PREA Facility Audit Report: Final

Name of Facility: Oakley Youth Development Center
Facility Type: Juvenile
Date Interim Report Submitted: 03/31/2026
Date Final Report Submitted: 04/30/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Robert Burns Latham	**Date of Signature:** 04/30/2026

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	01/22/2026
End Date of On-Site Audit:	01/23/2026

FACILITY INFORMATION	
Facility name:	Oakley Youth Development Center
Facility physical address:	2375 Oakley Road, Raymond, Mississippi - 39154
Facility mailing address:	

Primary Contact

Name:	Dr. Dennis Daniels
Email Address:	Dennis.Daniels@mdhs.ms.gov
Telephone Number:	6018577596

Superintendent/Director/Administrator	
Name:	Dr. Dennis Daniels
Email Address:	Dennis.Daniels@mdhs.ms.gov
Telephone Number:	6018577596

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

Facility Health Service Administrator On-Site	
Name:	Angela Peters
Email Address:	angela.peters@mdhs.ms.gov
Telephone Number:	6018577673

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	35
Average daily population for the past 12 months:	36
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:	13-18
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	130
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	30
Number of volunteers who have contact with residents, currently authorized to enter the facility:	14

AGENCY INFORMATION	
Name of agency:	Mississippi Department of Human Services Division of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	200 South Lamar Street, Jackson, Mississippi - 39201
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Edward Hunt	**Email Address:**	edward.hunt@mdhs.ms.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

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

POST-AUDIT REPORTING INFORMATION

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:	2026-01-22
2. End date of the onsite portion of the audit:	2026-01-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	• Just Detention International • Mississippi Department of Child Protection Services (MDCPS) • Mississippi Coalition Against Sexual Assault (MCASA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	112
15. Average daily population for the past 12 months:	36
16. Number of inmate/resident/detainee housing units:	11

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	30
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:	1
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
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:	0
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:	0
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:	1
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:	0
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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	130
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:	14
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:	30
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:	8

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were interviewed from all housing units.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
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):	The auditor was provided with a roster of residents confined on the first day of the onsite audit. The auditor selected residents from each housing unit with consideration given to age, race, ethnicity, gender, and length of time in the facility. Additionally, the auditor was provided with lists of residents for selecting targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included interviewing staff and residents.
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration strategies included interviewing staff and residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration strategies included interviewing staff and residents.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration strategies included interviewing staff and residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol were not applicable.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Interviews conducted with residents who identify as transgender and intersex using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol were not applicable.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration strategies included interviewing staff and residents.

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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Corroboration strategies included interviewing staff and residents.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor was provided with lists of residents for selecting targeted interviews. In addition to picking residents from the lists, the auditor corroborated the information provided by interviewing staff and residents and reviewing risk screening information.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
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):	The auditor was provided a roster on the first day of the onsite audit. Staff were selected all housing units and from each shift. To enable a cross section of staff interviewed, the auditor considered, length of tenure in the facility, rank, work assignments, gender, race, ethnicity, and languages spoken.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	◉ Yes ○ No

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor was provided a roster for staff and lists for volunteers and contractors.

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

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).	The auditor had access to all areas of the facility. During the site review, the auditor conducted informal conversations with residents and staff and tested several critical functions. These included the facility's process for securing on-demand interpretation services through Propio Language Services; internal reporting methods for confined persons, including grievance processes; external reporting methods through the Mississippi Department of Child Protection Services Child Abuse Hotline and the Mississippi Coalition Against Sexual Assault hotline; access to outside emotional support services through MSCASA; and third-party reporting through the reporting form located on the Mississippi Department of Human Services website.

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.

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor reviewed documents for staff interviewed, as well as additional documents provided through corrective action. These records included personnel files and training documentation. The auditor also reviewed records for residents interviewed and during the 12-month audit period, including intake records, initial risk assessments, risk reassessments, and documentation reflecting the use of screening information.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reported allegations of sexual abuse.

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
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?	○ Yes ○ No ◉ 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?	○ Yes ○ No ◉ 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.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Mississippi Department of Human Services, Division of Youth Services Organizational Chart 4. Mississippi Department of Human Services (MDHS), Division of Youth Services Organizational Chart 5. Interview with PREA coordinator **Reasoning and analysis (by provision):** **15.311 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a written policy mandating zero tolerance toward all forms of sexual

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

Oakley Youth Development Center PREA Policy (page 2):
It is the policy of the Mississippi Department of Human Services (MDHS), Division of Youth Services (DYS), that Oakley Youth Development Center (OYDC) maintains a zero-tolerance policy against the sexual abuse and harassment of youth and custodial misconduct in accordance with the standards set forth in the Prison Rape Elimination Act of 2003 (PREA). Any sexual contact, be it youth-on-youth or staff-on-youth, is strictly prohibited regardless [of] whether any of the parties involved consider it to be consensual or forced.

The policy outlines the facility's approach to preventing, detecting, and responding to sexual misconduct. It includes definitions of prohibited behaviors related to sexual abuse and sexual harassment, as well as sanctions for individuals found to have engaged in such conduct. The policy addresses prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring practices, criminal background checks, staff training, resident education, and the use of PREA posters and educational materials.

Additionally, the policy includes procedures for intake screening to assess risk of sexual victimization and abusiveness; responding to allegations of sexual abuse and sexual harassment through multiple reporting avenues; conducting investigations; imposing disciplinary sanctions for residents and staff; providing victim advocacy services; ensuring access to emergency medical treatment and crisis intervention services; completing sexual abuse incident reviews; and collecting and reviewing data to inform corrective action.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.311 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA coordinator is in the agency's organizational structure is Program Specialist.

What was heard, as part of a systematic review of evidence:

	Interview with the PREA coordinator: The PREA coordinator stated that they have sufficient time to manage all PREA-related responsibilities and explained that efforts to comply with PREA standards are coordinated through participation in leadership meetings, ongoing review of each standard to identify areas for improvement, and the provision of training to ensure staff understanding and compliance. The coordinator also stated that there are no facility PREA compliance managers throughout the agency. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.311 (c) N/A** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility does not have a designated PREA compliance manager. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) **Reasoning and analysis (by provision):** **115.312 (a) N/A** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.312 (b) N/A** **Finding:** **Based on this analysis, the facility is substantially compliant with this**

	provision and corrective action is not required.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Mississippi Department of Human Services, Division of Youth Services 2025 Staffing Plan 4. Oakley Youth Development Center Staffing Plan Assessments (2022, 2023, and 2024) 5. Unannounced Supervisory Visits forms 6. Interview with superintendent 7. Interview with PREA coordinator 8. Interview with intermediate or higher-level facility staff **Reasoning and analysis (by provision):** **115.313 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. • Since August 20, 2012, or the date of the last PREA audit (whichever is later), the average daily number of residents was 30. • Since August 20, 2012, or the date of the last PREA audit (whichever is later), the average daily number of residents on which the staffing plan was predicated was 36. Oakley Youth Development Center PREA Policy (pages 17-18): The Director of Institutions/Director of Institutions in consultation with the PREA Coordinator will develop and document the facility staffing plan and will make his/her best effort to comply with the staffing plan. The plan will provide for adequate levels of staffing and, where applicable, video monitoring to protect youth against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, OYDC shall take into consideration:

- Generally accepted juvenile detention and correctional/secure residential practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight agencies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated);
- The composition of the youth population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Review of staffing plan:
The auditor reviewed the Mississippi Department of Human Services, Division of Youth Services 2025 Staffing Plan Oakley Youth Development Center and observed the plan is inclusive of the standard provision requirements. The evidence shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is well documented and provides for adequate levels of staffing.

What was heard, as part of a systematic review of evidence:
Interviews with superintendent and PREA coordinator:
The director stated the facility regularly develops and documents a staffing plan that considers adequate staffing levels to protect residents from sexual abuse and includes the use of video monitoring as part of that plan. They also stated the facility's staffing plan considers generally accepted detention practices; no judicial, federal, or oversight findings of inadequacy; physical plant factors such as blind spots; the all-male resident population; the number and placement of supervisory staff for each shift and dorm; programs occurring during shifts (including school, recreation, and groups); applicable laws and standards; and the prevalence of both substantiated and unsubstantiated sexual abuse incidents, with no such incidents reported, along with any other relevant factors as needed.

The PREA coordinator stated that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers generally accepted juvenile detention practices; any judicial, federal, or oversight findings of inadequacy, of which there have been none; all areas of the physical plant, including blind spots; the composition of the resident population, which includes both male and female residents; the number and placement of supervisory staff across all shifts and dorms; programs occurring during each shift, such as school, recreation, and mental health groups; applicable laws, regulations, and standards; and the prevalence of substantiated or unsubstantiated sexual abuse incidents, with none reported, along with any other relevant factors as needed.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Oakley Youth Development Center PREA Policy (page 18):
OYDC shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

Documentation of deviations from staffing plan:
There were no deviations reported.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The director stated that the facility has not experienced any circumstances in which staffing plan requirements could not be met; however, if such a situation did occur, the facility would document each instance of non-compliance and include an explanation detailing the reason the staffing plan was not achieved.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months

- The number of times the facility deviated from the required staffing ratio of 1:8 security staff during resident waking hours was 0.
- The number of times the facility deviated from the required staffing ratio of 1:16 security staff during resident sleeping hours was 0.

Oakley Youth Development Center PREA Policy (page 18):
OYDC shall maintain staff ratios of a minimum of 1:8 during youth waking hours and

1:16 during youth sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only direct care and security staff shall be included in these ratios.

What was heard, as part of a systematic review of evidence:
Interviews with superintendent:
The director stated that the facility is required under PREA to maintain staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours. To ensure these ratios are consistently met, the facility uses staff stay-overs when necessary to maintain appropriate coverage.

What was observed as part of a systematic review of evidence:
Site review:
During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

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

Oakley Youth Development Center PREA Policy (page 18):
Whenever necessary, but no less frequently than monthly, the PREA Coordinator shall meet with the Director of Institutions/Director of Institutions to assess, determine, and document whether adjustments are needed to:

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

Annual staffing plan reviews:
The auditor reviewed the staffing plan assessments for 2022, 2023, and 2024 and observed that the assessments were conducted in accordance with the

requirements of the standard provision.

