

PREA Facility Audit Report: Final

Name of Facility: Arise Youth Center East

Facility Type: Juvenile

Date Interim Report Submitted: 01/06/2026

Date Final Report Submitted: 03/30/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Candace L. Snyder	Date of Signature: 03/30/2026

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	snyder@gwtc.net
Start Date of On-Site Audit:	11/18/2025
End Date of On-Site Audit:	11/19/2025

FACILITY INFORMATION	
Facility name:	Arise Youth Center East
Facility physical address:	621 East Presentation Street, Sioux Falls, South Dakota - 57104
Facility mailing address:	5353 Homestead St, Rapid City, South Dakota - 57703

Primary Contact

Name:	Donald Stoelting
Email Address:	donstoelting@icloud.com
Telephone Number:	4067815411

Superintendent/Director/Administrator	
Name:	Kelli Mork
Email Address:	kelli.mork@lsssd.org
Telephone Number:	605-413-8514

Facility PREA Compliance Manager	
Name:	Stacy Goss
Email Address:	stacy.goss@lsssd.org
Telephone Number:	605-221-2397

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	9
Average daily population for the past 12 months:	9
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	10-17
Facility security levels/resident custody levels:	Staff Secured
Number of staff currently employed at the	19

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Lutheran Social Services of South Dakota
Governing authority or parent agency (if applicable):	
Physical Address:	705 East 41st Street, Suite 200, Sioux Falls, South Dakota - 57105
Mailing Address:	
Telephone number:	6057161837

Agency Chief Executive Officer Information:	
Name:	Rebecca Kiesow Knudsen
Email Address:	Rebecca.Knudsen@lsssd.org
Telephone Number:	605-444-7561

Agency-Wide PREA Coordinator Information			
Name:	Donald Stoelting	Email Address:	donald.stoelting@lsssd.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

2

- 115.317 - Hiring and promotion decisions
- 115.386 - Sexual abuse incident reviews

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-11-18
2. End date of the onsite portion of the audit:	2025-11-19

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Compass Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	9
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	7
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>18</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	Interviewed all residents in the facility during the on-site portion of the audit.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all residents in the facility during the on-site portion of the audit.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	Interviewed all residents in the facility during the on-site portion of the audit. There were 7 residents present.
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>

<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>

<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed investigative documents, which corroborated that there were no residents with this characteristic to be interviewed.</p>

<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff present at the facility and reviewed all screening documents of residents present, which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed all residents and staff at the facility and reviewed other documents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>The auditor interviewed all staff present during all shifts while the audit was on-site.</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>5</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. 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.

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

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.

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>0</p>
---	----------

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	4	2
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	4	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
--	---

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. 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	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Agency Leadership chart 2025 4. East Compliance Manager chart <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. PREA Coordinator 3. Program Director 4. PREA Compliance Manager, Associate Director 5. 9 random staff 6. 7 random residents <p>The Lutheran Social Services of South Dakota Arise Youth Center East (LSS Arise East) is a 15-bed juvenile facility in Sioux Falls, South Dakota.</p>

	<p>Findings by Provision:</p> <p>115.311 (a): Zero-Tolerance Policy</p> <p>The LSS Arise East PREA Policy opening policy statement affirms, “LSS holds a zero-tolerance policy relating to sexual harassment/assault/rape of a resident (§ 115:311). LSS will cooperate in the investigation of anyone involved in sexual assault or rape of a resident in an LSS facility. LSS will administratively investigate allegations of sexual harassment of a resident in an LSS facility if those allegations do not fall under the jurisdiction of Child Protection Services or law enforcement. This policy shall be followed in conjunction with policy Staff and Agency Reporting Duties and mandatory child abuse reporting requirements (§ 115:361).”</p> <p>115.311(b): PREA Coordinator</p> <p>The PREA Coordinator holds the position of Quality Assurance Coordinator, is a member of the executive staff, and therefore has the authority to develop and oversee the efforts of LSS Arise East to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The LSS PREA Coordinator is knowledgeable as to his role and stated he has enough time to manage all of his PREA-related responsibilities. He stated that if he has an issue with complying with a PREA standard his response to gain compliance would depend on what specific standard was the issue. He would confer with the leadership staff most related to that specific issue. For example, he would work with the Associate Vice President for staffing related issues.</p> <p>115.311(c): PREA Compliance Manager</p> <p>The PREA Compliance Manager holds the position of Associate Director of the LSS Arise East facility and she stated she works with the PREA Coordinator and the Program Director to ensure that they are maintaining PREA compliance within the facility and to get back on track if something has waned.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the organization chart, and interviews with the LSS of South Dakota Vice President Program Operations, the PREA Coordinator, the Program Director, and the facility Associate Director/PREA Compliance Manager, random staff, and random residents. All staff and residents were knowledgeable of the zero-tolerance policy.</p>
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p>

	<ol style="list-style-type: none"> 1. Vice President, Program Operations 2. PREA Coordinator <p>Findings by Provision: 115.312 (a) and (b): Contracts for confinement of residents comply with PREA; Contracts provide for contract monitoring to ensure compliance The LSS Arise East facility does not contract for the confinement of residents with an outside entity.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and interviews with the Vice President, Program Operations and the PREA Coordinator.</p>
--	--

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Organizational Chart 4. Staff schedule 5. Facility & Staffing Level Assessment 6. Description of Services for Residential Centers 7. Arise East Drop-Ins 2025 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Coordinator 3. Associate Director/PREA Compliance Manager <p>Findings by Provision: 115.313 (a) Staffing Plan; and (b) Document deviations Compliance Determination: The auditor reviewed the PREA Policy, reviewed the Organization Chart, verified the staffing levels through the schedule that was provided, verified through direct observation and monitoring cameras while on the facility tour and throughout the onsite audit. The auditor had informal conversations and made observations about resident supervision. The storage doors were locked, and the facility practices and procedures ensure staff and residents are not in a one-on-one situation off camera. The auditor reviewed PREA Policy in the Prevention Planning paragraph which states that LSS ensures that each facility it operates is in compliance with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse (§ 115:313). Prevention Planning paragraph (a) states that LSS will comply with the staffing plan except during limited and discrete exigent circumstances and shall</p>

fully document deviations from the plan during such circumstances. In reviewing the Description of Services for Residential Centers it states that in the event that the facility is not able to maintain prescribed ratio due to exigent circumstances, an internal agency Incident Report will be completed by the Program Director/Manager or designee. The incident report will outline the period of time where ratio was not maintained, the reasons why, and what steps were taken to come into compliance as quickly as possible.

115.313 (c) Staff ratios

Compliance Determination: The auditor reviewed the PREA Policy in the Prevention Planning paragraph (b) which states that each residential/group facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. The auditor discussed this with the Program Director who stated that there have been no deviations from the staffing plan. If a shift has someone who has called in or is late for shift, the on-shift staff must stay until a replacement is available. They notify the on-call who has to find a replacement or come in. Staff who have unexcused absences or late for shifts have to sign a Corrective Action Plan (CAP). The annual Facility & Staffing Level Assessment indicated that they have four part-time staff that can be utilized to help maintain staffing ratios. They will also utilize the on-call staff or administrative staff if necessary.

115.313 (d) Annual Review

Compliance Determination: The auditor reviewed the PREA Policy in the Prevention Planning paragraph (c) which states that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section; prevailing staffing patterns; and the facility's deployment of video monitoring systems and other monitoring technologies. The auditor reviewed the Facility & Staffing Level Assessment completed by the Associate Director on October 22, 2025, that reviews items such as lighting and cameras, blind spots, physical layout, supervision of juveniles, and a check to ensure all incident reviews were conducted within 30 days. The auditor also reviewed the Drop-in policy that outlines the facility's supervision procedures to include how to meet staff-to-youth ratios to include when additional staff supervision is needed, including the on-call order. The auditor did discuss and recommend including other information in their staffing plan

115.313 (e) Unannounced Rounds

Compliance Determination: The auditor reviewed the drop-in policy in the Description of Services for Residential Centers which states that unannounced drop in visits will be conducted by Program Directors or designees according to established drop in procedures. Staff are prohibited from alerting other staff/units of the unannounced visit. Unannounced visits may be in person or via remote video camera access. In person drop in visits will be documented in the appropriate log. The auditor reviewed the drop-in logs for January through September. There were

	<p>two to six entries per month with most entries drop in visits and a few were monitoring cameras. The monthly average of drop-ins is three per month. It includes all times of day, and they are conducted by the Program Manager, the Associate Director and the Case Manager.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds and watching staff monitor the facility both in person and video monitoring at the control desk, through a review of the pre-audit questionnaire, interviews with the PREA Coordinator, the Program Director, and the Associate Director/PREA Compliance Manager, and through random interviews with staff and residents. In informal conversations with residents, they stated they felt safe here and that the managers conduct rounds regularly.</p>
--	---

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Description of Services for Residential Centers <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director 3. 9 random staff 4. 7 random residents <p>Findings by Provision:</p> <p>115.315 (a) No Cross Gender strip searches or cross-gender visual body cavity searches Compliance Determination: The auditor interviewed administrators, random staff and random residents who confirmed that the facility prohibits all cross-gender strip searches or cross-gender visual body cavity searches.</p> <p>115.315 (b) No Cross-Gender pat-down searches of female residents Compliance Determination: The auditor reviewed PREA Policy in the Limits to Cross-Gender Viewing and Searches paragraph which states that staff are prohibited from completing a pat search. The auditor verified while on the tour and in reviewing the staff and resident rosters that there are both male and female residents at this facility and both male and female staff are on duty. The auditor interviewed random staff and random residents who all consistently stated that the agency prohibits all pat-down searches. A law enforcement officer will conduct a pat</p>

search in the entry way, within camera view when the resident first arrives to the facility. The facility staff do not conduct any type of search with the exception of a wand search or having youth empty their pockets, flip their hair up, or remove outerwear such as coats or sweaters.

115.315 (c): Document Cross-Gender Searches

Compliance Determination: The auditor interviewed the Program Director who stated that the agency prohibits cross gender searches of any kind and all strip searches. However, if a cross-gender pat-down search was to occur in an exigent circumstance, it will be reported to a supervisor and documented in an incident report. The auditor spoke with residents, and they stated that the only type of search is when the staff have them empty their pockets, search their belongings, and wand them. This was also confirmed through conversations with staff.

115.315 (d) Policies and Procedures for showers, bodily functions, and changing clothing

Compliance Determination: The auditor conducted a tour of the facility and interviewed administrators, random staff and random residents. The residents have private, single room restrooms and showers. The procedures are that the staff unlock the door, the resident enters, the staff writes their name and the time entered on a form attached to the outside of the door. If the staff feels the youth is taking too long, they will knock on the door and get a verbal statement that they are okay. If the staff feels there is an issue, a staff of the same gender will enter the restroom after knocking and announcing that they are entering. Residents are only allowed to change clothing within the restroom. Residents are never in a state of undress outside of the restroom.

The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of the restroom procedures while on the tour, through a review of the pre-audit questionnaire, interviews with the PREA Coordinator, the Program Director, the Associate Director/PREA Compliance Manager, and through random interviews with staff and residents. The auditor reviewed the camera coverage to verify there is no camera in an area where residents might be in a state of undress. The auditor had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire

2. PREA Policy
3. Interpretation Services posters
4. LSSSD website

Interviews Conducted:

1. Vice President, Program Operations
2. PREA Coordinator
3. Random Staff

Findings by Provision:

115.316 (a) Residents with disabilities equal opportunity; and (b) Access for residents LEP

Compliance Determination: The auditor reviewed the PREA Policy in the Residents with Disabilities paragraph which states that LSS shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of LSS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (§ 115.316). Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

115.316 (b) Access for residents LEP

Compliance Determination: The auditor reviewed the PREA Policy in the Residents with Disabilities paragraph which states in addition, LSS shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. (An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.)

115.316 (c) Not rely on resident interpreters, readers, or other assistance

Compliance Determination: The auditor reviewed the PREA Policy in the Residents with Disabilities paragraph which states LSS will not use resident interpreters, resident readers, or other types of resident assistance unless there would be an extended delay in waiting in obtaining effective interpreter services and this delay would compromise the safety of the resident, the performance of first responder duties, or the investigation of the resident's allegations.

In addition, the auditor interviewed the Vice President, Program Operations, and random staff who stated that Lutheran Social Services offers multiple services for non-English speaking people in South Dakota, and they would use those services for residents at Arise East as well. The Vice President, Program Operations stated that they can do either a video call or a phone call for interpretation services. The

	<p>auditor verified this by reviewing the LSS of South Dakota website which states that they operate the LSS Center for New Americans which includes services such as the LSS Multicultural Center and the Community Interpreter Services. The LSSSD website https://lsssd.org/services/community-connection/multi-cultural-center.html verifies the services that are available to include written translation, on-site interpretation and interpretation using telephone or conference call. There were no residents within the facility that needed interpretation services. The auditor viewed posters throughout the facility that listed the toll-free number to the LSS Community Interpreter Services number to access interpretation services. The poster included the information in both English and Spanish. Spanish is the non-English language that would most predominantly be encountered at this facility. During staff interviews staff verified that they would not use residents to interpret for other residents when discussing any important, sensitive, or confidential information.</p> <p>The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, and staff.</p>
--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Documentation of background checks for employees and contractors 4. Documentation of checks with prior institutional employers 5. Documentation asking about previous sexual misconduct. <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. Vice President, Human Resources 3. Associate Director <p>Findings by Provision:</p> <p>115.317 (a) Not hire or promote, or enlist contractors who have engaged in sexual misconduct</p> <p>Compliance Determination: The auditor interviewed the Vice President, Program Operations, the Vice President of Human Resources, and the Associate Director, and reviewed personnel files. The files support their statements that they do not hire or promote anyone, or enlist the services of contractors who may have contact with residents, who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community or has been</p>

civily or administratively adjudicated to have engaged in any sexual misconduct. These processes include law enforcement background checks, child and abuse and neglect registry checks, sex offender registry checks, asking the employees and contractors directly before employing their services and annually thereafter, and asking previous institutional employers about any sexual misconduct. The auditor reviewed the PREA Policy in the Hiring and Promotions paragraph which states in section (a) that LSS will not knowingly hire or promote anyone, who may have contact with residents who has been convicted of sexual abuse, or who was terminated or resigned during an investigation of sexual abuse while employed in a prison, jail, lockup community confinement facility, juvenile facility, or other institution. These actions are described in more detail in the following paragraphs.

