

115.383 (e) N/A Mountain View Academy is an all-male facility.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

WHWH Policy 6.13 (pages 9-10) If the victim remains in the program, counseling and other services will be provided, to include but not necessarily be limited to: Timely information about and timely access to tests for sexually transmitted infections, are offered as medically appropriate.

Medical staff confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WHWH Policy 6.13 (page 10) Treatment services shall be without financial cost to the victim.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

WHWH Policy 6.13 (page 10) If a child/youth remains in program after being found by DCS investigation to have committed sexual abuse or sexual harassment, s/he is referred for a mental health evaluation within 60 days of learning of such abuse history. S/he is offered the opportunity to participate in and cooperate with counseling or therapy recommended by the mental health practitioner to address and correct underlying reasons or motivation for abuse, as well as to establish and carry out a safety plan. Should s/he refuse to participate in and cooperate with such services, s/he is subject to recommendation for termination from any Wayne Halfway House, Inc. program.

The Clinical Director confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate. The evaluation would be offered immediately.

Conclusion:

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

	determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Sexual Abuse Incident Review Form 4. Mountain View Academy Pre-Audit Questionnaire responses Document (Corrective Action): 1. Sexual Abuse Incident Review Plan dated August 19, 2024 Interviews: 1. Superintendent or Designee (Facility Administrator) 2. PREA Compliance Manager 3. Incident Review Team Findings (by provision): 115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0 (The PAQ incorrectly states 0. The correct number is 2.) WHWH Policy 6.13 (page 12) Wayne Halfway House, Inc. conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation involving a PREA-related incident, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. There were 2 unsubstantiated allegations of staff-on-resident sexual abuse. Sexual abuse incident reviews were not conducted. Through corrective action, the agency provided a plan of action dated August 19, 2024. The pan details the agency's policy regarding sexual abuse incident reviews and includes the form that would be used to document the reviews.

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

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

WHWH Policy 6.13 (page 12) The review occurs within thirty (30) days of the close of every sexual abuse investigation and Wayne Halfway House, Inc. notification by DCS of the close of the investigation involving a PREA-related incident, unless the outcome was unfounded. As specified in policy and procedure, the Executive Director, or his/her designated staff member in charge of the Sexual Abuse Incident Review endeavors to remain informed about the progress of the investigation.

Documentation of each attempt to remain informed is kept in the child/youth’s file with the Sexual Abuse Incident Review form and documents.

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

WHWH Policy 6.13 (page 13) The review team consists of management level staff/designees, as applicable, with input from line supervisors, investigators, and medical and/or mental health practitioners.

The Facility Administrator confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

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

WHWH Policy 6.13 (page 13) The review team will:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- b. Consider whether the incident was motivated by:
 - Race
 - Ethnicity
 - Gender identity
 - Gay, bisexual, transgender (LGBT) or intersex identification, status, or perceived status, or
 - Gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility
- c. Examine the area in the facility where the incident allegedly occurred and assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;

	e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; f. Completes form CS-1123 PREA – Sexual Abuse Critical Incident Review to include determinations; and g. Prepare a report of its findings and any recommendations for improvement and submit the report to the Executive Director, the PREA Compliance Manager, and DCS as required. The PREA Coordinator stated she is a member of the sexual abuse incident review team. Additionally, the Facility Administrator reported she is a part of the sexual abuse incident review team. She stated the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. She stated the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements. 115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. WHWH Policy 6.13 (page 13) Wayne Halfway House, Inc. implements the recommendations or documents reasons for not doing so and provides this information to the Department of Children’s Services as required. The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements. Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. Corrective action is complete. 115.386 (a) Sexual abuse incident reviews are required for all substantiated and unsubstantiated allegations of sexual abuse. A plan of action for completing sexual abuse incident reviews was developed August 19, 2024. The plan details the agency's policy regarding sexual abuse incident reviews and includes the form that would be used to document the reviews.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. 2020-2022 Aggregated PREA Data
4. 2022 Annual Report
5. Mountain View Academy Pre-Audit Questionnaire responses

Findings (by provision):

115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

WHWH Policy 6.13 (pages 17-18) Wayne Halfway House, Inc. collects accurate, uniform data for every allegation of sexual abuse at its facility and from each of its subcontractors using Serious Incident Reports, the Sexual Abuse Incident Review form, and the State of Tennessee Department of Children's Services Survey of Alleged PREA Incidents. The full set of definitions from DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA) is included in the glossary at the end of these procedures.

115.387 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed data aggregated from 2020-2022 is included in the 2022 annual report.