What was heard, as part of a systematic review of evidence:
Interviews with PREA coordinator:
The PREA coordinator stated that the facility is consulted regarding assessments of and adjustments to the staffing plan. Facility leadership is included in the development and review process to provide input based on operational needs, safety considerations, and supervision requirements. Staffing plan assessments are conducted at least annually and whenever necessary due to changes in population, facility layout, or other relevant factors.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.313 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Oakley Youth Development Center PREA Policy (page 18):
OYDC shall implement a practice of having intermediate and higher-level staff conduct and document unannounced rounds to identify and deter sexual abuse and harassment. These shall be implemented on day shift as well as night shift. Those conducting unannounced rounds are prohibited from alerting others of the rounds occurring and OYDC has practices in place that disallow staff from alerting other staff of the rounds unless there is a legitimate operational need to do so.

Review of documented unannounced rounds:
The auditor reviewed Unannounced Supervisory Visits forms and observed unannounced rounds occurred monthly, on all shifts, during the 12 month audit reporting period.

What was heard, as part of a systematic review of evidence:
Interviews with intermediate or higher-level facility staff:
The youth services worker supervisor stated they conduct unannounced rounds, the rounds are documented, and they stated they do not inform staff they are conducting unannounced rounds.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Oakley Youth Development Center Youth Cross-Gender Search form 4. Interviews with random sample of staff 5. Interviews with random sample of residents **Reasoning and analysis (by provision):** **115.315 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months there were no cross-gender strip or cross-gender visual body cavity searches of residents: Oakley Youth Development Center PREA Policy (page 19): Employees/staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches. **What was observed as part of a systematic review of evidence:** The auditor observed the searches are not under video surveillance and do not allow for cross-gender viewing. Staff explained the searches process and confirmed that searches are completed by staff of the same gender as the residents being searched. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.315 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months there were no cross-gender pat-down searches of residents. Oakley Youth Development Center PREA Policy (page 19): The institution shall not conduct cross-gender pat-down searches of youth, except in

exigent circumstances and must be approved by a Shift Supervisor.

Review of logs of cross-gender pat down searches of residents to identify documentation of exigent circumstances:
The auditor observed no documented cross-gender searches.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
All 10 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Interviews with 12 random staff:
All 12 staff interviewed stated they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than an emergency.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.315 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Oakley Youth Development Center PREA Policy (page 19):
Cross-Gender Pat-Down Searches must be justified and documented in the Unit Logbook and on a Youth Cross-Gender Search Form when they occur.

Review of documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents:
The auditor reviewed the Youth Cross-Gender Search Form used to document such searches and observed that there were no documented cross-gender searches because none occurred.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.315 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent

	circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. Oakley Youth Development Center PREA Policy (pages 19-20): It is OYDC's policy that the facility shall implement procedures that enable youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine room and/or unit checks. Such procedures shall require staff of the opposite gender to announce their presence when entering a youth housing unit. **What was heard, as part of a systematic review of evidence:** Interviews with 10 random residents: • All 10 residents interviewed stated staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. • All 10 residents interviewed stated they are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with 12 random staff: • All 12 staff interviewed stated they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender (from themselves). • All 12 staff interviewed stated residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. **What was observed as part of a systematic review of evidence:** Site review: The auditor observed residents shower and change clothing in a single shower with a door that provides privacy. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.315 (e) N/A** **Reasoning and analysis (by provision):** **115.315 (f) N/A**

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Contract between Mississippi Department of Human Services and Propio Language Services 4. “No Means No” poster (Spanish) 5. Systems Test: Access to Interpreter 6. Interview with agency head 7. Interviews with random sample of staff 8. Interviews with residents (with disabilities or who are limited English proficient) **Evidence (Corrective Action):** 1. “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook (Spanish 03/18/2026) 2. “End the Silence” brochure (Spanish 03/18/2026) 3. “Guide to Preventing and Reporting Sexual Misconduct” (Spanish 03/18/2026) 4. “Youth Grievance Procedures” poster (Spanish 03/18/2026) 5. Youth Orientation Notice of Understanding Initial Training (Spanish 03/18/2026) 6. Revised Youth Orientation Acknowledgement Form (Spanish 03/18/2026) 7. Statement regarding implementing intake and comprehensive education videos (01/17/2026) 8. PREA Intake Video (English, Spanish, ASL, Closed Captioning) (01/17/2026) 9. PREA Comprehensive Education Video (English, Spanish, ASL, Closed Captioning) (01/17/2026) **Reasoning and analysis (by provision):** **115.316 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Oakley Youth Development Center PREA Policy (page 16): OYDC shall take appropriate steps to ensure that youth with disabilities (including,

	for example, youth 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 and/or benefit from all aspects of the agency's efforts to prevent, detect, and properly respond to sexual abuse and sexual harassment. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision. **What was observed as part of a systematic review of evidence:** Site review discussions and observations: The PREA Coordinator stated that the facility has procedures in place to ensure that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of Oakley Youth Development Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Coordinator further stated that PREA-related information is provided in multiple formats and that staff use simplified language, visual aids, repeated reinforcement, and one-on-one assistance to help residents with disabilities understand their rights and access the reporting process. The auditor also reviewed the contract between Mississippi Department of Human Services and Propio Language Services, which ensures that interpretive services are available for residents who are deaf or hard of hearing. In addition, the "No Means No" posters are large and printed in a font size that allows residents to easily view the information. Through corrective action, the facility provided a statement confirming implementation of the new PREA Intake and Comprehensive Education videos on January 17, 2026. The videos are available in English, Spanish, American Sign Language (ASL), and with closed captioning. **What was heard, as part of a systematic review of evidence:** Interview with agency head: The Director stated the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with residents (with disabilities or who are limited English proficient): One resident was identified as having a learning disability. The resident stated that he did not need assistance understanding the PREA information presented to them at intake. **Finding:** **Based on this analysis, the facility is substantially compliant with this**

provision and corrective action is completed.
See 115.316 (a) Site review.

Reasoning and analysis (by provision):
115.316 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Oakley Youth Development Center PREA Policy (pages 16-17):
The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of youth who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

What was heard, as part of a systematic review of evidence:
Interviews with residents who are limited English proficient:
No residents were identified as limited English proficient during the onsite phase of the audit.

What was observed as part of a systematic review of evidence:
Systems test of interpreter services:
The facility successfully demonstrated its ability to provide interpreter services through its contract with Propio Language Services.

Site review:
The auditor reviewed the following documents demonstrating Oakley Youth Development Center's efforts to ensure that residents with limited English proficiency have meaningful access to PREA information: the contract between the Mississippi Department of Human Services and Propio Language Services and the "No Means No" poster in Spanish.

Through corrective action, the facility had the following documents translated into Spanish on March 18, 2026: the "No Means No: Youth Guide to PREA and Knowing Their Rights" handbook, the "End the Silence" brochure, the "Guide to Preventing and Reporting Sexual Misconduct," the "Youth Grievance Procedures" poster, the Youth Orientation Notice of Understanding Initial Training, and the revised Youth Orientation Acknowledgement Form. Additionally, the facility implemented the PREA Intake and Comprehensive Education videos in English, Spanish, American Sign Language (ASL), and with closed captioning on January 17, 2026.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.
See 115.316 (b) Site review.

	Reasoning and analysis (by provision): **115.316 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, there were zero instances in which resident interpreters, readers, or other resident assistants were used when an extended delay in obtaining another interpreter would not have compromised resident safety, the performance of first-response duties under §115.364, or the investigation of a resident's allegations. Oakley Youth Development Center PREA Policy (page 17): The agency shall not rely on youth interpreters, youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective adult interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of the youth's allegations. **What was heard, as part of a systematic review of evidence:** Interviews with 12 random staff: No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Oakley PREA Employment/Appraisal Questionnaire forms 4. Oakley PREA Employment/Appraisal Questionnaire for Contractors forms

5. Criminal background records checks (employees and contractors)
6. Criminal background records capture system
7. Mississippi Department of Child Protection Services Child Abuse and Neglect Central Registry Checks (employees and contractors)
8. Interview with administrative (human resources) staff

Evidence (corrective action):

1. Oakley PREA Employment/Appraisal Questionnaire for Contractors forms for contract medical staff (03/11/2026)
2. Revised the PREA Employment/Appraisal Questionnaire form (2/20/2026)
3. Oakley Youth Development Center Applicant Reference Check form (contacting prior institutional employers) (04/24/2024)

Reasoning and analysis (by provision):
115.317 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

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

Oakley Youth Development Center PREA Policy (page 14, VI.A.e.2):
Departmental policy prohibits the hiring or promotion of an employee or contractor who may have contact with youth who:

1. Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
2. Have been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Have been civilly or administratively adjudicated to have engaged in the activity described in paragraph VI.A.e.2 above.

	Review of files of persons hired or promoted in the past 12 months to determine whether questions regarding past conduct were asked and answered: The auditor reviewed PREA Employment/Appraisal Questionnaire forms for newly hired staff and observed that applicants were asked the three required questions regarding prior misconduct. Of the staff interviewed, 11 had completed the form, while five had been hired before the form was implemented. Additionally, PREA Employment/Appraisal Questionnaire forms for six contract medical staff were completed through corrective action on March 11, 2026. **What was heard, as part of a systematic review of evidence:** Interview with administrative (human resources) staff: The human resources staff stated the facility asks all applicants and employees about previous misconduct when hiring new employees. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **Employment/Appraisal Questionnaire forms for six contract medical staff were completed on March 11, 2026.** **Reasoning and analysis (by provision):** **115.317 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Oakley Youth Development Center PREA Policy (page 15): OYDC shall consider any incidents of sexual harassment in deciding whether to hire or promote any employee or contractor. Documented evidence that the facility considers prior incidents of sexual harassment: The facility revised the PREA Employment/Appraisal Questionnaire form on February 20, 2026, to include consideration of any incidents of sexual harassment when determining whether to hire or promote any person, or to enlist the services of any contractor, who may have contact with residents. **What was heard, as part of a systematic review of evidence:** Interview with administrative (human resources) staff: The human resources staff stated the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

The facility revised the PREA Employment/Appraisal Questionnaire form on February 20, 2026.

Reasoning and analysis (by provision):
115.317 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

- The number of persons hired who may have contact with residents who have had criminal background record checks: 42
- The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Oakley Youth Development Center PREA Policy (page 14):
Before hiring a new employee or contractor, the Mississippi Department of Human Services (MDHS) Personnel Division or designee shall:

1. Conduct a criminal background records check;
2. Consult any child abuse registry maintained by the State or locality in which the employee would work; and
3. Make its best efforts to contact all prior institutional employers in regard to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation.