115.317 (b) Consider sexual harassment incidents when hiring, promoting, or enlisting contractors

Compliance Determination: The auditor reviewed the PREA Policy in the Hiring and Promotions paragraph which states in section (d) that LSS will consider known/disclosed substantiated allegations of sexual harassment when determining hiring and/or promotion decisions of anyone who may have contact with residents. The auditor interviewed the Associate Director who confirmed their compliance with this policy by conducting a reference check with previous institutional employees and a review of a staff member's personnel record and PREA documentation for any incidents of sexual harassment when considering an employee for promotion.

115.317 (c) Criminal Background Checks and Consult Child Abuse Registry before hiring new employees

Compliance Determination: The auditor reviewed the PREA Policy in the first sentence of the first paragraph of the Hiring and Promotions section which states that LSS will perform criminal background record checks on all potential employees as well as consult any child abuse registry maintained by the state or locality in which the employee would work. The auditor interviewed the Associate Director and who stated that the LSS Arise East facility conducts criminal background checks and child abuse and neglect registry checks on applicants before an offer of employment is made and on current employees when they are promoted. In addition, they check with all previous employers about any substantiated sexual misconduct where they were previously employed. The auditor reviewed a random sampling of employee files and found that the necessary background checks and child abuse and neglect registry checks were run for new hires. The auditor also reviewed a random sample of the required reference checks of all prior institutional employers. LSS exceeds this standard in that they ask about any substantiated allegations of sexual abuse or any resignation during a pending investigation of all prior employers - not just institutional employers.

115.317 (d) Criminal Background Checks and Consult Child Abuse Registry before enlisting services of contractors

Compliance Determination: The auditor reviewed the PREA Policy in the Hiring and Promotions paragraph which states in section (e) that LSS will follow these same outlined procedures for any contractors who may have contact with residents. If the contractor is employed by another social service agency, a MOU with that

agency will be in place that includes agreement with PREA Standards and the LSS background check policy. The auditor interviewed the Associate Director who stated that the LSS Arise East facility conducts criminal background checks on contractors and volunteers before their services can be used at the facility if their agency has not previously completed one. The facility utilizes volunteers from Call to Freedom. The auditor interviewed the Manager of Youth and Reentry Case Managers who stated that the previous Case Manager assigned to Arise East is no longer with them. A new Case Manager has been assigned but has not begun providing services to Arise East yet. The manager stated that all case managers have completed criminal background checks as they provide services in prisons, jails, and juvenile facilities and they are very familiar with PREA. The facility utilizes a teacher through the Sioux Falls School District. The auditor verified through South Dakota Codified Law 13-10-12 that each person over eighteen years of age hired by a school district shall submit to a criminal background investigation, by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation.

115.317 (e) Criminal Background Checks every five years

Compliance Determination: The auditor reviewed the PREA Policy in the Hiring and Promotions paragraph which states in section (a) that LSS will conduct criminal background records checks at least every five years and/or upon promotion of current employees. The auditor requested and received a random sample of five employees' criminal background checks. The random sample included some background checks for veteran employees who had the most recent five-year update as well as employees who had the background check run during the hiring process this past year

115.317 (f) Ask applicants and employees annually about previous sexual misconduct

Compliance Determination: The auditor reviewed personnel files, which includes LSS of South Dakota PREA Annual Employment Questionnaire as part of the annual review process that includes the following questions that all employees must answer:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
2. Have you ever 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?
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 2 above?
4. Have you ever been civilly or administrative adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment?

The auditor reviewed the PREA Annual Employment Questionnaire form that is used each year to ask current employees about sexual misconduct also states, "If you are

a current LSS employee, you have a continuing, affirmative duty to immediately disclose, to the Program Director, any misconduct that would result in a “yes” answer to any of the four (4) questions above?” The auditor reviewed sample documents for five employees in which these questions have been answered either during the past year as the annual review process or upon hire or promotion if hired or promoted within the last year.

115.317 (g) Omissions or false information regarding sexual misconduct grounds for termination

Compliance Determination: The auditor reviewed the PREA Policy in the Hiring and Promotions paragraph which states in section (b) that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. In addition, the auditor reviewed the PREA Annual Employment Questionnaire form that states that “Providing false or misleading answers to the above questions of failing to disclose any misconduct that would result in a “yes” answer to any of the above questions shall be grounds for termination.” There is an attestation statement that the employee signs and dates that they have provided true and accurate information. In addition, the Self-Attestation form completed during the application process states, “I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application or during the interview process may be considered cause for dismissal”.

115.317 (h) Provide information on substantiated sexual misconduct by former employees

Compliance Determination: The auditor interviewed the Vice President of Human Resources who stated that they provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from another confinement facility.

The auditor determined compliance with this standard through a review of the policies, a review of human resources forms used in the hiring and employment processes. The auditor selected a random sample of five employee personnel files and found the necessary documents to substantiate compliance with this standard. The auditor also confirmed these policies and procedures through an interview with the Associate Director and the Vice President of Human Resources. The auditor determined that LSS exceeds this standard, as they also ask about any substantiated allegations of sexual abuse or any resignation during a pending investigation of all prior employers - not just institutional employers.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Facility and Staffing Level Assessment <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. Program Director <p>Findings by Provision:</p> <p>115.318 (a) Consider design or modification on ability to protect residents Compliance Determination: The auditor directly observed the facility and conducted interviews with the Vice President, Program Operations and the Program Director. The facility considers the protection of residents and the standards when contemplating upgrades to the facility or in the application of technology. The LSS Arise East facility has not made any substantial modifications to its building.</p> <p>115.318 (b): Consider how technology may protect residents Compliance Determination: The auditor reviewed video monitoring systems, directly observed the facility, and conducted interviews with the Vice President, Program Operations and the Program Director. The facility considers the protection of residents and the standards when contemplating the application of technology. They have cameras in critical areas and have identified areas in which there are no cameras. They go over this information with all employees, and employees are trained to never enter an area in a one-on-one situation with a youth when there is no camera in that area. The auditor noted in interviews with the Vice President, and the Program Director and in the Facility & Staffing Level Assessment that was conducted in October that they have submitted a request to add a camera above the reception center door that looks onto the residential unit dayroom.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, through a tour of the facility, through viewing the camera locations and a review of PREA policy, and through an interview with the Vice President, Program Operations and the Program Director.</p>
--	--

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative training certificates 4. MOU with the Compass Center <p>Interviews Conducted:</p>

1. Program Coordinator
2. Associate Director/Administrative Investigator
3. PREA Coordinator
4. Compass Center local rape crisis center staff member

Findings by Provision:

115.321 (a) Follow uniform evidence protocol

Compliance Determination: The auditor reviewed the PREA Policy in the Responsive Planning paragraph which states that to the extent that LSS is responsible for cooperating in investigations of allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor interviewed the Associate Director who is one of two administrative investigators at this facility who conduct administrative investigations. The administrative investigators have completed courses from the National Institute of Corrections that emphasize a uniform evidence protocol for collecting physical evidence.

115.321 (b) Evidence protocol adapted “A National Protocol for Sexual Assault Medical Forensic Exams”

Compliance Determination: The auditor interviewed the Program Director who stated that all sexual abuse allegations will be referred to South Dakota Child Protection Services and local law enforcement agency for investigation. They will only complete administrative investigations of a non-criminal nature, typically sexual harassment investigations. All others will be referred unless they are informed by Child Protection Services or law enforcement that they will not be investigating. In these instances, an LSS administrative investigator will use the protocols applicable to their administrative investigation from “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

115.321 (c) Offer victims to forensic medical examinations

Compliance Determination: The auditor reviewed the PREA Policy in the Responsive Planning paragraph (a) which states that LSS will offer all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where medically appropriate. The auditor interviewed the Program Director and the nurse who stated that youth would be transported to the emergency room at the hospital the resident prefers, Avera or Sanford, for the forensic examination. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners at the emergency room. There have been no forensic medical exams conducted during the past 12- month review period. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence.

115.321 (d) Make available to the victim a victim advocate from a rape crisis center

Compliance Determination: The auditor reviewed the PREA Policy in the Responsive Planning paragraph (b) which states that LSS will make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not

available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. The auditor interviewed the Program Director and staff from the Compass Center, the local rape crisis center, who confirmed that Arise East has a Memorandum of Understanding (MOU) with the Compass Center. The auditor reviewed the Compass Center MOU, which states that they will provide an advocate who will provide the residents with information about options and resources and assist them through the criminal/civil justice process. They provide accompaniment and support to the residents through the forensic medical examination and investigatory interview if requested.

115.321 (e) Victim advocate accompanies to forensic exam, interviews, emotional support etc.

Compliance Determination: The auditor interviewed the Program Director who stated that through the MOU with the Compass Center if requested by the victim, the Compass Center will provide volunteer services as a Sexual Assault Victim Advocate for youth placed in the Arise Youth Center/East program. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide confidential emotional support, crisis intervention, information, and referrals. The auditor interviewed the Associate Director/PREA Compliance Manager who confirmed that they would always ask the residents if an advocate can be provided from the Compass Center or Call to Freedom.

115.321 (f) Request investigating agency follow provisions (a)-(e)

Compliance Determination: The auditor interviewed the Program Director and Associate Director/PREA Compliance Manager who stated that they will ensure that local law enforcement investigators follow the requirements of paragraphs (a) through (e) of PREA Standard 115.321.

115.321 (g) Provisions (a)-(e) apply to State and DOJ investigators

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that if in the future there was any other entity who would conduct criminal investigations, they would request those State or Federal entities follow the requirements of paragraphs (a) through (e) of PREA Standard 115.321.

115.321 (h) Qualified agency staff member screened for appropriateness; received education concerning sexual assaults and forensic examinations issues in general

Compliance Determination: The auditor interviewed the Associate Director/PREA Compliance Manager who stated that they would use trained advocates from the Compass Center or Call to Freedom to provide advocacy services.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, and the documentation as stated in each provision above. The auditor also drew on interviews with the Program Director, the Associate Director/PREA Compliance Manager/trained administrative investigator, the PREA Coordinator, and the local rape crisis center.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ol data-bbox="280 385 1391 667" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. PREA allegations and investigative reports 4. Facility Monthly PREA Input Form 5. LSSSD website 6. The South Dakota Guidelines for Judicial Process in Child Abuse and Neglect Cases <p data-bbox="280 707 641 743">Interviews Conducted:</p> <ol data-bbox="280 752 976 824" style="list-style-type: none"> 1. Associate Director/ Administrative Investigator 2. PREA Coordinator <p data-bbox="280 864 635 900">Findings by Provision:</p> <p data-bbox="280 909 1391 981">115.322 (a) Administrative or criminal investigation completed for all allegations</p> <p data-bbox="280 990 1477 1774">Compliance Determination: The auditor reviewed the PREA Policy in the Policies to Ensure Referrals of Allegations for Investigations paragraph which states that LSS will engage in appropriate referrals and follow-up to ensure that an administrative, Child Protection Services, or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. LSS will follow its child abuse reporting policy and procedures as well as incident reporting procedures to ensure all appropriate referrals have been made, reporting is completed, and necessary follow-up is documented on the LSS Incident Report form. If Child Protection Services or law enforcement do not move forward with a criminal investigation, LSS will complete an administrative investigation using the PREA Investigation Report form. Documentation of referrals to Child Protection Services and law enforcement will be included on the LSS Incident Report form by the supervisor on duty or their designee making the referral. The Incident Report form and documentation of referral will be reviewed by the Treatment Team and/or Program Director or their designee the next business day. The auditor interviewed the Associate Director/ PREA Compliance Manager who stated that all sexual abuse cases are reported to Child Protective Services or law enforcement. The auditor reviewed investigative reports and confirmed through documentation that sexual abuse cases are referred as both their policy and the standards require.</p> <p data-bbox="280 1814 1445 1886">115.322 (c) Investigation policy describes responsibilities for conducting criminal investigation</p> <p data-bbox="280 1895 1477 2056">Compliance Determination: The auditor reviewed the Lutheran Social Services of South Dakota website at https://lsssd.org/contact-us/resources-and-disclosures.html which includes their investigative policy. Investigation of suspected sexual abuse and harassment that rise to the level of potential abuse or neglect will be referred to</p>

	<p>Child Protection Services and/or law enforcement. LSS will cooperate in the investigation of anyone involved in sexual assault or harassment of a resident of a LSS facility. LSS will administratively investigate allegations of sexual harassment of a resident in a LSS facility if those allegations do not fall under the jurisdiction of Child Protection Services or law enforcement. This policy shall be followed in conjunction with Staff and Agency Reporting Duties and mandatory child abuse reporting requirements. The PREA Coordinator provided the Facility Monthly PREA Input Form which documents all reported PREA incidents and documents any law enforcement referrals.</p> <p>115.322 (d) Any State entity responsible for investigation shall have a policy governing conduct</p> <p>Compliance Determination: The auditor reviewed the PREA policy, the investigation policy information on the LSSSD website and the South Dakota Guidelines for Judicial Process in Child Abuse and Neglect Cases. Each of these documents explicitly describes the responsibilities of the local law enforcement agency, Child Protective Services, and the facility’s administrative investigators. In addition, the auditor interviewed the Associate Director/Administrative Investigator and the PREA Coordinator who both provided statements consistent with policies as to each entity’s role in a criminal and/or administrative sexual abuse or sexual harassment investigation.</p>
--	--

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Training records 4. PREA PowerPoint <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director 3. 9 random staff <p>Findings by Provision:</p> <p>115.331 (a) Train all employees</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Employee Training paragraph which states that “In accordance to § 115.331 LSS shall train all employees on the most current PREA practices and policies.” The policy goes on to list that “Employees of LSS shall be trained on:</p>

1. The zero-tolerance policy for sexual abuse and harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Resident's right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting cases of sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. How to detect and respond to signs of threatened and actual sexual abuse;
7. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
8. The common reactions of victims of sexual abuse and sexual harassment in juvenile victims;
9. How to avoid inappropriate relationships with residents; and
10. How to comply with relevant laws related to mandatory reporting.