115.387 (c)

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

WHWH Policy 6.13 (page 18) The PREA Coordinator records, maintains, reviews, and collects data using the SSV Data Collection Form Wayne Halfway House, Inc., which contains definitions of terms necessary to accurately complete the form. The form includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. If the Survey of Sexual Violence form is updated from year to year, the SSV Data Collection Form Wayne Halfway House, Inc. is changed to include data necessary to

	complete the updated form. The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification the instrument includes the data necessary to answer all questions from the SSV. 115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. WHWH Policy 6.13 (page 18) PREA Compliance Managers at each facility maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The auditor reviewed 5 reports of sexual abuse and harassment allegations, including full investigative reports with findings. There were 2 unsubstantiated allegations of staff-on-resident sexual abuse, 1 unfounded allegation of staff-on-resident sexual abuse, 1 unsubstantiated allegation of resident-on-resident sexual harassment, and 1 unfounded allegation of resident-on-resident sexual harassment. 115.387 (e) Wayne Halfway House Inc. does not contract with other facilities for the confinement of its residents. 115.387 (f) N/A The agency was not requested to provide the Department of Justice (DOJ) with data from the previous calendar year. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. 2022 Annual Report

4. Mountain View Academy Pre-Audit Questionnaire responses

Interviews:

1. Agency Head (CEO)
2. PREA Coordinator
3. PREA Compliance Manager

Findings (by provision):

115.388 (a)

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

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

WHWH Policy 6.13 (page 18) Wayne Halfway House, Inc. reviews data collected and aggregated pursuant to PREA Standards § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis;
- Preparing an annual report of its findings and corrective actions for the agency.

The CEO and PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

The PREA Coordinator stated there are weekly compliance meetings, monthly reporting, quarterly PQI meetings, and oversight on each PREA incident by the compliance department and Vice President of Policy and Compliance.

The auditor observed the 2022 annual report is published on the agency's website at: <https://www.waynehalfwayhouse.com>. The annual report is inclusive of the standard provision requirements.

115.388 (b)

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

The auditor observed the 2022 annual report includes a comparison of the current year's data and corrective actions with those from prior years. Additionally, the annual report provides an assessment of the agency's progress in addressing sexual abuse.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least

	annually through its website. The annual reports are approved by the agency head. WHWH Policy 6.13 (page 19) Wayne Halfway House, Inc.'s reports are approved by the DCS Commissioner/designee and the Wayne Halfway House, Inc. Executive Director/designee and made readily available to the public through inclusion in the Performance and Quality Improvement Annual Report and the Wayne Halfway House, Inc. website. The auditor observed the published annual reports at: https://www.waynehalfwayhouse.com. The annual report is approved by the CEO. 115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. WHWH Policy 6.13 (page 19) Wayne Halfway House, Inc. may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but will indicate the nature of the material redacted. The auditor reviewed the 2022 annual report and observed no identifying information. The report indicates the nature of material redacted. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. WHWH Policy 6.13: Zero-Tolerance Standards and Guidelines for Sexual Harassment, Assault or Rape Incidents and PREA 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. 2022 Annual Report 4. Mountain View Academy Pre-Audit Questionnaire responses

Interview:

1. PREA Coordinator

Findings (by provision):**115.389 (a)**

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

WHWH Policy 6.13 (page 19) Wayne Halfway House, Inc. will ensure that data collected pursuant to PREA Standards § 115.387 are securely retained.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained. The agency has a data collection department, she reviews the data, and completes an annual report.

115.389 (b)

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

The auditor observed the 2022 annual report is published on the agency's website at: <https://www.waynehalfwayhouse.com>.

115.389 (c)

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

WHWH Policy 6.13 (page 19) Before making aggregated sexual abuse data publicly available, Wayne Halfway House, Inc. will remove all personal identifiers.

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

115.389 (d)

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

WHWH Policy 6.13 (page 19) Wayne Halfway House, Inc. will maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Mountain View Academy Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, Wayne halfway House, Inc. ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. The auditor was given access to, and the ability to observe, all areas of Mountain View Academy. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Mountain View Academy Pre-Audit Questionnaire (PAQ) 2. Policy Review

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| | <ul style="list-style-type: none">3. Documentation Review4. Interviews5. Observations during onsite review of facility |
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Findings:

All final Wayne halfway House, inc. PREA Audit Reports are published on the agency's website at: <https://www.waynehalfwayhouse.com/resources>. The auditor observed the Mountain View Academy 2021 facility PREA audit report is published on the agency's website.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

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

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

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

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

	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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

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

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

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

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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is 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 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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

	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

	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