Review of files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c):
The auditor reviewed criminal background record checks and Mississippi Department of Child Protection Services Child Abuse and Neglect Central Registry information for ten staff who were interviewed and observed that both were completed in accordance with the requirements of the standard provision.

The auditor requested documented evidence that the facility contacts 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. This was addressed through corrective action.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the agency performs criminal background record

checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. They also confirmed the facility consults with the Mississippi Department of Child Protection Services Child Abuse and Neglect Central Registry.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The agency implemented the Oakley Youth Development Center Applicant Reference Check Form on April 24, 2026, and provided a statement that the facility shall contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Reasoning and analysis (by provision):
115.317 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

- The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 5
- The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

Oakley Youth Development Center PREA Policy (page 14):
See 115.317 (c).

Records of background checks of contractors who might have contact with residents:
The auditor reviewed criminal background record checks and Mississippi Department of Child Protection Services Child Abuse and Neglect Central Registry forms for six contract medical staff who may have contact with residents and observed that both were completed in accordance with the requirements of the standard provision.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all

contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions. Additionally, the facility consults with the Mississippi Department of Child Protection Services Child Abuse and Neglect Central Registry.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Oakley Youth Development Center PREA Policy (page 15):
The MDHS Personnel Division shall conduct criminal background records checks at least every five (5) years for current employees and contractors who may have contact with youth.

Review of documentation of background records checks of current employees and contractors at five year intervals when applicable:
The Mississippi Department of Human Services, Division of Youth Services has a capture system in place.

What was heard, as part of a systematic review of evidence:
Interview with administrative (human resources) staff:
The human resources staff stated the agency has a capture system.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.317 (f)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 14):
The agency shall also ask all applicants and employees who may have contact with youth directly about previous misconduct described in VI.A.e.2 above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Review of employee records:
PREA Employment/Appraisal Questionnaire forms were completed by staff through

	corrective action on January 15, 2026, to satisfy the annual requirement. The form is also designed to be used for promotions. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **PREA Employment/Appraisal Questionnaire forms were completed on January 15, 2026.** **Reasoning and analysis (by provision):** **115.317 (g)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Oakley Youth Development Center PREA Policy (page 15): The agency will apprise potential employees and contractors that false information or material omissions regarding such, misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.317 (h)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 15): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom said employee has applied to work. **What was heard, as part of a systematic review of evidence:** Interview with administrative (human resources) staff: The human resources staff stated the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.318	**Upgrades to facilities and technologies**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Statement regarding video monitoring updates
4. interview with agency head designee
5. Interview with superintendent

Reasoning and analysis (by provision):
115.318 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

Oakley Youth Development Center PREA Policy (page 41):
When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect youth from sexual abuse.

What was heard, as part of a systematic review of evidence:
Interview with the agency head and superintendent:
The Director (agency head designee and superintendent) stated that when designing, acquiring, or planning substantial modifications to facilities, the agency considers how such changes may affect its ability to protect residents from sexual abuse, including evaluating blind spots and the physical plant layout of the building.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.318 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Oakley Youth Development Center PREA Policy (page 41):
When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect youth from sexual abuse.

Review of statement referencing installing or updating monitoring technology:

	The agency provided a statement that Oakley Youth Development Center and State Office leadership prioritized improvements to the facility's monitoring systems, investing about $65,000 in new cameras to increase visibility and strengthen safety and security for youth and staff. **What was heard, as part of a systematic review of evidence:** Interview with the agency head and superintendent: The Director (agency head designee and superintendent) stated that when new monitoring technology is installed or updated, it is used to enhance resident protection by adding cameras in identified blind spots and other areas where increased visibility can help prevent incidents of sexual abuse. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents 4. Memorandum of Understanding between Mississippi Department of Human Services, Division of Youth Services and Mississippi Coalition 5. Against Sexual Assault, dated March 20, 2024 6. Interview with PREA coordinator 7. Interviews with a random sample of staff 8. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.321 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol. Oakley Youth Development Center PREA Policy (page 23):

	To the extent that MDHS is responsible for investigating allegations of sexual abuse, MDHS and OYDC shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Review of uniform evidence protocols: The auditor reviewed the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents and observed investigators follow a uniform evidence protocol. **What was heard, as part of a systematic review of evidence:** Interviews with 12 random staff: Staff interviewed stated they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They also stated that the Mississippi Office of the Inspector General is responsible for conducting sexual abuse investigations. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.321 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. Oakley Youth Development Center PREA Policy (page 23): The protocol shall be developmentally appropriate for youth, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Review of uniform evidence protocols: The auditor reviewed the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents and observed the protocol is developmentally appropriate for youth. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.321 (c)** **What was read, as part of a systematic review of evidence:**

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

No forensic medical examinations occurred during the past 12 months. As a result, no examinations were conducted by Sexual Assault Nurse Examiners, Sexual Assault Forensic Examiners, or other qualified medical practitioners during the audit period.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.321 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Oakley Youth Development Center PREA Policy (page 26):
OYDC will make available to the victim a Victim Advocate from the Mississippi Coalition Against Sexual Assault (MSCASA). In the event MSCASA is not available to provide victim advocate services, the agency shall provide these services through a qualified staff member.

Review of Memorandum of Understanding between Mississippi Department of Human Services, Division of Youth Services and Mississippi Coalition Against Sexual Assault, dated March 20, 2024:
The auditor reviewed the memorandum of understanding between Mississippi Department of Human Services, Division of Youth Services and Mississippi Coalition Against Sexual Assault and observed the memorandum of understanding makes a victim advocate available to a victim of sexual abuse.

What was heard, as part of a systematic review of evidence:
Interview with PREA coordinator:
The PREA coordinator stated the facility makes a qualified victim advocate available from the Mississippi Coalition Against Sexual Assault.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.321 (e)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Oakley Youth Development Center PREA Policy (page 26): As requested by the victim, the Victim Advocate and/or qualified agency staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals. **What was heard, as part of a systematic review of evidence:** Interview with PREA coordinator: The PREA coordinator stated if requested by the victim, a victim advocate from Mississippi Coalition Against Sexual Assault will accompany a victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Interviews with residents who reported a sexual abuse: See 115.321 (d). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.321 (f)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: If the agency is responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.322	**Policies to ensure referrals of allegations for investigations**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Interview with agency head

Evidence (corrective action):

1. Sexual abuse and sexual harassment investigation policy published on the agency's website (04/24/2026)

Reasoning and analysis (by provision):
115.322 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

There were no allegations of sexual abuse or sexual harassment reported during the past 12 months; therefore, no administrative or criminal investigations were initiated during the review period.

Oakley Youth Development Center PREA Policy (page 33):
The Office of the Inspector General Investigators are responsible for conducting a prompt, thorough and objective investigation, whether administrative or criminal, in all such cases.

Review of documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings:
There were no allegations of sexual abuse or sexual harassment reported during the past 12 months.

What was heard, as part of a systematic review of evidence:
Interview with agency head:
The director stated the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.322 (b)
What was read, as part of a systematic review of evidence:

	The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Oakley Youth Development Center PREA Policy (page 33): See 115.322 (a). Review of policy published on the agency's website: The auditor observed the policy is not published on the agency's website. This was addressed through corrective action. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **The agency publish Oakley Youth Development Center PREA Policy on the agency's public website on April 24, 2026.** **Reasoning and analysis (by provision):** **115.322 (c)** **What was read, as part of a systematic review of evidence:** The agency is responsible for administrative or criminal investigating allegations of sexual abuse and does not rely on another agency to conduct these investigations. . Review of documentation of referrals of allegations of sexual abuse and sexual harassment: See 115.322 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Oakley Youth Development Center PREA Training PowerPoint 4. First Responder Checklist of Sexual Assault Allegations Card 5. Orientation Training Attendance Record

6. In-Service Training Record
7. Interviews with random sample of staff

Reasoning and analysis (by provision):
115.331 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency trains all employees who may have contact with residents on the ten required topics.

Oakley Youth Development Center PREA Policy (page 12):
Employees shall receive training to include, but not be limited to:

1. OYDC's zero tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Youth's right to be free from sexual abuse and sexual harassment;
4. The right of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth;
8. How to avoid inappropriate relationships with youth;
9. How to communicate effectively and professionally with youth, including at a minimum lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youth;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

Review of training curriculum:
The auditor reviewed the staff Oakley Youth Development Center PREA Training PowerPoint and observed the curriculum includes the required training topics.

Review of staff training records:
The auditor reviewed training records for interviewed staff and observed that staff received training in 2024 and 2025.

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
The staff interviewed stated that they have been trained on all required topics under §115.331, including the agency's zero-tolerance policy on sexual abuse and sexual harassment, and their responsibilities for prevention, detection, reporting,

and response in accordance with agency policies and procedures. The staff interviewed stated that they have received training on residents' right to be free from sexual abuse and sexual harassment, as well as residents' and employees' right to be free from retaliation for reporting such incidents. The staff interviewed stated that their training covered the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims, how to detect and respond to signs of threatened or actual abuse, and how to avoid inappropriate relationships with residents. The staff interviewed stated that they have also been trained on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, including applicable age-of-consent laws.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.331 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.331 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: every two years

Oakley Youth Development Center PREA Policy (page 12):
Employee training shall be documented to denote employee understanding of material and verified by employee signature, and refresher training shall be accomplished at least annually.

Review of staff training records:
See 115.331 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):

115.331 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Oakley Youth Development Center PREA Policy (page 12):
See 115.331 (c).