The LSS Arise East facility uses Relias, an online learning management system and in-person training provided by the PREA Coordinator. The auditor interviewed the Program Director, the PREA Coordinator, and staff, and reviewed the training curriculum of various training topics. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy.

115.331 (b) PREA Training tailored to gender of residents

Compliance Determination: The auditor interviewed the Program Director who stated LSS facilities house both male and female residents. Staff who transfer from another LSS facility are given training specific to Arise East policies and procedures, but that the training regarding male and female residents is the same. When interviewing staff a few discussed the differences in supervising male versus female residents. Specifically, that female residents have more past histories of sexual abuse and as a result may be more sexualized or looking for a sense of comfort from another. While male residents use a lot more power and control, sexual horseplay, influenced by peer pressure, and sexualized bullying.

115.331 (c) PREA Refresher training every two years and on policy in year when no refresher

Compliance Determination: The auditor reviewed the PREA Policy in the Employee Training section, paragraph (a) which states that "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies" The auditor reviewed training records and interviewed administrators and random staff to verify that training happens consistently and per the policy. Staff stated that they

have PREA training every year that includes a basic refresher on the main PREA components with additional training components at various times to include various topics that are relevant at that time, and they have in-person training on PREA topics within staffing meetings or with the PREA Coordinator.

115.331 (d) Document all staff training

Compliance Determination: The auditor interviewed the PREA Coordinator and staff and reviewed the Relias training records. The auditor was provided with training documentation which includes the course's name, the test score to verify understanding of the material, and the date the training was completed.

The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and staff.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Visitor’s Guide 4. Confidentiality and Security Agreement 5. Background Check Waiver form <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Associate Director 3. PREA Coordinator 4. 1 Volunteer Supervisor/1 Contractor <p>Findings by Provision:</p> <p>115.332 (a) PREA Training for all volunteers and contractors</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Contractor and Volunteer Training paragraph which states that “In accordance to § 115.332 LSS shall train all contractors and volunteers on the most current PREA practices and policies.” It further states that, This training must be completed prior to the contractor or volunteer having any interaction with youth in the facility. The training must include the following:</p> <ol style="list-style-type: none"> 1. The zero-tolerance policy for sexual abuse and harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual

harassment prevention, detection, reporting, and response policies and procedures;

3. Resident’s right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting cases of sexual abuse and sexual harassment;
5. The common reactions of victims of sexual abuse and sexual harassment;
6. How to avoid inappropriate relationships with residents; and
7. How to comply with relevant laws related to mandatory reporting.

115.332 (b) Level and type of training based on level of service and contact

Compliance Determination: The auditor interviewed the Program Director, the PREA Coordinator, the Associate Director, a volunteer supervisor and a contractor who confirmed that they receive PREA training either from staff who go over the “Visitor’s Guide” brochure with them or through online PREA training. The guide covers all components 1-7 as outlined in their policy with emphasis on the critical components of a zero-tolerance policy for sexual abuse and sexual harassment, and how to report. Volunteers/Contractors are never in a one-on-one situation with youth. The volunteer presents information to resident groups, and staff continue to provide resident supervision during this presentation. The food service contractor only has interaction across the serving line during meals and a staff is present directly supervising the residents. This training is consistent with this provision as the training is based on the services they provide and the level of contact they have with residents.

115.332 (c) Document all volunteer and contractor training

Compliance Determination: The auditor reviewed the training documentation signed by volunteers/contractors. LSS Arise East maintains documentation confirming that volunteers and contractors understand the training they have received. This consists of the Visitor’s Guide Acknowledgement form, the Confidentiality and Security Agreement, and the Background Check Waiver which specifically asks the sexual misconduct questions that are asked of employees, including their understanding that they have a continuing duty to disclose any adverse contact with law enforcement or sexual misconduct throughout the terms of their service with LSS Arise East.

The auditor verified compliance with this standard through a review of the volunteer and contractor training documentation and through interviews with a volunteer, a contractor, and staff.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy
3. Resident Training Documentation
4. "Break the Silence" brochure
5. Posters posted throughout the facility

Interviews Conducted:

1. Program Director
2. PREA Coordinator
3. Residential Supervisor
4. 7 random residents
5. 9 random staff

Findings by Provision:**115.333 (a) Residents receive PREA training at intake**

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Training section which states that "During the intake process, residents shall receive information explaining, in an age appropriate fashion, LSS's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment (§ 115.333). The auditor reviewed training information provided to the residents, requested a Residential Supervisor go over the process with the auditor as there were no new intakes to observe, and discussed the information with the residents who were interviewed. The LSS Arise East facility provides extensive PREA information to a resident during the intake process. This information includes their zero-tolerance policy and how to report. During the initial intake process, the staff goes over the intake packet with them. The intake packet specifically outlines residential rules, definitions, excellent information on prison rape, the facility's investigative process, the grievance process, the trauma a victim may experience, and resources for support services that can assist victims in their recovery process. The opening sentence on the "Break the Silence" brochure states, "In a residential treatment or care facility, you have the right to be safe and protected against abuse. Abuse includes physical and sexual abuse, and sexual harassment". The information also covers what a resident should do if they are retaliated against for reporting sexual abuse or sexual harassment. The residents' excellent education was very evident in the residents' responses during the interviews. In addition, the facility now shows to all intakes the 6-minute Juvenile Intake PREA Education Video for Juveniles in Confinement from the PREA Resource Center resource page.

115.333 (b) Within 10 days of intake provide comprehensive education

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Training section, paragraph (a) which states that " Within 10 days of intake, LSS shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." The auditor discussed this section of the policy with both the Program Director and the

PREA Coordinator. The auditor was provided with comprehensive education documentation for the residents that were at the facility for 10 days or more. The auditor interviewed a Residential Supervisor who stated that the comprehensive PREA education video is shown every week on Thursday. This was confirmed by the documentation signed by the residents.

115.333 (c) Receive education upon transfer to extent policies and procedures differ

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Training section, paragraph (b) which states that “Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility.” The auditor interviewed a Residential Supervisor who provides resident education upon intake. He stated that all residents receive PREA education upon intake - this includes the current residents and any resident who is transferred from a different facility.

115.333 (d) Resident training in formats accessible to all, including LEP, and those with disabilities

Compliance Determination: The auditor reviewed the PREA Policy in the Employee Training section, paragraph (c) which states that “LSS 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.” There were no residents who required special training accommodation that the auditor could interview. However, the Vice President of Program Operations, the PREA Coordinator, the Program Director and the staff confirmed that they have access to an interpreter service and that the staff would go over the information with the resident in whatever manner the resident needed to be able to comprehend the information presented. There were posters throughout the facility that showed how to access their interpreter service. The notice was in English and Spanish, which are the primary languages encountered at this facility. Staff will read the material aloud to residents who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training.

115.333 (e) Document all resident education

Compliance Determination: The auditor reviewed documentation of resident participation in these education sessions. This form documents the resident’s name and the date they completed the PREA education, as well as a statement acknowledging that they understand the information that was provided and that they received the “Break the Silence” brochure for the initial PREA education. The comprehensive information is provided through an education PREA Video. The residents and the staff administering the education sign the form.

115.333 (f) Key information continuously and readily available

Compliance Determination: The auditor interviewed the staff, residents, and toured the facility. Materials are continuously and readily available to the residents.

	<p>There are Zero Tolerance posters posted throughout the facility. Youth are given the “Break the Silence” brochure at intake to keep with them in their room for later reference. There are grievance process posters, brochures near the grievance box, and the Grievance policy, and the Rights of Residents policy are posted in the resident’s dayroom.</p> <p>The auditor verified compliance with this standard through a review of the resident training documentation and materials, materials posted and available to residents, and interviews with the Program Director, PREA Coordinator, a Residential Supervisor, the local rape crisis center, random staff and random residents.</p>
--	--

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Training certificates of Specialized Investigator Training 4. Investigator training curriculum 5. The South Dakota Guidelines for Judicial Process in Child Abuse and Neglect Cases <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Associate Director/Administrative Investigator <p>Findings by Provision:</p> <p>115.334 (a) Specialized training for Administrative investigators Compliance Determination: The auditor reviewed the PREA Policy in the Specialized Training: Investigations paragraph which states that “In addition to the general training provided to all employees pursuant to § 115.331, LSS shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its designated staff have received training in conducting such investigations in residential settings (§ 115.334).</p> <p>115.334 (b) Investigator training includes Miranda and Garrity, evidence collection, etc. Compliance Determination: The auditor reviewed the PREA Policy in the Specialized Training: Investigations paragraph (a) which states that “Specialized training shall include techniques for interviewing youth sexual abuse victims, sexual abuse evidence collection in residential/group settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” The auditor interviewed the Associate Director who is also trained as an Administrative Investigator. She was well versed in conducting PREA investigations in confinement settings to include techniques for interviewing sexual abuse victims,</p>

proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.334 (c) Document specialized investigator training

Compliance Determination: The auditor reviewed training documentation to include the curriculum and the training certificates from the National Institute of Corrections specialized investigator training course "PREA: Investigating Sexual Abuse in a Confinement Setting".

115.334 (d) State or DOJ investigators specialized training

Compliance Determination: The auditor interviewed the Associate Director and the PREA Coordinator who stated that the local law enforcement and the South Dakota Department Social Services/Child Protection Services conducts their criminal investigations. The auditor reviewed the South Dakota Guidelines for Judicial Process in Child Abuse and Neglect Cases. The auditor is not required to audit this provision.

The auditor verified compliance with this standard through a review of the investigator training curriculum and specialized training certificates for investigators. The auditor also confirmed investigative knowledge through an interview with the Associate Director/Administrative Investigator.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA policy 3. Specialized training certificate for nurse 4. PREA training documentation <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Nurse <p>Findings by Provision:</p> <p>115.335 (a) Specialized training for medical and mental health staff</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Specialized Training paragraph (b) which states that "LSS shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse;

(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335 (b) Medical and mental health staff who conduct forensic examinations receive appropriate training

Compliance Determination: The auditor interviewed the Program Director and the nurse who stated that they do not conduct forensic examinations at the facility. Residents would be transported to the emergency room at either Sanford Health or Avera.

115.335 (c) Document specialized training for medical and mental health staff

Compliance Determination: The auditor reviewed the training certificate provided by the PREA Coordinator which verifies that the nurse has completed the National Institute of Corrections course, PREA 201 for Medical and Mental Health Practitioners.

115.335 (d) Medical and mental health staff also receive training mandated for employees

Compliance Determination: The auditor was not provided documentation that the nurse has completed PREA training that is required of all full and part-time staff.

CORRECTIVE ACTION: The auditor required documentation that the nurse completed the PREA training that is required of all full and part-time staff. On January 7, 2026, the Associate Director/PREA Compliance Manager provided the auditor with the training documents to verify that the nurse had completed the annual PREA training required of all staff on November 15, 2025.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 7 Resident PREA Assessments <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. PREA Coordinator 3. 7 random residents 4. Staff who administers the assessments <p>Findings by Provision:</p>

115.341 (a) All residents assessed within 72 hours of arrival and periodically throughout confinement

Compliance Determination: The auditor reviewed the PREA Policy in the Screening for Risk of Sexual Victimization and Abusiveness section. The first paragraph states, "Obtaining information from Residents: In compliance with § 115.341 LSS will make necessary efforts within 72 hours of the resident's arrival at the facility using the PREA intake assessment instrument to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The assessment instrument will be used periodically during the resident's stay at the facility as indicated to reassess the resident's risk level". The auditor was provided with a PREA Assessment form for all youth present at the facility. The auditor interviewed the Program Manager/PREA Compliance Manager, the PREA Coordinator, residents, and a staff who administers the assessment. All those interviewed stated the assessment was typically completed as soon as the youth arrived at the facility. The couple of exceptions were if the youth arrived at the facility during the night hours. Those PREA Assessments were completed the following day. A staff member who administers the assessment walked the auditor through the assessment process as there were no new intakes while the auditor was on site. The auditor reassessment documents. The facility conducts a reassessment every 30 days. In auditor discussions with the PREA Coordinator, the over 30-day reassessment requirement seemed the most appropriate based upon the average length of stay of their clients.

115.341 (b) Objective screening

Compliance Determination: The auditor reviewed the LSS Arise East PREA Assessment form. The assessment used by the LSS Arise East facility is objective and leads to a presumptive determination of risk using a point system.

115.341 (c) Screening criteria for risk of sexual victimization or abusiveness

Compliance Determination: The auditor reviewed the PREA Policy in the Screening for Risk of Sexual Victimization and Abusiveness section under paragraph (a) which states that, "At a minimum, LSS shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse
- (3) Current charges and offense history
- (4) Age
- (5) Level of emotional and cognitive development
- (6) Physical size and stature
- (7) Mental illness or mental disabilities
- (8) Intellectual or developmental disabilities
- (9) Physical disabilities
- (10) The resident's own perception of vulnerability
- (11) Any other specific information about individual residents that may indicate

heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the PREA Assessment form. It contained questions for all 10 of the required information points as well as additional questions. The additional questions were related to whether it was their first time in a juvenile placement facility, a couple of questions regarding their ability to get along with others, make friends or comfort level in groups of people they do not know, and one question asking the person administering the assessments perception as to whether the youth appears lacking confidence, weak, or fearful.

115.341 (d) Information ascertained through conversations and other sources listed in standard

Compliance Determination: The auditor interviewed a Residential Supervisor who is responsible for administering the PREA Assessment. He stated that the assessment is completed by asking the resident questions of the youth while they are in the Reception office prior to entering the unit. They cannot go into Shelter Care housing until the assessment is complete. It is just one part of the intake process. The Resident Supervisor or Case Manager starts a 3-ring binder for each youth and there is a list of intake documents and information that is gathered that such as the PREA Assessment, a Referral and Risk Assessment document, the arrest report, parent questionnaire, medical and mental health information, application, or other previous placement documentation, history of violence, and/or history of sexual or physical sexual abuse.

115.341 (e) Appropriate controls on dissemination of reassessment information

Compliance Determination: The auditor reviewed the PREA Policy in the Screening for Risk of Sexual Victimization and Abusiveness section. In paragraph (c) it states that, "LSS will ensure that screening responses and information is protected and not used in a manner to exploit the resident by staff or other residents (§ 115.341). Screening information is available only to staff working within the specific program serving the resident. Client electronic files are available only with password protected access. Client paper files are stored and locked off of the unit and are inaccessible to residents. The auditor was provided the 3-ring binders and they were removed from the auditor's work area when the auditor was not in this space and returned back to a locked office. The staff member who completes the assessment sends out a "new youth" email and completes basic information on the whiteboard that gives all staff the basic information necessary to effectively supervise each particular resident. The assessment is completed privately in the reception office. The reception office is largely unoccupied unless an intake is in progress and the space provided to administer the assessment is quiet, calm, and private.

The auditor verified compliance with this standard through a review of the scoring guide, a review of a sample of screening and re-screening documents, and interviews with staff and residents.

115.342	Placement of residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ol data-bbox="280 385 762 622" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Placement Policy 4. Behavioral Management Policy 5. 8 initial PREA Assessments 6. Resident Roster <p data-bbox="280 663 638 698">Interviews Conducted:</p> <ol data-bbox="280 707 951 990" style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. Associate Director 3. PREA Coordinator 4. 9 Random staff 5. 7 random residents 6. Staff who administer the Assessments 7. Nurse <p data-bbox="280 1030 635 1066">Findings by Provision:</p> <p data-bbox="280 1075 1452 1146">115.342 (a) Assessment info used for housing, bed, work, education, and program assignments</p> <p data-bbox="280 1155 1477 1648">Compliance Determination: The auditor reviewed the PREA Policy in the Screening for Risk of Sexual Victimization and Abusiveness section. Paragraph (b) states that, "LSS shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse (§ 115.342). The auditor interviewed the Program Director, PREA Compliance Manager, the PREA Coordinator, and a Residential Specialist who completes the intake process. They stated that the information from the risk screening is utilized to determine room assignment. Residents who may be at more risk are assigned rooms closer to the staff desk. The auditor reviewed resident risk screenings and resident housing assignments to ensure that residents were assigned individual room assignments.</p> <p data-bbox="280 1688 932 1724">115.342 (b) Isolated only as a last resort</p> <p data-bbox="280 1733 1471 2056">Compliance Determination: The auditor interviewed the Program Director, the Associate Director/PREA Compliance Manager, and the PREA Coordinator. LSS Arise East does not use isolation as a means for keeping residents safe. Residents are housed in individual sleeping rooms, and when they are not in their sleeping rooms or the restroom, they are directly supervised by staff at all times. They would utilize more appropriate supervision methods, such as ensuring staff are in closer proximity to the resident who may be at risk or assigning a staff to one-on-one supervision of the resident who is more at risk. The auditor reviewed the Behavioral</p>

Management policy, which states that seclusion from others is only used for emergency safety interventions only if a resident is in immediate danger of hurting themselves or others. Staff consistently stated that it would never be used because someone had the potential to be victimized or victimize others.

115.342 (h) Resident isolated pursuant to provision (b), facility will document

Compliance Determination: As stated in 115.342 (b) above, the facility does not use isolation as a means to keep a resident safe.

115.342 (i) Resident isolated evaluated every 30 days to determine continuing need for separation

Compliance Determination: As stated in 115.342 (b) above, the facility does not use isolation as a means to keep a resident safe. The auditor interviewed administrators who stated that if it were to be used, there would be constant evaluation for the continuation of isolation. The auditor reviewed the Behavioral Management policy, which states that seclusion is only used if a resident is in immediate danger of hurting themselves or others. Seclusion is time-limited, and staff continually monitor the resident. Any incident involving seclusion is reviewed by a medical professional and the multidisciplinary team. The auditor interviewed the nurse regarding isolation, and she stated that it has never been used for that purpose to her knowledge. They would provide closer staff supervision.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA Policy, the Placement policy, and the Behavioral Management policy, the PREA Assessment form, the resident roster with housing assignments and through interviews with the Program Director, the Associate Director, the PREA Coordinator, the nurse, random staff, and all residents present in the facility.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Break the Silence brochure 4. Posters 5. Staff training documents 6. Resident training documents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Associate Director

3. PREA Coordinator
4. MWI External Reporting Entity
5. Child Protective Services External Reporting Entity
6. 9 Random staff
7. 7 random residents

Findings by Provision:

115.351 (a) Multiple internal ways to report

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Reporting section, paragraph (a) which states that, "LSS shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents". The auditor interviewed staff and residents, reviewed policy, and conducted a site review of the facility. The auditor interviewed residents who provided multiple ways that they could report internally. Most youth stated that they would tell their staff. They can always ask to talk to them in private. Both from observations and through interviews with the residents it is apparent they have a lot of trust in their staff to help them with whatever the concern may be. The auditor interviewed the Program Director, the Associate Director, the PREA Coordinator, and the staff and reviewed the training materials provided to the residents and the posters displayed throughout the facility. Residents can report in the following ways: a facility staff member, counselor, teacher, or medical professional. They can also use the facility grievance system or just write it on a note. All residents stated that they had access to pen and paper.

115.351 (b) At least one way to report to an external entity

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Reporting section, paragraph (b) states that, "LSS shall also provide at least one way for residents to report abuse or sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request". Students have regular contact with their family, the student's assigned South Dakota Department of Corrections Juvenile Corrections Agent (JCA), or their Department of Social Services (DSS) Family Services Specialist. They can report to any third party to make a report on their behalf. They can call externally to the Children's Protective Services Hotline provided by DSS. However, residents must make a request to use the phone. Both staff and youth reported that if the student asks to speak privately to DSS/CPS, their DSS case worker, or their JCA, they are accommodated with this request. Staff dial the phone, but then leave the youth to have a private conversation. They will provide privacy to a resident while still maintaining supervision by placing the youth in a room where they can visibly see the student but are not able to hear the call. For instances for attorney calls, they dial the number and provide the youth a phone that they can take into a room to keep the call confidential. All outgoing mail is confidential and not opened by facility staff. Telephone calls are free and not recorded. The auditor verified this reporting process by completing a call to the

Child Protective Services Hotline and interviewing that worker on their processes. The South Dakota Department of Social Services contracts MWI Health for a Youth Services Grievance Monitor Program for all DSS licensed programs. The youth are informed during their intake process that they can contact MWI Health which is an external entity to report any grievance including sexual abuse and sexual harassment. Addressed envelopes and grievance forms are provided near the blue grievance box that is used for this purpose. The auditor dropped a letter into the grievance box. A reply was received with the monitor stating they would report this immediately to CPS so it can be properly investigated by those who do have the authority and training to investigate. There are MWI Health grievance posters located throughout the facility with very detailed instructions. Next to the blue Grievance box is also a black box that the youth can put in a request for medical, a letter or note addressed to any staff by name, or any outgoing mail.

115.351 (c) Staff accept reports made

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Reporting section, paragraph (c) states that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports". The auditor interviewed residents and staff who confirmed the policy is followed through procedures. The staff promptly documents any verbal reports. The auditor interviewed staff who stated that they would immediately report the incident to the Program Director. They would document any verbal reports right away but before the end of their shift. Staff stated that they can privately report sexual abuse and sexual harassment to either the Program Director, the Associate Director, or to the PREA Coordinator. The auditor interviewed the administrators and staff who stated that staff accept reports any way that it is reported.

115.351 (d) Access to tools necessary to make a written report

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Reporting section, paragraph (b) states that, "The facility shall provide residents with access to tools necessary to make a written report". The auditor interviewed staff and residents who stated that residents have access to pen and paper. The auditor witnessed residents writing while at the tables in the common area.

115.351 (e) Method for staff to privately report

Compliance Determination: The auditor interviewed staff who stated that they would report to administrators at whatever level necessary. Either those at Arise East or administrators for Lutheran Social Services South Dakota. Some staff also stated that they can report to the Department of Social Services directly.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, a review of posters, and training materials for both staff and residents, and through interviews with the Program Director, Associate Director, the PREA Coordinator, staff and residents. The auditor is confident that residents at this facility are very aware that if they need to use an external reporting entity, they have multiple options through the CPS reporting line, MWI Health, their caseworkers, their JCAs, or their family.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ol data-bbox="280 385 727 707" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Resident Grievance Policy 4. PREA Poster 5. Grievance Poster 6. Staff Training materials 7. Resident training materials 8. Break the Silence brochure <p data-bbox="280 748 641 784">Interviews Conducted:</p> <ol data-bbox="280 792 619 990" style="list-style-type: none"> 1. Program Director 2. Associate Director 3. PREA Coordinator 4. 9 Random staff 5. 7 random residents <p data-bbox="280 1030 635 1066">Findings by Provision:</p> <p data-bbox="280 1075 1398 1146">115.352 (a) Exempt if no administrative procedures to address sexual abuse grievances</p> <p data-bbox="280 1155 1484 1523">Compliance Determination: The auditor reviewed the Grievance procedure policy. LSS Arise East is not exempt from this standard as it does have administrative procedures to address resident grievances regarding sexual abuse. Those procedures are listed in subsequent paragraphs. The auditor interviewed the Program Director and the PREA Coordinator who stated that residents can file a grievance or administrative remedy regarding allegations of sexual abuse or sexual harassment. All allegations of sexual abuse or sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. There were no allegations reported using the written grievance system.</p> <p data-bbox="280 1563 1417 1680">115.352 (b) No time limit; do not have to attempt informal resolution; does not restrict agency’s ability to defend against resident lawsuit on grounds statute of limitations has expired</p> <p data-bbox="280 1688 1484 2056">Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (a) states that, “LSS does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse”. Paragraph (b) states that, “LSS may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse”. Paragraph (c) states that “LSS will not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse”. The auditor interviewed the Program Director and the PREA Coordinator, reviewed the grievance policy and the grievance posters with</p>

instructions, reviewed the Resident Grievance Policy, and tested the use of the grievance system. The auditor spoke with residents about using the grievance process and they were aware of this option and knew about the blue box to MWI and the black box for any type of written communication to staff or to mail to others outside besides MWI.

115.352 (c) Not submit to staff who is subject of complaint; not referred to staff who subject of complaint

Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (d) which state that, “LSS will ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. (2) Such grievance is not referred to a staff member who is the subject of the complaint. The auditor reviewed the Resident Grievance Policy that is a part of the intake package covered with youth during the intake process. In paragraph 1) of the Resident Grievance Policy is states that in the event that the grievance is related to abuse or harassment, then the grievance should be made directly to a safe party who is not the alleged perpetrator such as a Supervisor, Clinical Therapist, Case Manager, Program Director, Manager, Case Worker, Disability Rights South Dakota, etc.

115.352 (d) Final agency decision within 90 days of initial filing of the grievance

Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (e) states that, “LSS will issue a final agency decision within 30 days of the original grievance If an extension is needed in order to make an appropriate decision, an extension may be granted up to an additional 60 days. Residents involved will receive written notice of this extension which will include a date by which a decision will be made”.

115.352 (e) Third parties permitted to assist in filing grievance alleging sexual abuse or filing on behalf

Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (f) states that, “LSS allows third parties, including fellow residents, staff members, family members, attorneys, or outside advocates, to assist residents in filing grievances relating to allegations of sexual abuse/harassment. These third parties will also be allowed to file grievances on behalf of residents”. In the Resident Grievance Policy it states that the client, or a client’s parent or legal guardian, applicants, and other stakeholders have the right file a grievance. Clients are informed of their rights when services are initiated by receiving a copy of the LSS Client Rights and Responsibilities statement. Residents, legal guardians, and involved family members also receive copies of the LSS Client Rights and Responsibilities and the Resident Grievance Policy as an addendum to the resident’s treatment plan and quarterly treatment plan updates.

115.352 (f) Procedures for filing an emergency grievance

Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (g) states that, “An

emergency grievance may be filed at any time and through any on-duty personnel or on-call personnel, and any immediate corrective action will be taken to protect the resident from imminent risk. An initial response to the emergency grievance will be received within 48 hours, and a final agency decision will be reached within 5 calendar days. Both the initial response and the final agency response will issue a determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken following the emergency grievance”.

The auditor spoke with the Program Director who described the process. If an emergency grievance is filed, the first response will be to make sure that the resident is safe by separating the resident from the threat. The Program Director will gather the details and begin the investigative process and will provide an initial response to the resident immediately, but well within 48 hours. A final response will be given to the resident within 5 days. These documents will also be forwarded to the PREA Coordinator.

115.352 (g) May discipline only if demonstrates the resident filed in bad faith

Compliance Determination: The auditor reviewed the PREA Policy in the Exhaustion of Administrative Remedies section, paragraph (h) states that, “Any allegation made in good faith will not be subject to consequences. Any allegation made in bad faith will face consequences as appropriate on a case by case basis”.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, a review of the Resident Grievance Policy, a review of both PREA posters and Grievance Posters, and training materials for both staff and residents, and through interviews with the Program Director, the Associate Director, the PREA Coordinator, staff and residents.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Materials listing Victim Support Services <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Coordinator 3. Compass Center staff 4. 7 random residents

Findings by Provision:

115.353 (a) Access to outside victim advocates for emotional support

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Access to Outside Support Services and Legal Representation section. The first paragraph states that, "In compliance with § 115.353 LSS shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians." The auditor spoke with a staff member from the Compass Center, the local rape crisis center. She stated that they will provide advocacy services as well as confidential support services either on the phone or in person.