Review of staff training records:
See 115.331 (a). Training is documented with staff signature.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.332	Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Interviews with volunteers or contractors who have contact with residents

Evidence (corrective action):

1. Volunteer or Contractor PREA Training Acknowledgement Forms (03/10/2026)
2. PREA Training Acknowledgement Forms for Medical and Mental Care Standards (03/06/2026)
3. PREA Training Acknowledgement Forms (03/06/2026)

Reasoning and analysis (by provision):
115.332 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

In the past 12 months, a total of 44 individuals who have contact with residents

	were trained in the agency's policies and procedures regarding the prevention, detection, and response to sexual abuse and sexual harassment. This total includes 14 volunteers and 30 contract staff. Oakley Youth Development Center PREA Policy (page 13): Contractors and volunteers shall receive training to include, but not be limited to: the prevention, detection, response, and reporting of allegations of youth sexual abuse, sexual harassment, and custodial sexual misconduct. Review of training records of volunteers and contractors: The auditor reviewed Volunteer or Contractor PREA Training Acknowledgement Forms for six contract medical staff and four volunteers and observed that each had received PREA training. The training was completed through corrective action on March 10, 2026. Documentation confirmed that contractors and volunteers were trained on the agency's zero-tolerance policy, reporting requirements, and their responsibilities under PREA. **What was heard, as part of a systematic review of evidence:** Interviews with volunteers or contractors who have contact with residents: The auditor interviewed two volunteers. Both individuals interviewed stated that they have been trained on their responsibilities under the agency's policies and procedures regarding the prevention, detection, and response to sexual abuse and sexual harassment. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **Volunteer and contractor training was completed on March 10, 2026.** **Reasoning and analysis (by provision):** **115.332 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Oakley Youth Development Center PREA Policy (page 13): 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 youth, but all volunteers and contractors who have contact with youth shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Review of training records of volunteers and contractors: The auditor reviewed PREA Training Acknowledgement Forms for Medical and Mental

	Care Standards, which document completion of the specialized training topics, as well as PREA Training Acknowledgement Forms documenting completion of the training topics required by Standard 115.331. The required training was completed through corrective action on March 6, 2026. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **Contract medical staff competed required training on March 6, 2026.** **Reasoning and analysis (by provision):** **115.332 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency maintains documentation confirming that volunteers and contractors understand the training they have received. Oakley Youth Development Center PREA Policy (page 13): Contractor and volunteer training shall be documented to denote the contractor or volunteer's understanding of material and verified through the contractor or volunteer's signature, and refresher training shall be accomplished at least annually. Review of training records of volunteers and contractors: See 115.332 (b). Training is documented with volunteer or contractor signature. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Youth Orientation Notice of Understanding Initial Training form examples 4. Youth Orientation Acknowledgement Form examples 5. "No Means No Youth Guide to PREA and Knowing Their Rights" handbook 6. "End the Silence" brochure 7. "No Means No" poster (English and Spanish) 8. Systems Test: Access to Interpreter

9. Interview with intake staff
10. Interviews with random sample of residents

Evidence (corrective action):

1. “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook (Spanish 03/18/2026)
2. “End the Silence” brochure (Spanish 03/18/2026)
3. “Guide to Preventing and Reporting Sexual Misconduct” (Spanish 03/18/2026)
4. “Youth Grievance Procedures” poster (Spanish 03/18/2026)
5. Youth Orientation Notice of Understanding Initial Training (Spanish 03/18/2026)
6. Revised Youth Orientation Acknowledgement Form (Spanish 03/18/2026)
7. Statement regarding implementing intake and comprehensive education videos (01/17/2026)
8. PREA Intake Video (English, Spanish, ASL, Closed Captioning) (01/17/2026)
9. PREA Comprehensive Education Video (English, Spanish, ASL, Closed Captioning) (01/17/2026)

Reasoning and analysis (by provision):
115.333 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

Of residents admitted during the past 12 months, 68 residents were provided this information at intake.

Oakley Youth Development Center PREA Policy (page 15):
All youth shall be given understandable information, verbal and written, explaining the OYDC’s zero-tolerance PREA policy, including how to report sexual abuse and harassment during intake.

Review of intake records of residents:
The auditor reviewed ten Youth Orientation Notice of Understanding Initial Training forms and Youth Orientation Acknowledgement forms for the residents interviewed. These forms indicate that all interviewed residents received the information at intake.

What was observed as part of a systematic review of evidence:
Process Observation – Resident Intake PREA Education:
The auditor observed the intake process as demonstrated by the Social Services Specialist. During intake, residents sign the Youth Orientation Notice of Understanding Initial Training Form and the Youth Orientation Acknowledgement

	Form to document receipt of PREA education. Residents are also provided copies of the “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook and the “End the Silence” brochure in both English and Spanish. The information presented includes the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, as well as procedures for reporting incidents, allegations, or suspicions of sexual abuse or sexual harassment. To enhance the intake process, Oakley Youth Development Center implemented the PREA Intake Video on January 17, 2026. The video is available in English, Spanish, American Sign Language (ASL), and with Closed Captioning, helping to ensure that all residents have meaningful access to PREA education during intake. Additionally, both the Youth Orientation Notice of Understanding Initial Training form and the Youth Orientation Acknowledgement Form were revised and translated into Spanish on March 18, 2026. This observation and corrective action demonstrate that Oakley Youth Development Center provides PREA education to residents in a structured, documented, and accessible manner. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **See 115.333 (a) Process observation – resident intake PREA education.** **Reasoning and analysis (by provision):** **115.333 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Of residents admitted during the past 12 months, 68 residents received such education within 10 days of intake. Oakley Youth Development Center PREA Policy (page 15): All youth shall receive a comprehensive educational orientation within 72 hours of their arrival at OYDC on the OYDC’s zero tolerance PREA policy and how to report sexual abuse and harassment by an OYDC Counselor. Review of education materials: To provide comprehensive education, Oakley Youth Development Center implemented the PREA Comprehensive Education Video on January 17, 2026. The video is available in English, Spanish, American Sign Language (ASL), and with Closed Captioning. Comprehensive education is now incorporated into the intake process, ensuring that residents receive PREA information in accessible formats from the outset of their placement. Additionally, the Youth Orientation Acknowledgement Form was revised to document receipt of comprehensive education and was translated into Spanish on March 18, 2026. The facility also provided three examples of new intakes, demonstrating that residents received and acknowledged comprehensive PREA education during the intake process.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
All 10 residents interviewed stated they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education upon admission to the facility, during intake.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

See 115.333 (b) Review of education materials.

Reasoning and analysis (by provision):
115.333 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
All residents were educated within 10 days of intake.

What was heard, as part of a systematic review of evidence:
Interview with intake staff:
The Social Services Specialist stated residents are educated about their rights to be free from sexual abuse, sexual harassment, and retaliation, as well as agency response procedures, through PRC videos, the No Means No: Youth Guide to PREA and Knowing Their Rights handbook, the End the Silence brochure, and the No Means No poster. The Social Services Specialist stated that residents are made aware of these rights on the first day during intake.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.333 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Oakley Youth Development Center PREA Policy (page 16):
If a youth has special needs (e.g., language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), have an OYDC Counselor provide information in an accessible and understandable form.

What was observed as part of a systematic review of evidence:
Site review:
Site review discussions and observations:

The PREA Coordinator stated that the facility has procedures in place to ensure that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of Oakley Youth Development Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Coordinator further stated that PREA-related information is provided in multiple formats and that staff use simplified language, visual aids, repeated reinforcement, and one-on-one assistance to help residents with disabilities understand their rights and access the reporting process.
The auditor also reviewed the contract between Mississippi Department of Human Services and Propio Language Services, which ensures that interpretive services are available for residents who are deaf or hard of hearing. In addition, the "No Means No" posters are large and printed in a font size that allows residents to easily view the information.

Through corrective action, the facility provided a statement confirming implementation of the new PREA Intake and Comprehensive Education videos on January 17, 2026. The videos are available in English, Spanish, American Sign Language (ASL), and with closed captioning.
The auditor reviewed the following documents demonstrating Oakley Youth Development Center's efforts to ensure that residents with limited English proficiency have meaningful access to PREA information: the contract between the Mississippi Department of Human Services and Propio Language Services and the "No Means No" poster in Spanish.

Through corrective action, the facility had the following documents translated into Spanish on March 18, 2026: the "No Means No: Youth Guide to PREA and Knowing Their Rights" handbook, the "End the Silence" brochure, the "Guide to Preventing and Reporting Sexual Misconduct," the "Youth Grievance Procedures" poster, the Youth Orientation Notice of Understanding Initial Training, and the revised Youth Orientation Acknowledgement Form. Additionally, the facility implemented the PREA Intake and Comprehensive Education videos in English, Spanish, American Sign Language (ASL), and with closed captioning on January 17, 2026.

Systems test of interpreter services:
Agency staff conducted a successful test of the facility's ability to provide interpreter services through its contract with Propio Language Services.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

See 115.333 (d) Site review discussions and observations:

Reasoning and analysis (by provision):
115.333 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency maintains documentation of resident participation in PREA education

sessions.

Oakley Youth Development Center PREA Policy (page 14):
Upon completion of a youth's PREA orientation, the youth shall sign the Youth Orientation Acknowledgement Form.

Review of documentation of resident participation in education sessions:
The auditor reviewed resident participation in intake education is documented with the Youth Orientation Notice of Understanding Initial Training Form and the Youth Orientation Acknowledgement Form.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.333 (f)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

PREA Intake Video (English, Spanish, ASL, Closed Captioning) (01/17/2026)
PREA Comprehensive Education Video (English, Spanish, ASL, Closed Captioning) (01/17/2026)

What was observed as part of a systematic review of evidence:
Site review:
During the site review, the auditor actively observed posted and printed signage throughout Oakley to determine whether PREA-related information was readable, accessible, accurate, consistent, and properly placed.

Readability and Accessibility:
Signage was observed in English and Spanish, the primary languages spoken by residents and ASL via the PREA Intake Video and Comprehensive PREA Education Videos implemented on January 17, 2026. The language on posters, brochures, and flyers was clear, easy to understand, and age-appropriate. Signage text size and formatting were appropriate for most readers, and physical placement allowed accessibility for persons of average height, those with low vision, and those in wheelchairs. No signage was obscured by graffiti or damage at the time of the review.

Accuracy and Consistency:
The information provided on signage was consistent across the facility. Current audit notices were posted in visible areas, and contact information for reporting sexual abuse or harassment was correct and matched facility policy and external service provider details. Information regarding access to outside support services, including the Mississippi Coalition Against Sexual Assault (MSCASA) and the Mississippi

	Department of Child Protection Services (MDCPS) Child Abuse Hotline, was accurate and prominently displayed. Placement: PREA signage was posted in housing units, day rooms, intake and visitation areas, and areas accessible to staff, including break rooms and offices. Materials observed included: • “No Means No” poster • “End the Silence” brochure • “Guide to Preventing and Reporting Sexual Misconduct” • “Youth Grievance Procedures” poster • “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook • Audit notices relevant to the current audit cycle Conclusion: The auditor confirmed that key PREA information was continuously and readily available throughout Oakley Youth Development Center through posters, handbooks, brochures, and video resources. Collectively, these materials ensure that residents, staff, and visitors have access to important information regarding sexual safety, reporting mechanisms, external emotional support services, and the facility’s zero-tolerance policy for sexual abuse and sexual harassment. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with investigative staff (administrative and criminal investigations) **Evidence (corrective action):** 1. Certificate of Completion: Specialized Training Modules for PREA: Investigating Sexual Abuse in Correctional Settings (February 20, 2026) **Reasoning and analysis (by provision):**

115.334 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Oakley Youth Development Center PREA Policy (page 12):
See 115.331 (a).