115.353 (b) Inform residents extent that communications are monitored and when forwarded to authorities due to mandatory reporting laws

Compliance Determination: The auditor reviewed the PREA Policy in the Resident Access to Outside Support Services and Legal Representation section in paragraph (a) which states that "The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The auditor interviewed the Program Director that said they do not have a phone system that has the capability of recording phone calls. They use just plain old telephones. The staff member dials the phone number the resident wishes to call and hands the phone to the youth. The resident walks several steps away from the staff desk and finds a private place in which to speak on the phone. The auditor witnessed this while touring the common area. If a resident needs more privacy, they can ask to use the conference room or an office that allows for more privacy, but that staff can still supervise through a window. These procedures were confirmed by speaking with both staff and residents.

115.353 (c) MOU with community providers of emotional support services

Compliance Determination: The auditor reviewed the Memorandum of Understanding (MOU) that the LSS Arise East facility entered into with the Compass Center that is effective from March 2, 2017. The MOU outlines the services such as providing an advocate that can accompany and support the victim through the forensic medical examination process and investigatory interviews and provide confidential emotions support, crisis intervention, information and referrals. They will increase the victims' comfort level to participate in the justice process by providing court advocacy and assisting them with safety concerns. They will provide written documentation of all applicable Victim Advocate training of any victim advocate providing services to Arise Youth enter. They will also provide training to staff and youth at Arise East regarding the nature and prevalence of domestic violence and sexual assault.

	<p>115.353 (d) Reasonable and confidential access to attorneys and reasonable access to parents or legal guardians</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Resident Access to Outside Support Services and Legal Representation section. Paragraph (a) states that, “The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible”. Paragraph (b) states that, “The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians”. The auditor interviewed all residents present and they stated that although they have to ask to use the phone, the staff dials the number and hands them the phone. They can walk several feet away to a more private area in the common area to speak privately. If they need to speak with their attorney or request to speak to someone more privately, they can go into the conference room or into another room that has a window where the staff can still effectively supervise them but they are able to privately speak with someone either in person or on the phone.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the MOU with the Compass Center, and through interviews with the Program Director, the PREA Coordinator, staff at the Compass Center, and staff and residents.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Information on LSSSD website 4. Break the Silence brochure 5. Visitor’s Guide 6. PREA Reporting Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Coordinator 3. 9 Random staff 4. 7 random residents <p>Findings by Provision:</p> <p>115.354 Establish method to receive third-party reports - reporting info on website</p> <p>Compliance Determination: The auditor reviewed the LSSSD website at https://ls-</p>

	<p>ssd.org/contact-us/resources-and-disclosures.html. The website provides information on how an individual can make a third-party report. The website posts the “Break the Silence” brochure, the Visitor’s Guide, and the PREA Reporting Policy. These publications list all the various ways in which third parties can report. Methods include agency and facility leadership, Child Protective Services, and South Dakota Advocacy Services, and contact information for each of these is provided. The auditor interviewed the Program Director and the PREA Coordinator who stated that the LSS Arise East facility has not received any third-party reports. Interviews with staff and residents confirm that third-party reporting options are available. The auditor contacted the PREA Coordinator and Child Protective Services using the contact information provided on the website.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of the website, by testing some of the third-party reporting options, and through interviews with the Program Director, the PREA Coordinator, and staff and residents.</p>
--	---

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. PREA training PowerPoint for staff 4. Notice of Privacy Practices <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. Program Director 3. Associate Director 4. PREA Coordinator 5. Nurse 6. Qualified Mental Health Professional 7. 9 Random Staff <p>Findings by Provision:</p> <p>115.361 (a) All staff to report immediately</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Staff and Agency Reporting Duties section. The first paragraph states that, “LSS requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff</p>

neglect or violation of responsibilities that may have contributed to an incident or retaliation (§ 115.361)". The auditor interviewed the Vice President of Program Operations, the Program Director, the PREA Coordinator, and random staff who consistently stated that all LSS Arise East facility staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment are reported they are immediately turned over to the Program Director.

115.361 (b) Staff comply with applicable mandatory child abuse reporting laws

Compliance Determination: The auditor reviewed the PREA Policy in the Staff and Agency Reporting Duties section, paragraph (a) which states that, "LSS requires all staff to comply with any applicable mandatory child abuse reporting laws". Staff interviews confirmed that the information must be kept confidential and not shared with other coworkers or residents and that they are all mandatory reporters according to state law. The procedure is for all staff to report anything to their supervisor. The Case Manager, the Associate Director, or the Director will make the report to Child Protective Services.

115.361 (c) Staff shall not reveal info to anyone other than designated supervisors or officials

Compliance Determination: The auditor reviewed the PREA Policy in the Staff and Agency Reporting Duties section, paragraph (b) which states that, "Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions". The PREA Coordinator also stated that each staff, volunteer, and contractor, signs a Confidentiality and Security Agreement form. This form covers all forms of confidentiality and security including agreeing to not access confidential information that they have no legitimate need to know and not release any confidential information.

115.361 (d) Medical and mental health providers required to report and inform residents of their duty to report and their limits to confidentiality at initiation of services

Compliance Determination: The auditor interviewed the nurse and a qualified mental health professional who stated that they know that if they become aware of any reports of sexual abuse, they are immediately required to report it. As residents at the facility are under 18 years of age, they must report everything so that they can report to Child Protective Services. All youth sign a Notice of Privacy form at intake that has a statement that LSS may disclose health information for law enforcement purposes as required by law, such as the reporting of suspected child abuse or neglect.

115.361 (e) Report to appropriate agency office and to alleged victim's parents or legal guardians

Compliance Determination: The auditor reviewed the PREA Policy in the Staff and

Agency Reporting Duties section, paragraph (c) which states that, "Upon receiving any allegation of sexual abuse, the facility director/manager shall promptly report the allegation to the appropriate social services agency office and to the alleged victim's parents or legal guardians at the direction of social services intake, unless the facility has official documentation showing the parents or legal guardians should not be notified". The auditor interviewed the PREA Coordinator, the Program Director, the Associate Director, and random staff who stated that all reports, regardless of where they are from, are reported to the Program Director. The Program Director and the Associate Director are both qualified administrative investigators. They review the allegation to determine if it meets PREA definition of sexual abuse or sexual harassment and forwards the report to the PREA Coordinator. They ensure that the proper notifications are made to include Child Protective Services, the parents/guardians, the case worker at DSS or if placed by DOC the JCA. Notifications are made as soon as possible, but well within 24 to 48 hours depending on the party being notified. CPS and parents are notified right away.

115.361 (f) Report all allegations to facility's investigators

Compliance Determination: The auditor reviewed the PREA Policy in the Policies to Ensure Referrals of Allegations For Investigations section which states that, "LSS will engage in appropriate referrals and follow-up to ensure that an administrative, Child Protection Services, or criminal investigation is completed for all allegations of sexual abuse and sexual harassment".

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the residents Notice of Privacy Practices, and through interviews with the administrative staff, medical and mental health staff, and random staff.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. Program Director 3. 9 Random staff <p>Findings by Provision:</p> <p>115.362 Immediate action to protect resident when risk of imminent sexual abuse</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Agency</p>

	<p>Protection Duties; Immediate Action to Protect Residents section which states, that, “LSS shall take immediate action to protect a resident upon learning that the resident is subject to a substantial risk of imminent sexual abuse”. The auditor interviewed the Vice President of Program Operations who stated that her expectation is that anytime a resident is subject to substantial risk of imminent sexual abuse she expects staff to immediately do whatever is necessary to keep them separate from the threat. From staff’s initial report to the supervisor, the supervisor is expected to start other processes such as the removing the threat to a single room where they cannot harm that resident or others while it is investigated. The clinical team may need to work with their DSS worker to transition them to juvenile detention or another placement. The Program Director stated that they will initially make sure there is extra staff supervision. The youth will be within an arm’s length of a staff. Staff will make notifications to a supervisor so they can make a more long-term plan such as exploring other housing options. She stated that they make sure all staff know that even if they are not in a supervisory position, they are responsible to make an immediate decision to keep the resident safe. During interviews with staff, they also responded that making sure the residents were immediately separated, staff to be vigilant in their supervision, and to notify a supervisor.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Vice President of Program Operations, the Program Director, and random staff.</p>
--	--

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Excel spreadsheet with incident information <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director <p>Findings by Provision: 115.363 (a) - (c) Notify head of agency when receiving an allegation while confined at their facility with 72 hours and document notification Compliance Determination: The auditor reviewed the PREA Policy in the Staff and Agency Reporting Duties section, paragraph (d) which states that, “If the alleged sexual assault/harassment occurred in another youth facility and was reported to be a youth/youth encounter, the program director or designee will contact the program director or designee of the other facility to report the allegations the next business</p>

day. A report will also be made to the local child protection agency to ensure appropriate follow up occurs. All notifications are documented on the LSS Incident Reporting form (§ 115.363)". Paragraph (e) states that, "If the alleged sexual assault/harassment occurred in another youth facility and was reported to be a youth/staff encounter, the program director or designee will contact the local law enforcement and/or child protection agency and follow the guidance provided from that agency in regards to reporting to the other youth facility. All notifications are documented on the LSS Incident Reporting form (§ 115.363)".

115.363 (d) The agency head or office that receives notification shall investigate

Compliance Determination: The auditor reviewed the PREA Policy in the Staff and Agency Reporting Duties section, paragraph (f) which states that, "The program director or designee will complete follow up contact with law enforcement or the child protection agency assigned within 30 days to confirm the allegation is investigated to conclusion. The PREA Policy in the Policies to Ensure Referrals of Allegations For Investigations section states that, "LSS will engage in appropriate referrals and follow-up to ensure that an administrative, Child Protection Services, or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The auditor interviewed the Program Director. If there is an allegation that a resident was sexually abused while confined at another facility, the Program Director notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. If such an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. The Program Director stated that all reports are also reported to the PREA Coordinator. There have been two incidents reported regarding sexual abuse that occurred at another facility. There have been no incidents reported to the LSS Arise East facility administrators by other facilities.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review incident spreadsheet that documents who the notice was made to and through interviews with the Program Director.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Coordinated Response Plan 4. Investigative Reports <p>Interviews Conducted:</p>

1. 9 Random Staff
2. Nurse

Findings by Provision:

115.364 (a) First responder duties

Compliance Determination: The auditor reviewed the PREA Policy in the Staff First Responder Duties section, paragraph (a) which states that, "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

1. Separate the alleged abuser and the victim.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
5. Ensure that any removal of clothes takes place over a clean, dry, white sheet for the preservation of evidence. A separate sheet is to be used for each person.
6. Ensure that all evidence remains dry when possible.
7. Store evidence for each person involved in a separate paper bag, properly labeled with name and date.

The auditor interviewed staff who were aware of their first responder duties and could articulate how to implement proper procedures. Staff stated they would first separate the alleged victim and the alleged abuser. The alleged victim would be taken to a more private area. They would encourage the alleged victim to protect any evidence by not washing, brushing teeth, changing clothes, using the restroom, drinking or eating until the physical evidence can be collected by the SANE. They would remove the alleged abuser and again, not allow them to wash, brush teeth, change clothes, use the restroom, drink or eat until the physical evidence can be collected by the SANE. The staff would secure and protect any physical area where there may be evidence to be collected. They will determine if the situation requires immediate involvement of law enforcement or medical personnel and notify the supervisor or the on-call supervisor. If immediate medical attention is needed they would call an ambulance or arrange to take them to the hospital to provide immediate medical care. There was one allegation of sexual abuse. It did not require forensic examination, immediate medical care, or the collection of evidence on the body or clothing. It was responded to correctly by separating the resident from the alleged perpetrator, the collection of evidence such as audio/video evidence and

	<p>testimonial evidence, notifying supervisors, and notifying law enforcement. These procedures were also confirmed through a review of the document titled “115.365 Coordinated Response Arise East” and reviewing investigative reports.</p> <p>115.364 (b) First responder not security staff request victim not destroy evidence and notify security staff</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Staff First Responder Duties section, paragraph (b) which states that, “If the first responder is not a custody staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence and then notify a custody staff member”. The auditor interviewed the nurse who stated that she sees the residents individually but knows to take care of them while keeping the evidence protected and notify the director or the associate director right away.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the coordinated response plan, and through interviews with the random staff and the nurse.</p>
--	---

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Coordinated Response Plan 4. Investigative reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Nurse 3. 9 Random staff <p>Findings by Provision:</p> <p>115.365 Written institutional plan to coordinate actions</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Coordinated Response section which states that, “LSS will have in place 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 as contained in this policy”. The auditor also reviewed the Coordinated Response Arise East document which outlines the First Responder duties, the notification processes to include names and numbers for Child Protective Services and Sioux Falls Police Dispatch for Law Enforcement, the assignment to the Arise East on-call supervisor or Associate Director the responsibility of offering forensic medical examinations through Sanford Health or</p>

	<p>Avera and the responsibility of staff in making a victim advocate available from the Compass Center, the local rape crisis center. The auditor interviewed the Program Director, the nurse, and staff who verified the coordinated actions for the coordinated response plan and reviewed investigative documents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative files and processes including the removal of staff from contact pending investigation and a review of the Coordinated Response Plan document, and investigative documents, and through interviews with the Program Director, the nurse, and staff.</p>
--	---

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations <p>Findings by Provision: 115.366 (a) No collective bargaining or other agreements that limit ability to remove staff abuser; (b) Agreements cannot contradict 115.372 Standard of evidence and 115.376 Disciplinary sanctions for staff. Agreements are not restricted regarding expungement or retention in the staff personnel file following a determination of not substantiated</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Preservation of Ability to Protect Resident from Contact With Abusers section which states in the first paragraph that, "In accordance with § 115.366 neither LSS nor any other governmental entity responsible for collective bargaining on LSS's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits LSS's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor interviewed the Vice President, Program Operations who stated that staff will remove alleged staff sexual abusers from contact with residents pending the outcome of the investigation and they are not represented by a union agreement that might prevent this. There is nothing that interferes with or restricts the disciplinary process or that would prohibit the Program Director's ability to remove an alleged abuser from contact with residents.</p>

	<p>115.366 (b) Agreements cannot contradict 115.372 Standard of evidence and 115.376 Disciplinary sanctions for staff. Agreements are not restricted regarding expungement or retention in the staff personnel file following a determination of not substantiated</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Preservation of Ability to Protect Resident from Contact With Abusers section which states in paragraph (a) that, “Nothing in this standard shall restrict the entering into or renewal of agreements that govern:</p> <ol style="list-style-type: none"> (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and an interview with the Vice President, Program Operations.</p>
--	---

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Excel spreadsheet with incident information 4. Agency Protection Against Retaliation form <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Vice President, Program Operations 2. Associate Director 3. PREA Coordinator <p>Findings by Provision:</p> <p>115.367 (a) Policy to protect all residents and staff from retaliation</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in the first paragraph that, “LSS will enforce policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation”. The auditor interviewed the Associate Director who is one of three administrative staff charged with monitoring for possible retaliation. She stated the most important protective</p>

measure is to make sure that they separate them immediately. They check in with them right after and frequently throughout their stay. Residents typically are not there for 90 days as their lengths of stay are pretty short. Other measures would include monitoring their behaviors, offering time away from the group, and providing emotional support.