Oakley Youth Development Center PREA Policy (page 13):
Investigators and other OYDC employees with PREA related responsibilities shall receive additional training related to their roles to include, but not be limited to: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, conducting sexual abuse investigations and the collection of evidence in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

Review of training records/logs of investigative staff:
Training

What was heard, as part of a systematic review of evidence:
Interview with investigative staff
The investigator stated they had not received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The investigator completed the required training February 20, 2026.

Reasoning and analysis (by provision):
115.334 (b)
What was read, as part of a systematic review of evidence:
See 115.334 (a).

Review of training records/logs of investigative staff:
See 115.334 (a).

What was heard, as part of a systematic review of evidence:
Interview with administrative investigative staff:
See 115.334 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

See 115.334 (a).

Reasoning and analysis (by provision):

	115.334 (c) **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1 Oakley Youth Development Center PREA Policy (page 13): Training shall be documented and verified through employee signature and forwarded to the Training Director for retention. Review of training records/logs of investigative staff: See 115.334 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Certificates of Completion: PREA Annual Refresher Training 4. Interviews with medical staff and mental health staff **Evidence (corrective action):** 1. Certificates of Completion: Specialized Training Modules (03/06/2026) 2. PREA Training Acknowledgement Forms for Medical and Mental Care Standards (03/06/2026) 3. PREA Training Acknowledgement Forms for contract medical staff (03/06/2026) **Reasoning and analysis (by provision):** **115.335 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: • The agency has a policy related to the training of medical and mental health

practitioners who work regularly in its facilities.

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 24
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Oakley Youth Development Center PREA Policy (page 13):
Medical and mental health employees, shall receive additional training to include, but not be limited to: how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and harassment, how and to whom to report allegations or suspicions of sexual abuse and harassment, recognizing the special medical and mental health needs of all youth, and factors to consider in a youth's risk of sexual victimization.

Review of training records of medical staff and mental health staff:
Specialized training for medical and mental health employees and contract medical staff was completed through corrective action on March 6, 2026. Documentation of the training includes Certificates of Completion for the Specialized Training Modules and PREA Training Acknowledgement Forms for Medical and Mental Care Standards.

What was heard, as part of a systematic review of evidence:
Interviews with medical staff and mental health staff:
The director of medical services and the social services specialist team leader both stated that they have not received the specialized training topics regarding sexual abuse and sexual harassment, as required by PREA.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

Specialized training for medical and mental health employees and contract medical staff was completed on March 6, 2026.

Reasoning and analysis (by provision):
115.335 (b) N/A
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Oakley does not employee medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

What was heard, as part of a systematic review of evidence:
Interviews with medical staff and mental health staff:
The director of medical services and the social services specialist team leader both stated that forensic medical examinations for resident victims of sexual abuse are conducted offsite.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.335 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Oakley Youth Development Center PREA Policy (page 13): Training shall be documented to denote employee understanding of material and verified through employee signature. Document review: See 115.335 (a). Medical and mental health employees and contract medical staff sign that they understand the training they have received. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.335 (d)** **What was read, as part of a systematic review of evidence:** Review of training records of medical staff and mental health staff: As part of the systematic review of evidence, the auditor reviewed the training records of medical and mental health staff. The review confirmed that mental health staff received the training required for employees under §115.331. This training is documented by Certificates of Completion for PREA Annual Refresher Training and PREA Training Acknowledgement Forms. This training requirement was completed through corrective action for contract medical staff on March 6, 2026. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **Contract medical staff completed the training required by the standard provision on March 6, 2026.**

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Oakley Youth Development Center - Division of Youth Services Vulnerability/ Sexual Risk Assessment form
4. Interview with PREA coordinator
5. Interview with staff responsible for risk screening
6. Interviews with random sample of residents
7. Site review

Evidence (corrective action):

1. Staff training on conducting reassessments at six months
2. Statement regarding using the Vulnerability/Sexual Risk Assessment form to conduct reassessments

Reasoning and analysis (by provision):
115.341 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

- The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
- The policy requires that a resident's risk level be reassessed periodically throughout their confinement at three month intervals.

In the past 12 months:
The number of residents entering the facility, either through intake or transfer, whose length of stay was 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of entry into the facility was 68.

The percentage of residents entering the facility, either through intake or transfer, whose length of stay was 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of entry into the facility was 100 percent.

Oakley Youth Development Center PREA Policy (page 20):
All youth, at initial intake, shall be screened within seventy (72) hours utilizing the Vulnerability-Sexual Risk Assessment, for potential risk of sexual vulnerability and potential risk of sexual aggression.

A youth's risk level shall be reassessed when warranted due to a referral, request,

incident of sexual abuse, or receipt of additional information that would impact the youth's risk of sexual victimization or abusiveness.

A youth's risk level shall be reassessed every six (6) months to ensure that the information on the youth's risk assessment is accurate and up to date.

Review of records for residents admitted to the facility:
The auditor reviewed 10 completed risk assessments for residents interviewed and observed all 10 risk assessments were completed within 72 hours of their intake.

The auditor reviewed two applicable risk reassessments for interviewed residents and determined that the reassessments were not completed at six-month intervals, as required. The reassessments were instead completed at approximately eight months. Additionally, the Vulnerability/Sexual Risk Assessment form was not used to document the reassessments. Instead, statements were provided indicating that the initial assessments were reviewed with the residents.

What was observed as part of a systematic review of evidence:
Site review:
The staff member responsible for risk screening, the behavioral health specialist, demonstrated the screening process for the auditor. The specialist explained that screening is conducted during intake and that as much privacy as possible is provided throughout the process. The behavioral health specialist confirmed that residents are screened for risk of sexual abuse victimization and risk of sexual abusiveness toward other residents upon admission to Oakley Youth Development Center or upon transfer from another facility, and that screenings are completed within 72 hours of intake.

The behavioral health specialist further explained that information is obtained through conversations with residents and through use of the Vulnerability/Sexual Risk Assessment form. This process helps ensure that risk assessments are individualized and properly documented.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
All 10 residents interviewed stated that they were asked questions during intake screening to assess risk for sexual victimization or abusiveness. Residents provided examples of the questions asked, including:

- "Have you ever been sexually abused?"
- "Do you have any disabilities?"
- "Do you think you might be in danger of sexual abuse at the facility?"

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **The facility provided training to staff regarding completing the risk reassessments at six months.**

- **The facility provided a statement that reassessments will be conducted using the Vulnerability/Sexual Risk Assessment form.**

Reasoning and analysis (by provision):
115.341 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Risk assessment is conducted using an objective screening instrument.

Review of Vulnerability/Sexual Risk Assessment form:
The auditor reviewed the screening instrument and verified that it is objective and standardized. The instrument includes structured questions, review of relevant information, and observational components, and the scoring process results in a determination of risk related to sexual victimization, sexually aggressive behavior, or violent aggressive behavior.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.341 (c)
What was read, as part of a systematic review of evidence:
Screening instrument:
The auditor reviewed the Vulnerability/Sexual Risk Assessment form and observed the risk assessment tool includes all criteria required by the standard provision. The presence of each required risk factor was assessed as such:

- Prior sexual victimization or abusiveness is addressed in Questions 5b and 6. Question 5b asks, “Have you ever had a sexual experience that you did not want to have?” Question 6 asks, “Have you ever been arrested for a sexual offense?”
- Current charges and offense history are addressed in Questions 2, 6, and 7 through youth interviews, review of collateral information, and observations documented in Section 9. Question 2 asks, “Have you been in a locked facility?” Question 6 asks, “Have you ever been arrested for a sexual offense?” Question 7 asks, “Have you ever been arrested for a violent offense?” Section 9 includes observations related to the youth having limited exposure to a criminal lifestyle.
- Age is addressed in Question 4, which asks, “Age of youth (10 years, 11 to 12 years, 13 to 15 years, or 16 to 20 years)?”
- Level of emotional and cognitive development is observed in Section 9 and includes behaviors likely to irritate or annoy others (immature or silly behavior), inappropriate verbal behavior (giggling, odd remarks), and appearing slow, dull, or lethargic.
- Physical size and stature are observed in Section 9 and include small build, appearing younger than stated age, and appearing frail or weak.

- Mental illness or mental disabilities are observed in Section 9 and include behavior appearing related to mental illness, such as jittery behavior, crying, or bizarre presentation.
- Intellectual or developmental disabilities are addressed in Question 8, which asks whether file review indicates the youth has previously been reported to have an intellectual impairment (low IQ), learning disability, or placement in Special Education classes.
- Physical disabilities are observed in Section 9 and include physical disability, pronounced disfigurement, deafness, and impaired vision requiring glasses.
- The resident's own perception of vulnerability is addressed in Question 10, which asks the juvenile, "Do you feel at risk from attack or abuse from other youth?"
- Other information indicating heightened needs for supervision, additional safety precautions, or separation from certain residents is addressed through Questions 3, 5, 10, and 11 and observed in Section 9. Question 3 asks how the youth feels about being in a facility with other juvenile justice youth. Question 5 asks whether the youth has ever been attacked, bullied, or abused by peers. Question 10 asks how the youth identifies their sexual orientation or gender identity, including straight, lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit. Question 11 asks whether the youth has a gender-nonconforming appearance or mannerisms that may increase vulnerability to sexual abuse.
- Section 9 includes observations related to hunched or fearful posture (e.g., very fearful or very shy), obvious effeminate or masculine behavior, acts of aggression, the youth's behavior with siblings or other residents, the youth's behavior in school, identification as a member of an ethnic minority not well represented in the offender population (e.g., Vietnamese, Indian, or Middle Eastern), and membership in a gang that may increase the likelihood of being targeted by others.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.341 (d)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 20):
A Counselor or Qualified Mental Health Professional (QMHP) shall complete the Vulnerability-Sexual Risk Assessment. This will include an interview with the youth and review of prior known information and documentation from the youth's file in order to determine the youth's potential risk of sexual vulnerability and/or sexually aggressive behavior.

What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening:
The behavior health specialist stated the information is ascertained through

	conversations with the residents using the Vulnerability/Sexual Risk Assessment form. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.341 (e)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 17): There will be appropriate controls on the dissemination of screening information to ensure each youth's sensitive information is not exploited. **What was heard, as part of a systematic review of evidence:** Interview with the PREA coordinator: The PREA Coordinator stated that the agency has established guidelines limiting access to residents' risk assessments to upper-level administration and medical staff in order to protect sensitive information from exploitation. Interview with staff responsible for risk screening: The behavioral health specialist stated that the agency has established who may have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Access is limited to the interviewer, facility director, PREA coordinator, and director of mental health. The assessments are filed and maintained behind double locks. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Mississippi Department of Human Services, Division of Youth Services Classification of New Youth Standard Operating Procedures 4. Oakley Youth Development Center - Division of Youth Services Vulnerability/ Sexual Risk Assessment form 5. Classification Checklist

6. Classification Form
7. Interview with superintendent
8. Interview with PREA coordinator
9. Interview with staff responsible for risk screening
10. Interview with staff who supervise residents in isolation
11. Interview with medical staff
12. Interview with mental health staff
13. Interviews with residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse
14. Site review

Evidence (corrective action):

1. Revised Vulnerability/Sexual Risk Assessment form (02/23/2026)

Reasoning and analysis (by provision):
115.342 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Oakley Youth Development Center PREA Policy (page 20):
If the assessment, interview, or prior known information reflects that the youth is at high risk to be victimized or screens as sexually aggressive, the Counselor and/or QMHP will recommend further review by a QMHP prior to assigning permanent housing.

Review of risk-based housing decisions:
The Classification Form documents special mental health concerns and accommodations. The facility also revised the Vulnerability/Sexual Risk Assessment form to include housing, bed, work, education, and program assignments. The facility provided a completed form dated February 23, 2026, demonstrating implementation of the revised form.

What was heard, as part of a systematic review of evidence:
Interview with PREA coordinator:
The PREA Coordinator stated that information from risk screening conducted during intake is used to identify residents' levels of risk, such as whether they may be vulnerable to victimization or at risk of being abusive. This information is then used to guide housing and dorm assignments and determine whether additional supervision or other safety measures are needed to help keep residents safe and free from sexual abuse.

The PREA Coordinator provided a statement indicating that Oakley Youth Development Center documents bed, program, and work assignments in

	accordance with Title 18: Mississippi Department of Human Services, Part 18: Division of Youth Services—Oakley Youth Development Center Policy Manual, Chapter 3: Institutional Practices, Rule 3.5, Classification Practices, and the standard operating procedure, Classification of New Youth. Additionally, educational placement is based on Title 18: Mississippi Department of Human Services, Part 18: Division of Youth Services—Oakley Youth Development Center Policy Manual, Chapter 4: Educational Practices, as well as the Student Intake operating procedure. Interview with staff responsible for risk screening: The behavioral health specialist stated that information gathered during the intake risk screening is used to help ensure residents remain safe and free from sexual abuse and sexual harassment. The specialist explained that the assessment includes housing considerations and is used to guide placement and supervision decisions based on each resident's individual risk factors and needs. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **See review of risk-based housing decisions.** **Reasoning and analysis (by provision):** **115.342 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility does not have a policy that residents at risk of sexual victimization may only be placed in isolation. Oakley does not use isolation. In the past 12 months, the number of residents identified as at risk of sexual victimization who were placed in isolation was 0. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated the facility does not use isolation. Interview with mental health staff: The social services specialist team Leader emphasized that the facility does not use isolation as a standard practice; however, if a resident were ever placed in isolation as a last resort for safety, the resident would receive daily visits from medical or mental health clinicians. Interview with medical staff: The director of medical services stated residents would not be placed in isolation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

	Reasoning and analysis (by provision): **115.342 (c) N/A** **Reasoning and analysis (by provision):** **115.342 (d) N/A** **Reasoning and analysis (by provision):** **115.342 (e) N/A** **Reasoning and analysis (by provision):** **115.342 (f) N/A** **Reasoning and analysis (by provision):** **115.342 (g) N/A** **Reasoning and analysis (by provision):** **115.342 (h)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: From a review of case files of residents at risk of sexual victimization who were held in isolation In the past 12 months, there were no case files that included both a statement of the basis for the facility's concern for a resident's safety and the reason or reasons why alternative means of separation could not be arranged, because no residents at risk of sexual victimization were held in isolation during this period. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.342 (i)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were held in isolation in the past 12 months. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. “No Means No Youth Guide to PREA and Knowing Their Rights” handbook
4. “End the Silence” brochure
5. “No Means No” poster
6. “Guide to Preventing and Reporting Sexual Misconduct”
7. Youth Grievance Procedures poster
8. Interview with PREA coordinator
9. Interviews with random sample of staff
10. Interviews with random sample of residents
11. Interviews with residents who reported a sexual abuse
12. Systems tests: internal reporting through grievance
13. Systems tests: external reporting to the Mississippi Department of Child Protection Services (MDCPS) Child Abuse Hotline (1-800-222-8000)
14. Systems tests: external reporting to the Mississippi Coalition Against Sexual Assault (MSCASA) hotline (1-888-987-9011)
15. Site review

Evidence (Corrective Action):

1. “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook (Spanish 03/18/2026)
2. “End the Silence” brochure (Spanish 03/18/2026)
3. “Guide to Preventing and Reporting Sexual Misconduct” (Spanish 03/18/2026)
4. “Youth Grievance Procedures” poster (Spanish 03/18/2026)
5. Revised Youth Orientation Acknowledgement Form (anonymous reporting procedures 02/20/2026)
6. Resident training on anonymous reporting procedures (02/20/2026)

Reasoning and analysis (by provision):
115.351 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

Oakley Youth Development Center PREA Policy (page 32):
Youth may report sexual abuse or harassment verbally, in writing, through a third party, or anonymously. Additionally, they may report incidents of abuse or

harassment in the following manner:

- File a grievance,
- Call the MDCPS Child Abuse Hotline (1-800-222-8000) and/or the MSCASA hotline (1-888-987-9011),
- Deposit a complaint in the grievance box (a secured receptacle located in each unit),
- Tell the PREA Coordinator,
- Contact the Office of the Inspector General via use of a pre-addressed Office of the Inspector General envelope, or
- They may tell any staff, contractor, or volunteer, and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

Document review:
The auditor reviewed Oakley educational materials to confirm that residents are informed about internal reporting options for sexual abuse and sexual harassment:

“No Means No: Youth Guide to PREA and Knowing Their Rights” handbook:
The handbook clearly explains that youth may report concerns through multiple internal avenues.
Youth may report sexual abuse or sexual harassment to any staff member, volunteer, contractor, medical staff, or mental health staff. Youth are also informed that they may submit a grievance form in a grievance box, report directly to the grievance officer, or report to the OYDC PREA Coordinator in person or by phone at (601) 857-7701. In addition, youth are informed that they may submit a report on someone else’s behalf, and that staff may also report using these same internal methods.

The handbook further explains that youth have the right to report anonymously and may report without anyone knowing their identity. Youth are also informed that they have the right to report any incident of sexual abuse they have experienced or witnessed, including incidents that occurred prior to their arrival at Oakley Youth Development Center.
The handbook also highlights third-party reporting, noting that family members, friends, legal counsel, or others outside the facility may report on the resident’s behalf.

“No Means No” Poster:
The poster explains that Oakley Youth Development Center offers multiple internal avenues for reporting sexual abuse and sexual harassment. Youth are informed they may make reports anonymously by calling or reporting directly to the OYDC PREA Coordinator at (601) 857-7701; by reporting to any staff member, volunteer, contractor, or medical or mental health provider; or by submitting a grievance or sick call slip. The poster also notes that a youth may ask another person at the facility to submit a report on their behalf using any of these internal methods.

“End the Silence” brochure:

	The brochure describes multiple internal ways youth can report sexual abuse or sexual harassment. It explains that reports can be made anonymously (the youth's name is not provided), and that youth may report directly to the OYDC PREA Coordinator at (601) 857-7701; report to any staff member, volunteer, contractor, or medical or mental health staff; or submit a grievance or sick call slip. The brochure further notes that a youth can submit a report on someone else's behalf, or ask someone at the facility to report for them using any of these methods. "Guide to Preventing and Reporting Sexual Misconduct": The guide provides the option to report sexual abuse or sexual harassment internally by reporting to any staff member or by reporting confidentially through completion of a grievance form. **What was heard, as part of a systematic review of evidence:** Interviews with 12 random staff: Staff stated that residents may privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting, or staff neglect or violations of responsibilities that may have contributed to such incidents. Staff confirmed that residents have multiple confidential avenues to report, including: • Mississippi Department of Child Protection Services at 1-800-222-8000 • Mississippi Coalition Against Sexual Assault (MSCASA) at 1-888-987-9011 Interviews with 10 random residents: Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotlines, or writing a grievance. **What was observed as part of a systematic review of evidence:** Site review: The auditor observed that signage throughout Oakley was readable, accessible, consistent, and appropriately placed in housing units and common areas. Signage was available in English, and the "No Means No" poster was also available in Spanish. Through corrective action, the facility made the "No Means No: Youth Guide to PREA and Knowing Their Rights" handbook, "End the Silence" brochure, "Guide to Preventing and Reporting Sexual Misconduct," and "Youth Grievance Procedures" poster available in Spanish as well on March 18, 2026. Systems test: The auditor tested the facility's internal reporting process by submitting a test grievance in a locked grievance box. The facility demonstrated timely responsiveness, as the auditor received a written response to the grievance the same day. This confirmed that residents have reliable and prompt access to internal grievance. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

Signage and materials were made available in Spanish on March 18, 2026.

Reasoning and analysis (by provision):
115.351 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Oakley Youth Development Center PREA Policy (page 32):
See 115.351 (a).

Document review:
The auditor reviewed Oakley Youth Development Center educational materials to confirm that residents are informed of external reporting options for sexual abuse and sexual harassment.