115.367 (b) Employ multiple retaliation protection measures

Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in paragraph (a) that, “LSS shall employ protection measures such as 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 auditor interviewed the Vice President of Program Operations who stated that from the prevention of retaliation starts at the very beginning with staff training and the emphasis on professionalism and encouragement to report anything and everything. Separation is the first step after the incident. There should always be disciplinary action if it occurs. She stated that they remind all those interviewed during the investigative process that communication is critical to keep everyone safe and they need to continue to talk. All staff are tasked with paying attention and monitoring closely. She stated they keep an open dialog with the client from when the incident is first reported until the client is released.

115.367 (c) Monitor for retaliation for at least 90 days; Act promptly

Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in paragraph (b) that, “For at least 90 days following a report of sexual abuse, LSS shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items LSS should monitor include any resident disciplinary reports, program changes, or negative performance reviews or reassignments of staff. LSS shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need”. The auditor interviewed the Associate Director who stated that she would specifically check in with the resident to see how they are doing, ask them if they need emotional support service. She stated she will monitor for at least 90 days by keeping a close eye on the situation for at least that but longer if that is needed. However, many of their clients are not there that long.

115.367 (d) Monitoring will include periodic status checks of residents

Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in paragraph (c) that, “In the case of residents, such monitoring shall also include periodic status checks”. The auditor interviewed the Vice President of Program Operations and the Associate Director who stated that consistent communication is key to monitoring for retaliation.

115.367 (e) Protection of any other individual who cooperates with an

	<p>investigation</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in paragraph (d) that, “If any other individual who cooperates with an investigation expresses a fear of retaliation, LSS shall take appropriate measures to protect that individual against retaliation”.</p> <p>115.367 (f) Obligation to monitor terminates if the allegation is unfounded</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Agency Protection Against Retaliation section which states in paragraph (e) that, “LSS’s obligation to monitor shall terminate if LSS determines that the allegation is unfounded”.</p> <p>The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy and through interviews with the Vice President of Program Operations and the Associate Director. The auditor also reviewed the PREA Standard 115.367 – Agency Protection Against Retaliation forms completed for all investigations. The form was used to document their prevention efforts and check-ins with the youth who reported sexual abuse or sexual harassment.</p>
--	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative Reports 4. Administrative Investigator training certificates <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Nurse 3. Residents <p>Findings by Provision:</p> <p>115.368 Use of segregated housing for protection shall be subject to requirements of 115.342</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Post-Allegation Protective Custody section which states that, “LSS does not use isolation to segregate victims unless there is no possible other choice and for as short a duration as necessary. Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. This will include: (a) LSS will document the basis for the concern to the resident’s safety and the reason that no other means of separation can be arranged</p>

in an agency incident report. (b) Every 24 hours a review will be conducted to ensure there is continued need for separation based on the safety of the resident. This review must include at least the Associate Director and Program Director, with consultation of the Senior Director and Vice President of Children and Youth Services for extensions beyond 24 hours. This review will be documented in an agency incident report. (c) LSS will ensure that any resident who is separated for their safety is entitled to the same access to programming, visits, educational, vocational, recreational, medical, and mental health services as all other residents within the facility.

The auditor interviewed the Program Director, the nurse, and residents who all consistently stated that they do not use isolation. They will ensure that the resident who is alleged to have suffered sexual abuse will be watched continuously through close staff supervision. They may ask if they want to go to the visit room for a cool down, but they do not force them, it is voluntary. The auditor reviewed the Behavioral Management policy which explicitly states that, "Seclusion is used to involuntarily restrict a resident to an area or room to help the resident regain their behavior control. Seclusion is time-limited, and staff continually monitors the resident. During seclusion, the resident is given the same opportunities for food, clothing, hygiene, and right to bring grievance. Before leaving seclusion, the resident will have a plan to not hurt themselves or others".

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Excel spreadsheet with incident information 4. Administrative Investigator training certificates 5. PREA Investigative Reports <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Associate Director/Administrative Investigator 3. PREA Coordinator <p>Findings by Provision: 115.371 (a) An agency's own investigation will be prompt, thorough, and objective</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states in the first paragraph that, "Investigation of suspected sexual abuse, rape, and sexual harassment that rises to the level of</p>

potential abuse/neglect will be referred to Child Protection Services or law enforcement in alignment with the LSS Incident Reporting policy. LSS will cooperate with investigators and shall endeavor to remain informed on the progress of the investigation. LSS will administratively investigate allegations of sexual harassment of a resident in an LSS facility if those allegations do not fall under the jurisdiction of Child Protection Services or law enforcement. Administrative investigations will be completed as soon as possible but within five days and will include all individuals involved in the allegation. Investigations will be completed for all allegations or reports received including those received anonymously or from a third party. The auditor interviewed the Associate Director/Administrative Investigator who stated that as soon as she receives the allegation, she immediately begins the investigation.

115.371 (b) Sexual abuse investigations will be completed by investigators who have received special training in sexual abuse investigations pursuant to 115.334

Compliance Determination: The auditor reviewed the PREA Policy in the Specialized training: Investigations section which states that, "LSS shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its designated staff have received training in conducting such investigations in residential settings (§ 115.334)". The auditor reviewed the PREA policy, the investigation policy information on the LSSSD website and the South Dakota Guidelines for Judicial Process in Child Abuse and Neglect Cases. Each of these documents explicitly describes the responsibilities of the local law enforcement agency, Child Protective Services, and the facility's administrative investigators. The auditor interviewed the Associate Director who is an administrative investigator. LSS Arise East has two trained facility investigators to conduct administrative investigations. The auditor reviewed their specialized training certificates which showed they completed specialized investigator training.

115.371 (c) Investigators shall gather and preserve direct and circumstantial evidence

Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states that, "The staff person who receives the initial report or grievance regarding a potential allegation of abuse will ensure that the resident is currently safe and follow all policy/procedures related to evidence and first responder duties". It also states that, "The staff person will complete an agency incident report that includes documentation of physical and testimonial evidence, steps take to assure resident safety, and notifications made. The incident report will be submitted to the program's PREA investigator". The auditor was provided investigative files to include any incident reports of the allegations, interview notes, the PREA Investigative Report, the retaliation monitoring form, and the incident review. The auditor interviewed the Associate Director who has been specially training as an administrative investigator. The Associate Director stated that they would always defer to Child Protective Services and local law enforcement in collecting evidence. Their job would be primarily to protect the evidence for their collection. However, to the extent they would be responsible for their facility

administrative investigations they are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews of alleged victims, suspected perpetrators and witnesses. They will review prior complaints and reports of sexual abuse involving the suspected perpetrator. They could also be responsible for gathering camera footage. The auditor reviewed the Excel spreadsheet of incidents. The Associate Director stated that the evidence could include for example video, audio, clothing, statements, pictures, or schedules. It could also include evidence collected during the forensic examination by a SANE.

115.371 (d) Do not terminate investigation solely because the source of the allegation recants

Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states that, "LSS refrains from terminating an investigation solely because the source of the allegation recants the allegation". The auditor also interviewed the administrative investigator who verified that the investigation would not terminate solely because the resident later recanted the allegation. They would continue the investigation to make sure they were not pressured to recant.

115.371 (e) When evidence supports criminal prosecution, agency will conduct compelled interviews only after consulting prosecutor

Compliance Determination: The auditor interviewed the Associate Director, who is an administrative investigator, who stated that if a staff were involved they would send them home pending the investigation. They would contact law enforcement to conduct the investigation. They would also call DSS Child Protection Services. The facility investigator will stop the administrative investigation while the criminal investigation is being conducted and will leave any compelled interviews to law enforcement and the local states attorney. They don't conduct compelled interviews. They would leave that to law enforcement unless law enforcement stated they would not investigate due to the type of the incident.

115.371 (f) Credibility shall be assessed on individual basis

Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states that, "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 a resident or staff". The auditor interviewed a facility administrative investigator who stated that she when is interviewing she will remain unbiased, listen and be open-minded. She takes every allegation, even if it is the first time reported or multiple previous reports. as if it is true. After the interview she determines credibility based on the evidence. The PREA Policy in the Investigations section also states that, "LSS does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. In the investigative reports there were some statements that verify that they look for consistent statements and evidence that supported the credibility of the people interviewed.

115.371 (g) Administrative investigations shall include items listed

Compliance Determination: The auditor reviewed the PREA Investigative Reports. It is broken into sections that includes a heading paragraph that describes the original allegation. The next sections are titled as follows: Residents Involved; Interviews; Prior Complaints; Staff Actions or Failures to Act; Video Review; Other Documentary Evidence; Referral for Criminal Investigation or Prosecution; Outcome. The report is then dated and signed by the investigator. The auditor reviewed the PREA Policy in the Investigations section which states that, "Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse allegation". The auditor reviewed sixteen investigative reports. In all reports there were no staff acts or failures to act listed. However, in reviewing the investigative supporting documentation, there were staff acts or failures to act described that should have been included in the investigative report. The auditor noted that the investigative supporting documentation did identify that they are looking at what the staff were doing at the time of the incident and noted whether the investigator considered staff's actions or failures to act during the investigation. These should have been included in the written PREA Investigative Report.

115.371 (h) Criminal investigations shall be documented in a written report

Compliance Determination: The auditor reviewed administrative investigative reports. In the three administrative investigations that were referred for investigation to law enforcement, law enforcement declined to investigate and referred the investigation back to the administrative investigator. The auditor interviewed the Associate Director who stated that they will request criminal investigative reports from local law enforcement when they investigate.

115.371 (i) Substantiated allegations of sexual abuse shall be referred for prosecution

Compliance Determination: The auditor interviewed the Associate Director who stated that they will defer to law enforcement when the criminal case is substantiated and referred for prosecution. They have had no cases at this facility that were referred for prosecution. There were three cases referred to the Sioux Falls Police Department to be investigated. However, the PREA Investigative Report did not state what the outcome was of that referral. In reviewing other documentation, it states that they declined to investigate.

115.371 (j) Retain all written reports for as long as abuser at agency plus five years

Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states that, "The agency retains all written incident reports pertaining to §115.371 for as long as the alleged abuser resides in the program or is employed by the agency, plus five years. The auditor viewed the grievance policy which states that grievances will be kept for two licensing cycles. If the source of a sexual abuse or sexual harassment allegation was reported via a grievance, that particular grievance should be maintained as a part of the investigative file for as long as the alleged abuser resides in the program or is employed by the agency, plus five years.

115.371 (k) Departure of abuse or victim not basis for terminating investigation

Compliance Determination: The auditor reviewed the PREA Policy in the Investigations section which states that, "Departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an alleged abuse investigation". The Associate Director stated that investigations are completed regardless of whether the staff member was still employed, or the resident was still housed at the facility.

115.371 (l) State or DOJ shall follow above requirements

Compliance Determination: The Associate Director stated that the state's Department of Social Services Child Protective Services in coordination with local law enforcement conduct investigations within the facility. The Department of Justice components have not conducted any investigations within their facility.

115.371 (m) Facility shall cooperate with outside investigators and remain informed of progress of investigation

Compliance Determination: The Associate Director stated that their role in any investigation led by local law enforcement is to provide whatever assistance they may need and remain informed of the progress of the investigation. The auditor interviewed the Program Director who stated that they will keep in touch with their contact with the Sioux Falls Police Department to remain informed of the progress of a sexual abuse investigation.

The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative files, a review of specialized investigator training, and through interviews with the Associate Director, and the PREA Coordinator. The auditor received a good understanding of the nature of each investigation through the investigation report and other investigative documents. In discussions with the administrators and investigators, the investigations were thorough. However, there were many inconsistencies in the report writing often associated with typing over a previous investigative report and leaving incorrect dates or other information in place from the previous incident. In many instances the video evidence that was reviewed needs to be more descriptive of what the investigator saw on the video or heard on the audio if that camera had audio capability. If there was no audio capability on the video reviewed it should state that.

CORRECTIVE ACTIONS: The auditor required the following within PREA Investigative Reports. 1) correction to the inconsistencies with dates and residual information; 2) including staff acts or failures to act when identified; 3) more thorough explanation of the video evidence that was reviewed when writing the PREA Investigative Reports; and 4) more descriptive information about the response from law enforcement once the incident has been referred for investigation. The auditor monitored processes during the corrective action period. However, there was only one reported allegation and investigation during this time. The auditor reviewed this investigative report documentation, and it was done satisfactorily. The PREA Coordinator and the auditor had several discussions during the corrective action period on their investigative processes and the ways that they were

	improving them. The PREA Coordinator also provided instruction to investigative staff throughout this time to ensure processes improved.
--	--

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Excel spreadsheet with incident information 4. PREA Investigative Report <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Associate Director/Administrative Investigator <p>Findings by Provision: 115.372 No standard higher than a preponderance of the evidence Compliance Determination: The auditor reviewed the PREA Policy in the Evidentiary Standard for Administrative Investigations section which states that, "LSS will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". The auditor interviewed the investigator and reviewed investigative information and was satisfied on 14 of 16 instances that this facility uses no standard higher than a preponderance of the evidence. She stated that they use a preponderance of evidence which means that more than 50% believed through the evidence that the incident occurred. For two investigations, the auditor needed more information than what was provided in the investigative report to determine if the standard of evidence was used appropriately.</p> <p>The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy and the administrative investigative reports and through interviews with the Associate Director who is an administrative investigator.</p> <p>CORRECTIVE ACTIONS: The auditor required more information in the two reports in which the outcome of the investigation seemed contrary to the information provided within the report. The PREA Coordinator and the auditor discussed this information and agreed that the outcome of these investigations were not correctly identified on the reports. The reports were corrected. The PREA Coordinator provided more training to investigative staff to ensure that everyone has a clear understanding of how to properly document the outcome of the investigation.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ol data-bbox="280 383 727 539" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. PREA Investigative Reports 4. Outcome to Resident <p data-bbox="280 580 639 616">Interviews Conducted:</p> <ol data-bbox="280 622 994 696" style="list-style-type: none"> 1. Associate Director/Administrative Investigator 2. PREA Coordinator <p data-bbox="280 736 635 772">Findings by Provision:</p> <p data-bbox="280 779 1233 815">115.373 (a) Inform resident of the outcome of investigation</p> <p data-bbox="280 822 1468 1189">Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (a) which states that, "Following an investigation into a resident's allegation of sexual abuse suffered in the facility, LSS shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded". The auditor interviewed the PREA Coordinator and the Associate Director/ Administrative Investigator who stated that they will deliver in person a letter which will have the outcome of the investigation. The auditor reviewed the notices of outcome to the residents to corroborate compliance with this standard.</p> <p data-bbox="280 1229 1321 1265">115.373 (b) Request outcome from external investigative agency</p> <p data-bbox="280 1272 1461 1592">Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (b) which states that, "If LSS did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident". The auditor interviewed the Associate Director/ Administrative Investigator who stated that if the Sioux Falls Police Department conducts the investigation, they will obtain the information from them so that they can inform the resident as to the progress of the case and the conclusion.</p> <p data-bbox="280 1632 1436 1706">115.373 (c) Inform resident if alleged staff abuser is no longer posted in unit, no longer employed, or has been indicted or convicted</p> <p data-bbox="280 1713 1481 2085">Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (c) which states that, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, LSS shall subsequently inform the resident (unless the agency 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</p>

facility". The auditor reviewed the investigative files and interviewed the Associate Director/Administrative Investigator. There have been no substantiated or unsubstantiated allegations against staff in which these processes were applicable. The Associate Director stated that they will follow policy and notify the residents by letter at each of the steps in the process of investigation against staff.

115.373 (d) Inform resident if alleged resident abuser has been indicted or convicted

Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (d) which states that, "Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (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. The auditor reviewed the investigative files and interviewed the Associate Director/Administrative Investigator. The Associate Director stated that they will follow policy and notify the residents by letter at each of the steps in the process of investigation against allegations perpetrated by another resident.

115.373 (e) Document all attempts to notify

Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (e) which states that, "All such notifications or attempted notifications shall be documented". The auditor interviewed the PREA Coordinator and the Associate Director/Administrative Investigator who stated that they will deliver in person a letter which will have the outcome of the investigation. The auditor reviewed notices of outcome to the residents.

115.373 (f) Obligation to report if resident released from agency's custody

Compliance Determination: The auditor reviewed the PREA Policy in the Reporting to Residents section in paragraph (f) which states that, "An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody".

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the investigative reports, and notice of outcome to the resident, and through interviews with the Associate Director/Administrative Investigator and the PREA Coordinator.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

1. Pre-Audit Questionnaire
2. PREA Policy
3. PREA Investigative Reports and files

Interviews Conducted:

1. Program Director
2. Associate Director

Findings by Provision:

115.376 (a) Staff subject to disciplinary action up to and including termination for violating policies

Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Staff section in the first sentence of paragraph (a) which states that, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies".

115.376.(b) Termination is the presumptive discipline for staff who have engaged in sexual abuse

Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Staff section in paragraph (b) which states that, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse".

115.376 (c) Staff Discipline commensurate with the nature and circumstance, etc.

Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Staff section in the second sentence of paragraph (a) which states that, "Disciplinary sanctions will be determined based upon 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 disciplinary histories.

115.376 (d) All terminations unless activity not criminal reported to law enforcement agencies and relevant licensing bodies

Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Staff section in paragraph (d) which states that, "All terminations for violations of LSS sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies".

The auditor reviewed investigative files which included referrals to law enforcement for investigation, then were referred back to the facility to investigate. The Program Director stated that discipline would be commensurate with the nature and circumstances of the allegation committed, the staff member's disciplinary history, and comparable incidents, but that termination would be the presumptive discipline for substantiated allegations of sexual abuse. Any reports of sexual abuse perpetrated by a staff were reported to law enforcement, CPS, and any relevant licensing bodies. The auditor discussed with administrators and reviewed

	<p>investigative files in which the administrators referenced coaching and counseling regarding better staff supervision, and clear, physical separation between male and female residents. They were not sexual abuse allegations against the staff, but more directed at ways to prevent future sexual abuse incidents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of investigative reports, and through an interview with the Program Director, and the Associate Director.</p>
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director <p>Findings by Provision:</p> <p>115.377 (a) Contractor or volunteer who engages in sexual abuse prohibited from contact and reported to law enforcement agency unless not criminal and to relevant licensing bodies</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Volunteers and Contractors section in paragraph (a) which states that, “Any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with residents”. In paragraph (b) it states that, “Any volunteer or contractor who engages in sexual abuse or sexual harassment shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies (see LSS Incident Reporting Matrix)”.</p> <p>115.377 (b) Contractor or volunteer policy violations - Take appropriate remedial measures and consider prohibiting further contact</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Disciplinary Sanctions for Volunteers and Contractors section in paragraph (c) which states that, “Appropriate remedial measures will be taken in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor; this includes consideration of whether further contact with residents will be allowed”.</p> <p>The auditor interviewed the Program Director who stated that they will be subject to the corrective actions as outlined in the policy and that they would immediately</p>

	<p>prohibit further contact, and if serious, terminate their service and if criminal, contact law enforcement to seek prosecution. She stated that contractors and volunteers are supervised by staff while providing services to their clients within the facility and are not in a one-on-one situation with youth when delivering services. The auditor reviewed the investigative files and there were no allegations against contractors or volunteers.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Program Director.</p>
--	---

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Associate Director <p>Findings by Provision:</p> <p>115.378 (a) Residents disciplined Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in the first paragraph which states that, "A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse".</p> <p>115.378 (b) Sanctions commensurate with the nature and circumstance Compliance Determination: The auditor interviewed the Program Director who stated that discipline would depend on the level of the abuse. The sanctions consist of redirection, discussion, separation, loss of privileges, loss of points, moved to a different sleeping room, or facility. For the more serious infractions they would pursue criminal charges and discharge them from the program. The Program Director stated that they do not use isolation for discipline. They will ensure that the resident is watched continuously. The auditor reviewed the Behavioral Management policy which explicitly states that, "Seclusion is used to involuntarily restrict a resident to an area or room to help the resident regain their behavior control. Seclusion is time-limited, and staff continually monitors the resident. During seclusion, the resident is given the same opportunities for food, clothing, hygiene, and right to bring grievance. Before leaving seclusion, the resident will have a plan</p>

to not hurt themselves or others”.

115.378 (c) Disciplinary process considers resident’s mental disabilities or mental illness

Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in paragraph (a) which states that, “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed”. The auditor interviewed the Program Director who stated that this would always be considered.

115.378. (d) if sex offender therapy offered, facility considers whether to require offender to participate as a condition of access to programming or other benefits

Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in paragraph (b) which states that, “LSS will offer therapy, counseling, and other program interventions designed to address and correct underlying reasons or motivations for the abuse. LSS may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378 (e) Discipline for sexual contact with staff only upon finding that staff member did not consent

Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in paragraph (c) which states that, “LSS may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact”. The auditor interviewed the Program Director who stated there have been no incidents of this type at the facility.

115.378 (f) Good faith report shall not constitute false reporting

Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in paragraph (d) which states that, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”.

115.378 (g) May prohibit all sexual activity between residents but may not deem as sexual abuse if determined not coerced

Compliance Determination: The auditor reviewed the PREA Policy in the Interventions and Disciplinary Sanctions for Residents section in paragraph (e) which states that, “LSS prohibits all sexual activity between residents. This activity is only deemed to constitute sexual abuse if the investigation determines that the activity is coerced.” The auditor interviewed the Associate Director who stated that they sometimes have an issue with consensual relationships. They investigate each incident. They usually respond by requiring the residents be more closely supervised – often stating to the residents and the staff that they must maintain a

	<p>specific distance from each other. There were four incidents of consensual contact. All allegations were investigated to ensure one of the residents was not being coerced. These investigative reports are included in the investigative files, but they are listed as “Not PREA” once it was determined that it was consensual and not coerced.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and a review of investigative reports, and through interviews with the Program Director and the Associate Director.</p>
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Coordinated Response Manual <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. PREA Coordinator 3. Nurse 4. Qualified Mental Health Professional (QMHP) 5. Staff conducting risk assessments <p>Findings by Provision:</p> <p>115.381 (a) If screening indicates resident experienced prior sexual victimization, offer follow-up with medical or mental health practitioner within 14 days of intake screening</p> <p>Compliance Determination: The auditor reviewed the PREA Policy in the Medical and Mental Health Screenings; History of Sexual Abuse section in paragraph (a) which states that, “If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening”. The auditor reviewed the PREA Education form which staff documents at the bottom if the resident disclosed any current or past sexual abuse. If they did, staff document that the youth was offered the option to receive support from a mental health provider within 14 days. The auditor interviewed a LSS licensed professional counselor - mental health (LPC-MH), qualified mental health professional (QMHP) who stated that a QMHP would assess the youth to determine if more mental health care was needed. If it was determined that they needed more care, that would be provided. If there is a resident experiencing sexual trauma that</p>

needs immediate care, they would respond or make a referral for an immediate response to an external mental health professional within the community.

115.381 (b) If screening indicates resident previously perpetrated sexual abuse, offer follow-up with mental health practitioner within 14 days of intake screening

Compliance Determination: The auditor reviewed the PREA Policy in the Medical and Mental Health Screenings; History of Sexual Abuse section in paragraph (b) which states that, "If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting, residential/group treatment setting, or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (c) Information related to sexual victimization or abusiveness strictly limited to medical and mental health practitioners and other staff to inform treatment plans and security and management decisions.

Compliance Determination: The auditor reviewed the PREA Policy in the Medical and Mental Health Screenings; History of Sexual Abuse section in paragraph (c) which states that, "Any information related to sexual victimization or abusiveness that occurred in an institutional/residential setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (d) Medical or mental health practitioners obtain informed consent before reporting information that did not occur in an institutional setting unless resident under the age of 18

Compliance Determination: The auditor reviewed the PREA Policy in the Medical and Mental Health Screenings; History of Sexual Abuse section in paragraph (d) which states that, "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. Administrators stated that all residents are under the age of 18.

The auditor interviewed the staff who administers the screening and the medical and mental health staff, who stated that through the PREA screening completed at intake, any resident that has experienced prior sexual victimization, or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, will be offered a follow-up meeting with the medical or mental health staff within 14 days of the intake screening. Residents are notified regarding the limits of confidentiality if they disclose sexual abuse to medical or mental health providers.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the staff who administer the screening and medical staff and mental health staff.

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Coordinated Response Plan <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Nurse 3. Qualified Mental Health Professional (QMHP) 4. PREA Coordinator <p>Findings by Provision:</p> <p>115.382 (a) Access to emergency medical treatment and crisis intervention and 115.382 (b) If no medical or mental health staff on duty, security staff immediately notify medical and mental health practitioners Compliance Determination: The auditor reviewed the PREA Policy in the Access to Emergency Medical and Mental Health Services section in the first paragraph which states that, “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment”.</p> <p>115.382 (b) If medical or mental health practitioners not on duty , security staff first responders take preliminary steps to protect victim and notify appropriate medical and mental health practitioners. Compliance Determination: The auditor reviewed the PREA Policy in the Access to Emergency Medical and Mental Health Services section in paragraph (a) which states that, “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners”.</p> <p>115.382 (c) Offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis Compliance Determination: The auditor reviewed the PREA Policy in the Access to Emergency Medical and Mental Health Services section in paragraph (b) which states that, “Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate”.</p> <p>115.382 (d) Treatment services at no financial cost Compliance Determination: The auditor reviewed the PREA Policy in the Access</p>

	<p>to Emergency Medical and Mental Health Services section in paragraph (c) which states that, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident".</p> <p>The auditor reviewed the PREA policy and the Coordinated Response Plan, and interviewed the Program Director, the PREA Coordinator, the nurse and the qualified mental health professional. The nurse can provide immediate care when on duty, but if more urgent care is needed the resident would be transported to the hospital or an ambulance called. Both the nurse and the QMHP stated that their personal judgement at that facility would be followed. The PREA Coordinator confirmed that the residents would not be responsible for the payment of these services.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the Coordinated Response Manual, and through interviews with the Program Director, the PREA Coordinator, the nurse, and the QMHP.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Nurse 3. QMHP <p>Findings by Provision:</p> <p>115.383 (a) Offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in the first paragraph which states that, "LSS shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse".</p> <p>115.383 (b) Evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer or release Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in</p>

paragraph (a) which states that, "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".

115.385 (c) Provide medical and mental health services consistent with community level of care

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (b) which states that, "The facility shall provide such victims with medical and mental health services consistent with the community level of care".

115.383 (d) Provide pregnancy tests

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (c) which states that, "Resident victims of sexually abusive vaginal penetration shall be offered pregnancy tests".