“No Means No: Youth Guide to PREA and Knowing Their Rights” handbook:
The handbook clearly identifies multiple external avenues for reporting including, reporting sexual abuse or sexual harassment by calling the Mississippi Department of Child Protection Services (MDHS) Child Abuse Hotline at 1-800-222-8000 or the Mississippi Coalition Against Sexual Assault (MSCASA) at 1-888-987-9011. Youth are also advised that they may report by sending a letter to the Office of Inspector General using a pre-addressed Office of Inspector General envelope.
In addition, the educational materials explain that youth may report by telling a family member, friend, legal counsel, or another individual outside the facility, who may then report on the youth’s behalf by calling any of the listed reporting numbers or by completing a Third-Party Reporting Form. Youth are informed that reports may be made anonymously, and that they may report any incident of sexual abuse or sexual harassment they have experienced or witnessed, including incidents that occurred prior to their arrival at Oakley Youth Development Center.
The poster also specifies that family members, friends, legal counsel, or others outside the facility may report on a resident’s behalf, including anonymously.

“No Means No” Poster:
The poster informs youth of an external avenue for reporting sexual abuse and sexual harassment. It explains that a resident may tell a family member, friend, legal counsel, or any other person outside the facility, and that these individuals can report on the youth’s behalf by calling the Mississippi Department of Child Protection Services (MDCPS) Child Abuse Hotline at 1-800-222-8000. The poster notes that reports may also be submitted on someone else’s behalf, ensuring youth have access to outside support in making a report.

“End the Silence” brochure:
The brochure reinforces that youth have external options for reporting sexual abuse and sexual harassment. It explains that youth can make a report directly to the Mississippi Department of Child Protection Services at 1-800-222-8000 or the Mississippi Coalition Against Sexual Assault (MSCASA) at 1-888-987-9011. Youth may also tell a family member, friend, legal counsel, or anyone else outside the

facility, who can report on their behalf by calling the Mississippi Department of Child Protection Services at 1-800-222-8000. These resources are located outside Oakley Youth Development Center, and youth may remain anonymous (their name will not be provided) upon request.

“Guide to Preventing and Reporting Sexual Misconduct”:
The guide provides the option to report externally by calling the Child Abuse Hotline at 1-800-222-8000.

What was heard, as part of a systematic review of evidence:
Interview with PREA coordinator:
The PREA Coordinator identified the Mississippi Department of Child Protection Services at 1-800-222-8000 and the Mississippi Coalition Against Sexual Assault (MSCASA) at 1-888-987-9011 as external resources residents can use to report sexual abuse or sexual harassment to a public or private entity that is not part of Oakley Youth Development Center.

Interviews with 10 random residents:
See 115.351 (a).

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed that signage throughout Oakley was readable, accessible, consistent, and appropriately placed in housing units and common areas. Signage was posted at a height and in locations where residents could easily see and access the information. The auditor confirmed that posted signage was current, accurate, and consistent with facility policies and PREA standards, ensuring that residents had continuous access to critical reporting information. Signage was available in English, and the “No Means No” poster was also available in Spanish. Through corrective action, the facility also made the “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook, “End the Silence” brochure, “Guide to Preventing and Reporting Sexual Misconduct,” and “Youth Grievance Procedures” poster available in Spanish on March 18, 2026.

Systems test:
The auditor successfully tested external reporting by calling the Mississippi Coalition Against Sexual Assault. The call was connected, confirming that residents have direct and functional access to an external reporting avenue. Reports made to MSCASA are forwarded to the agency in accordance with §115.351(b).

Additionally, the auditor called the Mississippi Department of Child Protection Services at 1-800-222-8000. The call was successfully connected, and the call center operator confirmed that reports would be accepted.

Additionally, anonymous reporting to an external entity was accomplished through corrective action on March 20, 2026. The facility revised the “Guide to Preventing and Reporting Sexual Misconduct” to include instructions for anonymous reporting through the grievance process. Residents are informed that they may anonymously report sexual abuse and/or sexual harassment by completing a grievance form,

placing it in a sealed pre-addressed envelope, and submitting it to the OYDC PREA coordinator or the Mississippi Coalition Against Sexual Assault (MSCASA). Pre-addressed envelopes are available in designated locations, including the school, clinic, and orientation folders. Residents are instructed not to place identifying information on the outside of the envelope. Anonymous reports may be placed in designated grievance boxes or submitted through a counselor.

The Youth Orientation Acknowledgement Form was updated to include the anonymous reporting procedures, and all current residents received training on those procedures. The training was documented with a sign-in sheet dated March 20, 2026.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

- **Signage and materials were made available in Spanish on March 18, 2026.**
- **Anonymous reporting procedures to an external entity were implemented on March 20, 2026.**

Reasoning and analysis (by provision):
115.351 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

Oakley Youth Development Center PREA Policy (page 28):
All OYDC employees/staff who receive any information, including verbal, written, third-party reports, and anonymous complaints, concerning youth sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against youth or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command and report in accordance with state law. In addition, in accordance with the Mississippi Code of 1972, §43-21-353, any contractor, volunteer, and/or visitor that receives any information concerning sexual abuse of a youth must report this information to the appropriate authorities and/or abuse hotlines.

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
Eleven of the 12 staff stated verbal reports would be documented immediately.

Interviews with 10 random residents:
All 10 residents interviewed stated they could make reports of sexual abuse or

sexual harassment either in person or in writing and someone could make the report for them so that they would not have to give their name.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.351 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Oakley Youth Development Center PREA Policy (page 32):
Youth will be provided with the tools to write a written report.

What was heard, as part of a systematic review of evidence:
Interview with PREA coordinator:
The PREA coordinator stated the facility provides residents with grievance forms and writing utensils for making written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

What was observed as part of a systematic review of evidence:
Site review:
The auditor observed the locked grievance boxes in the clinic and school. Additionally, residents can submit grievances directly to staff in the living units.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.351 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: Training/ PREA Policy Manual

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
See 115.351 (a).

What was observed as part of a systematic review of evidence:

	Site review: The “No Means No” poster (English and Spanish) informs staff they can privately report sexual abuse and sexual harassment of residents by calling the Mississippi Department of Child Protection Services at 1-800-222-8000 or the Mississippi Coalition Against Sexual Assault (MSCASA) at 1-888-987-9011. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. “Youth Grievance Procedures” poster 4. “No Means No Youth Guide to PREA and Knowing Their Rights” handbook 5. “No Means No” poster 6. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.352 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Oakley Youth Development Center PREA Policy (pages 37-39): The policy specifies the procedure for dealing with resident grievances regarding sexual abuse. Review of “No Means No Youth Guide to PREA and Knowing Their Rights” handbook, “Youth Grievance Procedures” poster, and “No Means No” poster: The auditor reviewed the handbook and posters and observed relevant information is provided. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.352 (b)**

What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Oakley Youth Development Center PREA Policy (page 37):
OYDC shall not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse. OYDC may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. OYDC shall not require a youth to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Review of “No Means No Youth Guide to PREA and Knowing Their Rights” handbook, “Youth Grievance Procedures” poster, and “No Means No” poster:
See 115.352 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency’s policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Oakley Youth Development Center PREA Policy (page 38):
OYDC shall ensure that a youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Review of “No Means No Youth Guide to PREA and Knowing Their Rights” handbook, “Youth Grievance Procedures” poster, and “No Means No” poster:
See 115.352 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:

- The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
- The total time between the discovery of the grievance and the disposition cannot exceed 25 days.
- During the past 12 months, no grievances alleging sexual abuse were filed.

Oakley Youth Development Center PREA Policy (page 38):
MDHS shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance. Computation of the ninety (90) day time period shall not include time consumed by youth in preparing any administrative appeal. MDHS may claim an extension of time to respond, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. MDHS shall notify the youth in writing of any such extension and provide a date by which a decision will be made.

Review of grievances that alleged sexual abuse and final decisions:
There were no grievances that were filed that alleged sexual abuse.

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:

- Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.
- Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline.
- Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.
- During the past 12 months, no grievances alleging sexual abuse were filed by residents in which the resident declined third-party assistance.

Oakley Youth Development Center PREA Policy (pages 38-39):
Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of youth. The

Third-Party Reporting for Alleged Sexual Abuse Sexual Assault and Sexual Harassment form is to be posted to the MDHS, DYS website, along with corresponding contact information.

If a third party, other than a parent or legal guardian, files such a request on behalf of a youth, OYDC 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.

If the youth declines to have the request processed on his or her behalf, OYDC shall document the youth's decision.

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

Review of third-party reports and declination of third-party assistance:
There were no third-party reports.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.352 (f)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:

- The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.
- During the past 12 months, no emergency grievances alleging a substantial risk of imminent sexual abuse were filed.

Oakley Youth Development Center PREA Policy (page 39):
After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, OYDC shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken. Additionally,

	OYDC shall provide an initial response within forty-eight (48) hours and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the youth is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Review of emergency grievances filed: There were no emergency grievances filed. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.352 (g)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: • The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. Oakley Youth Development Center PREA Policy (page 39): The OYDC may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency can demonstrate and prove that the youth filed the grievance in bad faith. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Memorandum of Understanding between Mississippi Department of Human

Services, Division of Youth Services and Mississippi Coalition
4. Against Sexual Assault, dated March 20, 2024
5. “Guide to Preventing and Reporting Sexual Misconduct”
6. “No Means No Youth Guide to PREA and Knowing Their Rights” handbook
7. “End the Silence” brochure
8. “No Means No” poster
9. Interview with superintendent
10. Interview with PREA coordinator
11. Interviews with random sample of residents
12. Interviews with residents who reported a sexual abuse

Evidence (corrective action):

1. “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook (Spanish 03/18/2026)
2. “End the Silence” brochure (Spanish 03/18/2026)
3. “Guide to Preventing and Reporting Sexual Misconduct” (Spanish 03/18/2026)
4. “Youth Grievance Procedures” poster (Spanish 03/18/2026)
5. Revised Youth Orientation Acknowledgement Form (emotional support services 02/20/2026)
6. Mississippi Coalition Against Sexual Assault (MCASA) flyer (English and Spanish 01/21/26)

Findings (By Provision):
115.353 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

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

Oakley Youth Development Center PREA Policy (page 27):
OYDC shall provide youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. OYDC shall enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.

Document Review – External Support and Reporting Signage:
The “No Means No: Youth Guide to PREA and Knowing Their Rights” handbook and the “End the Silence” brochure include a telephone number for the Mississippi Coalition Against Sexual Assault (MSCASA). The “No Means No” poster also includes both a telephone number and a mailing address for MSCASA.

Through corrective action, the “Guide to Preventing and Reporting Sexual Misconduct” was revised to include a telephone number for MSCASA and was made available in Spanish on March 18, 2026. Additionally, the “Mississippi Coalition Against Sexual Assault (MSCASA)” flyer, in both English and Spanish, was developed on January 21, 2026.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
None of the residents interviewed (0%) indicated that they were knowledgeable about outside victim advocates who provide emotional support services related to sexual abuse.