115.383 (e) Provide timely and comprehensive information and timely access to all lawful pregnancy-related medical services

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (d) which states that, "If pregnancy results from conduct specified in paragraph (c) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services".

115.383 (f) Offer tests for sexually transmitted infections

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (e) which states that, "Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate".

115.383 (g) Provided treatment services without financial cost

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (f) which states that, "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".

115.383 (h) Attempt mental health evaluation for all known sexual abusers within 60 days of learning of abuse history and offer treatment when deemed appropriate by mental health practitioners

Compliance Determination: The auditor reviewed the PREA Policy in the Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers section in paragraph (g) which states that, "The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners".

	<p>The auditor reviewed the PREA policy and interviewed the nurse and the QMHP who stated that ongoing medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The Program Director, the nurse, and the QMHP verified that these services would be provided to the residents through community providers if they could not be provided by the nurse or the LSS QMHPs. Services include pregnancy testing, pregnancy related services, testing for sexually transmitted infections, and mental health evaluations for all known sexual abusers. The nurse or the Program Director would follow up to ensure that follow-up services recommended by community providers would be continued. These staff stated that the level of care provided at Arise East was consistent with community level of services, if not better. These services have not been required at the facility.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Program Director, the nurse and the QMHP.</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. Incident Review form 4. Investigative files <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director 2. Associate Director/Administrative Investigator <p>Findings by Provision:</p> <p>115.386 (a) Conduct sexual abuse incident review Compliance Determination: The auditor reviewed the PREA Policy in the Sexual Abuse Incident Review section in the first sentence of paragraph (a) which states that, "LSS will 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. The review will occur within 30 days of the conclusion of the incident investigation".</p> <p>115.386 (b) Review within 30 days of conclusion of investigation Compliance Determination: The auditor reviewed the PREA Policy in the Sexual Abuse Incident Review section in the second sentence of paragraph (a) which states that, "The review will occur within 30 days of the conclusion of the incident investigation".</p>

115.386 (c) Review team includes upper-level management with input from line staff, investigator, and medical or mental health practitioners

Compliance Determination: The auditor reviewed the PREA Policy in the Sexual Abuse Incident Review section in the first sentence of paragraph (b) which states that, "The review team shall include program supervisors, associate director, and/or case managers".

115.386 (d) Review team will consider items outlined in provision

Compliance Determination: The auditor reviewed the PREA Policy in the Sexual Abuse Incident Review section in the second sentence of paragraph (b) which states that, "The review team will:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Make recommendations for improvement to program policy or procedure.

The auditor reviewed the sexual abuse incident reviews. The LSS Arise East uses a form to complete their incident review. The form questions trigger discussion on the each of the items required to be considered for the incident and has a required explanatory section so that it is not a "check the box" form. The managers documented meaningful discussion on the incident review forms.

115.386 (e): Implement recommendations for improvement or document reasons for not doing so

Compliance Determination: The auditor reviewed the PREA Policy in the Sexual Abuse Incident Review section in paragraph (c) which states that, "LSS will conduct a PQI review at the conclusion of every quarter that will include follow up from the monthly facility sexual abuse incident review. The review team shall include upper-level administration, with input from facility program directors. This review team will review the recommendations from the program level review team and determine if any agency-wide policy changes are necessary and implement the recommendations for improvement or shall document its reasons for not doing so".

The facility completed incident reviews for all allegations investigated to include both sexual abuse and sexual harassment incidents. All the required components of the standard were considered. The facility has an excellent review process. The only item that is not done per the standard is that the incident review is to occur within 30 days of the **conclusion of the investigation**. There were several incident

reviews that were dated **prior to the date on the investigative report.**

The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the investigative files, through a review of incident reviews, and through interviews with the Program Director, and the Associate Director/Administrative Investigator.

The auditor determined that the Arise Youth Center East exceeds the standard in that they also complete a PQI review at the conclusion of every quarter that includes a follow-up from the monthly facility sexual abuse incident review. They also complete a sexual abuse incident review for substantiated and unsubstantiated investigations of sexual harassment. For these reasons, the author determined that they exceed this standard in this area.

CORRECTIVE ACTIONS: The auditor required sexual abuse incident reviews be conducted after the investigation is complete, not before. The auditor monitored processes during the corrective action period. However, there was only one reported allegation and investigation during this time. The auditor reviewed this investigative report documentation, and the review completed and dated after the investigation was complete. The PREA Coordinator and the auditor had several discussions during the corrective action period on their investigative processes and the ways that they were improving them. The PREA Coordinator also provided instruction to investigative staff throughout this time to ensure processes improved. In a few of the incident reviews, the review dates were recorded in error and was corrected. In a few cases, the investigation had been conducted and the incident review immediately done, prior to the report being typed up and dated. During discussions with the PREA Coordinator, they understand now the importance of paying attention to detail, the importance of the dates, and the recording accurate timing of their investigative processes.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: <ol style="list-style-type: none">1. Pre-Audit Questionnaire2. PREA Policy3. Investigative Files4. Aggregate data for from the previous 12 months November 2024 to October 2025 Interviews Conducted: <ol style="list-style-type: none">1. PREA Coordinator Findings by Provision:

115.387 (a) Collect accurate, uniform data for every allegation

Compliance Determination: The auditor reviewed the PREA Policy in the Data Collection section which states that, “The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions”.

115.387 (b) Aggregate incident-based data annually

Compliance Determination: The auditor interviewed the PREA Coordinator who states that they aggregate the incident-based sexual abuse data at least annually.

115.387 (c) Data necessary to answer the questions from Survey of Sexual Violence

Compliance Determination: The auditor interviewed the PREA Coordinator who stated they have the incident-based data collected so that they can answer all questions Survey of Sexual Violence conducted by the Department of Justice, but they have never been asked to provide this information.

115.387 (d) Maintain, review, and collect data from reports, investigation files, and sexual abuse incident reviews

Compliance Determination: The auditor was provided with investigative reports, investigation files, incident reviews.

115.387 (e) Obtain incident-based and aggregated data from contracted private facilities

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that they do not contract for the confinement of their residents with another agency.

115.387 (f) Provide data to DOJ no later than June 30 upon request

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that upon request, they will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The PREA Coordinator provided aggregate annual data for the past 12 months previous to the audit – November 2023 to October 2025. This was provided in an Excel spreadsheet that included the date the incident was reported, the type of allegation, a brief summary of the incident, the outcome of the investigation, and the investigator that completed the investigation. At the bottom of the data table was the information aggregated by type and outcome. The calendar year for 2023 and 2024 are posted on LSS website. The aggregated data is included in their annual reports. The facility does not contract for the confinement of their residents. The Department of Justice has not requested data from this facility.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of the aggregate data for the preceding 12 months and through interviews with the Program Director/PREA Compliance Manager, and the PREA Coordinator.

115.388	Data review for corrective action
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ol data-bbox="280 385 1069 501" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. 2023 and 2024 Annual reports with aggregate data <p data-bbox="280 537 639 573">Interviews Conducted:</p> <ol data-bbox="280 582 845 739" style="list-style-type: none"> 1. Vice President, Program Operations 2. Program Director 3. PREA Compliance Manager 4. PREA Coordinator <p data-bbox="280 775 635 810">Findings by Provision:</p> <p data-bbox="280 819 1412 855">115.388 (a) Prepare annual report; Review data to assess and improve</p> <p data-bbox="280 864 1484 1061">Compliance Determination: The auditor reviewed the PREA Policy in the Data Review for Corrective Action section which states that, “The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ol data-bbox="280 1070 1460 1312" style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. <p data-bbox="280 1348 1476 1760">The auditor interviewed the Vice President, Program Operations who stated that she reviews and approves the annual report before it is posted on the agency website where it is made readily available to the public through their website at https://ls-ssd.org/contact-us/resources-and-disclosures.html. The auditor reviewed the 2023 and 2024 annual reports on their website. The auditor interviewed the PREA Coordinator that stated no identifiable information is posted in the annual reports. The LSS Arise East facility’s annual report is aimed at assessing and improving the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis.</p> <p data-bbox="280 1796 1460 1877">115.388 (b) Annual report includes comparison of current year’s data and corrective actions with prior years and provides progress</p> <p data-bbox="280 1886 1412 2038">Compliance Determination: The auditor reviewed the 2023 and 2024 annual reports and could not identify a comparative analysis, corrective actions, nor an assessment of their progress in addressing sexual abuse as required by this provision of the standard.</p>

	<p>115.388 (c) Annual report approved by agency head and on website Compliance Determination: The auditor interviewed the Vice President, Program Operations, who stated that she is provided with a copy of the annual report to approve before it is posted on the agency website.</p> <p>115.388 (d) Redact information that may be a threat to safety and security but must indicate nature of material redacted Compliance Determination: The auditor interviewed the PREA Coordinator, who stated that they do not include any information that needs to be redacted within the annual report.</p> <p>The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the aggregate data within the annual reports posted on the website</p> <p>CORRECTIVE ACTIONS: The auditor required that the 2025 Annual Report include a comparison of the current year’s data with that from prior years, any corrective actions, and an assessment of their progress in addressing sexual abuse. The PREA Coordinator provided the auditor with the 2025 Annual Report, which included a comprehensive comparative analysis. This report was posted on the agency website at https://lsssd.org/contact-us/resources-and-disclosures.html</p>
--	---

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Policy 3. 2023 through 2025 Annual reports with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.389 (a) Data security retained Compliance Determination: The auditor reviewed the PREA Policy in the Data Storage section which states that, “LSS shall ensure that data collected pursuant to § 115.387 are securely retained”.</p> <p>115.389 (b) Aggregate data available to public annually Compliance Determination: The 2023 and 2024 aggregate data has been posted on the agency website at https://lsssd.org/contact-us/resources-and-disclosures.html and is therefore available to the public. The facility does not contract for the confinement of its residents with any facility. The 2025 Annual report with aggregate</p>

	<p>data was posted on the agency website during the corrective action period.</p> <p>115.389 (c) Remove personal identifiers Compliance Determination: The auditor reviewed the 2023 and 2024 Annual Reports on the LSSSD website. There is no personal identifiers within those reports.</p> <p>115.389 (d) Maintain data for at least 10 years after the date of the initial collection Compliance Determination: The auditor interviewed the PREA Coordinator who stated that information is maintained locked within the PREA Coordinator’s office or the LSS East Program Director’s office or stored electronically on a secure drive that is password protected with limited access. Data collected is retained for at least ten (10) years.</p> <p>The auditor determined compliance or non-compliance through a review of the pre-audit questionnaire, a review of PREA policy and the annual report with the aggregate data through interviews with the PREA Coordinator.</p>
--	---

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The LSS Arise West facility 2018 PREA Audit 3. The LSS Arise East facility 2019 PREA Audit 4. The LSS Arise West facility 2021 PREA Audit 5. The LSS Arise East facility 2022 PREA Audit 6. The LSS Arise West facility 2024 PREA Audit <p>Findings by Provision:</p> <p>115.401 (a) Each facility audited once every three years Compliance Determination: There are two facilities within the LSSSD agency that require a PREA Audit – Arise East in Sioux Falls and Arise West in Rapid City, South Dakota. LSSSD began auditing their facilities with the Arise East facility in 2018 during the second year of the second cycle. They followed by auditing the Arise East facility in the third year of the second audit cycle. They anticipated staying on that cycle every three years until COVID 19 hit in 2020 and 2021. They resumed audits again with the Arise West facility in October 2021, the third year of the third cycle. The fourth audit cycle began with the Arise East facility in November 2022 during the first year of that cycle and the Arise West facility in October 2024 during the third year of that cycle. The fifth audit cycle begins with the Arise East audit in November 2025 during the first year of this cycle.</p> <p>115.401 (h) Auditor access to and observation of all areas of facility</p>

	<p>Compliance Determination: The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility to include administrative areas, conference rooms, the reception office, the residential unit, resident housing sleeping rooms, restrooms, shower rooms, gym, laundry room, staff work areas, classroom, visit room, storage areas, and the food serving area and kitchen.</p> <p>115.401 (l) Auditor permitted to request and receive copies of any relevant documents including electronically stored information</p> <p>Compliance Determination: The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The LSS Arise East facility provided numerous copies of documents to include policies, resident screenings, human resource documentation, forms, and investigative information.</p> <p>115.401 (m) Auditor permitted to conduct private interviews</p> <p>Compliance Determination: The auditor conducted private interviews with residents in a conference room that was provided for this purpose. The LSS Arise East facility staff were very cooperative throughout the audit process.</p> <p>115.401 (n) Residents permitted to send confidential information to auditor in same manner as if with legal counsel</p> <p>Compliance Determination: 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. The auditor received photographs of the audit notice posted throughout the facility with the auditor’s contact information and verified it was posted while on the facility tour. The auditor did not receive any confidential correspondence.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of previous PREA Audits, a very thorough tour, and a review of numerous documents.</p> <p>RECOMMENDATION: The auditor recommends that the Arise West facility move their next PREA Audit from October 2027 to August 2027. This would set the agency up to always audit Arise East in the first year of an audit cycle and Arise West in the second year of an audit cycle which is more consistent with the standard.</p>
--	--

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. LSSSD website

Findings by Provision:

115.403 (f) All final audit reports published on agency's website

Compliance Determination: This is the third audit for the LSS Arise East facility. Their last two PREA audits were conducted on April 1-5, 2019 and November 17-18, 2022. Both of these audits are posted on the LSSSD website at <https://lsssd.org/contact-us/resources-and-disclosures.html>. In addition, the LSS Arise West audits from March 2018, October 2011, and October 2024 are also posted on the website.

The auditor determined compliance through a review of the pre-audit questionnaire and a review of the LSSSD website.

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)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

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

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

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based 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.)	yes
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	Evidence protocol and forensic medical examinations	

(e)		
	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

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

	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?	
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
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	yes

	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).)	
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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

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

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	Resident reporting	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

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

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
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	Interventions and disciplinary sanctions for residents	

(c)		
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
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	yes

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

	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.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
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	yes

	<p>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.)</p>	
--	--	--