To improve resident awareness of outside emotional support services available through MSCASA, the facility revised the Youth Orientation Acknowledgement form on February 20, 2026, to document that residents are informed MSCASA provides emotional support services for victims of sexual abuse.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

What was observed as part of a systematic review of evidence:
Site review:
During the site review, the auditor observed signage posted in housing and common areas that provides residents with information on accessing external support services. Signage was posted at an accessible height, available in English and Spanish, and was consistent across units.

Systems test:
The auditor called MSCASA from a facility telephone and confirmed calls could be made, and victim advocates would be available by telephone or mail.

Finding:
Based on this analysis, the facility is not substantially compliant with this provision and corrective action is completed.

- **The Youth Orientation Acknowledgement form was revised on February 20, 2026.**
- **The “Guide to Preventing and Reporting Sexual Misconduct” was revised and was made available in Spanish on March 18, 2026.**
- **Additionally, the “Mississippi Coalition Against Sexual Assault (MSCASA)” flyer was developed on January 21, 2026.**

Reasoning and analysis (by provision):
115.353 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Oakley Youth Development Center PREA Policy (page 27):
OYDC shall inform youth, 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.

Document review:
The auditor observed that the “No Means No” poster instructs residents to refer to the student handbook for information regarding the limits of confidentiality for emotional support services; however, the auditor did not observe this information in the “No Means No Youth Guide to PREA and Knowing Their Rights” handbook or the “End the Silence” brochure.

Through corrective action, the “Mississippi Coalition Against Sexual Assault (MSCASA)” flyer was developed in both English and Spanish on January 21, 2026. The flyer informs residents that facility staff will not listen to telephone calls with MSCASA and that MSCASA victim advocates are mandatory reporters; therefore, there are limits to confidentiality.

What was heard, as part of a systematic review of evidence:
Interviews with 10 random residents:
See 115.353 (a).

Interviews with residents who reported a sexual abuse:
See 115.353 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The “Mississippi Coalition Against Sexual Assault (MSCASA)” flyer was developed in both English and Spanish on January 21, 2026.

Reasoning and analysis (by provision):
115.353 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents

with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Oakley Youth Development Center PREA Policy (page 21):
MDHS shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Document review:
The auditor reviewed the memorandum of understanding between the Mississippi Department of Human Services, Division of Youth Services, and the Mississippi Coalition Against Sexual Assault, dated March 20, 2024, and observed that the agreement provides residents with emotional support services related to sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.353 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Oakley Youth Development Center PREA Policy (page 28):
OYDC shall also provide youth with reasonable and confidential access to their attorney(s) or other legal representation and reasonable access to parents or legal guardians.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated the facility provides residents with reasonable and confidential access to their attorneys or other legal representation through telephone calls and in-person visits. The facility provides residents with reasonable access to parents or legal guardians through telephone calls, mail, and in-person visitation.

Interview with PREA coordinator:
The PREA coordinator stated that residents are provided access to their attorneys or other legal representation through telephone calls, written correspondence, and in-person visits, and that confidentiality is ensured for these communications. The PREA Coordinator further stated that residents are also provided access to parents or legal guardians through telephone calls, written correspondence, and in-person visits, and that residents are not restricted from contacting their parents or legal guardians.

	Interviews with 10 random residents: • All of the residents interviewed (100%) stated the facility allows them to see or talk with a lawyer and the facility will allow them to talk with that person privately. • All of the residents interviewed (100%) stated the facility allows them to see or talk with their parents or someone else. Interviews with residents who reported a sexual abuse: See 115.353 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. “No Means No” poster 4. Third-party Reporting Form **Evidence (corrective action):** 1. Website publication of third-party reporting procedures (04/24/2026) 2. Systems test of third-party reporting (04/24/2026) **Reasoning and analysis (by provision):** **§115.354** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Oakley Youth Development Center PREA Policy (page 38): Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of youth. The Third-Party Reporting for

	Alleged Sexual Abuse Sexual Assault and Sexual Harassment form is to be posted to the MDHS, DYS website, along with corresponding contact information. Document review: The auditor reviewed the “No Means No” poster (English and Spanish) and confirmed that it informs residents about the option of third-party reporting. The poster instructs youth, staff and visitors that they may submit a report of sexual abuse or sexual harassment on a someone’s behalf by calling the Oakley Youth Development Center PREA coordinator, or calling the Mississippi Department of Child Protection Services (MDCPS) Child Abuse Hotline. Additionally, the auditor reviewed a third-party reporting form that will be published on the agency’s website. The form instructs individuals making a report to either email the Oakley Youth Development Center PREA Coordinator or mail the report to the coordinator’s attention at the facility’s address. **What was observed, as part of a systematic review of evidence:** Website review: The auditor reviewed the agency’s website and did not observe publicly available information on how to report sexual abuse and sexual harassment on behalf of a resident. This was addressed through corrective action. Systems test of third-party reporting: Due to the absence of publicly available information on the agency’s website, the auditor was unable to test third-party reporting. This testing was conducted during the corrective action period. Site review: During the site review, the auditor observed the updated “No Means No” poster (English and Spanish, July 23, 2025) posted in housing and common areas at the facility. The poster was readable, accessible, and consistently placed to ensure visibility for residents staff, and visitors. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** • **The agency published, on its website, information explaining how third parties may report sexual abuse and sexual harassment on behalf of a resident on April 24, 2026.** • **The auditor tested third-party reporting by following the directions published on the agency’s website. The auditor completed a third-party reporting form and emailed it to the PREA Coordinator on April 24, 2026. The test report was responded to by email the same day.**

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Mississippi Code of 1972, § 43-21-353 4. Interview with superintendent 5. Interview with PREA coordinator 6. Interviews with a random sample of staff 7. Interviews with medical and mental health staff **Reasoning and analysis (by provision):** **115.361 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency 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. • Any retaliation against residents or staff who reported such an incident. • Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Oakley Youth Development Center PREA Policy (page 28): All OYDC employees/staff who receive any information, including verbal, written, third-party reports, and anonymous complaints, concerning youth sexual abuse, sexual harassment, and custodial sexual misconduct; retaliation against youth or staff who report such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or violation, shall immediately report the incident through their chain of command and report in accordance with state law. In addition, in accordance with the Mississippi Code of 1972, §43-21-353, any contractor, volunteer, and/or visitor that receives any information concerning sexual abuse of a youth must report this information to the appropriate authorities and/or abuse hotlines. **What was heard, as part of a systematic review of evidence:** Interviews with 12 random staff: All 12 staff stated they are required to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Oakley Youth Development Center PREA Policy (page 28):
See 115.361 (a).

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
All 12 staff stated they are aware of Mississippi laws related to mandatory reporting of sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Oakley Youth Development Center PREA Policy (page 28):
An employee/staff shall not reveal any information related to the incident to anyone other than to the extent necessary to make treatment, investigation, and management decisions. Initial interviews of potential sexual abuse victims should be limited to only that information necessary to protect the victim from immediate harm until an investigator arrives for a more detailed interview.

What was heard, as part of a systematic review of evidence:
Interviews with 12 random staff:
Staff interviewed stated policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (d)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 29):
Medical and Mental Health Practitioners shall ensure all youth are informed prior to the initiation of services of the limits of their confidentiality and shall report information about sexual victimization to the PREA Coordinator.

What was heard, as part of a systematic review of evidence:
Interview with mental health medical staff:
The Director of Medical Services stated that at the initiation of services, residents are informed of the limits of confidentiality and the provider's duty to report, in accordance with required reporting obligations. They stated that they are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment to a designated supervisor or official. They reported they have not become aware of any such incidents; therefore, no reports have been made.

The Social Services Specialist Team Leader stated that, at the initiation of services, residents are informed of the limitations of confidentiality and the staff member's duty to report. They stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately upon learning of it to a designated supervisor and Child Protective Services. They stated that they have not become aware of such incidents. Therefore, there were no incidents to report.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.361 (e)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (pages 28-29):
The Facility Administrator/Director of Institutions, or designee, shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a youth court retains jurisdiction over the alleged victim, the Facility Administrator/Director of Institutions or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within fourteen (14) days of receiving the allegation.

	What was heard, as part of a systematic review of evidence: Interview with superintendent: The Director stated that when the facility receives an allegation of sexual abuse, it is immediately reported to executive leadership, who then report it to the Office of Inspector General (OIG). If the victim is under child welfare guardianship, the allegation is reported to the caseworker instead of the parents or legal guardians. Reports are made immediately after notification. All youth are in DYS custody. Interview with PREA coordinator: The PREA Coordinator stated that when the facility receives an allegation of sexual abuse, it is reported to the Director and the Office of Inspector General for investigation. The alleged victim's parent or legal guardian and community counselor are notified within 72 hours. If the victim is under the guardianship of the child welfare system, the allegation is reported to the assigned caseworker instead of the parent or guardian, also within 72 hours. The Coordinator stated that if a juvenile court retains jurisdiction, the allegation is reported to the juvenile's attorney or legal representative of record, typically within 72 hours. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.361 (f)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 23): Any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, and custodial sexual misconduct shall be reported to the Facility Administrator/Director of Institutions, Administrative Duty Officer, PREA Coordinator, and the Office of the Inspector General immediately. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated that all allegations of sexual abuse or sexual harassment, including those from third parties or anonymous sources, are reported directly to designated facility investigators. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with agency head designee 4. Interview with superintendent 5. Interview with random sample of staff **Reasoning and analysis (by provision):** **115.362 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months there were no incidents where the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse. Oakley Youth Development Center PREA Policy (page 39): OYDC shall establish procedures for the filing of an emergency grievance alleging that a youth is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a youth is subject to a substantial risk of imminent sexual abuse, OYDC shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken. **What was heard, as part of a systematic review of evidence:** Interviews with agency head designee and superintendent: The Director stated that when the facility learns a resident is subject to a substantial risk of imminent sexual abuse, staff immediately remove the resident from the situation and place them in a safe and secure area to ensure their protection. Interviews with 12 random staff: All 12 staff stated if a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions. Actions they would take to protect a resident would include separating the residents from harm, dorm changes, monitoring, reporting, and close observation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Interview with agency head (executive director)
4. Interview with superintendent

Reasoning and analysis (by provision):
115.363 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the facility received one allegation that a resident was abused while confined at another facility. The PAQ incorrectly stated there were three allegations received.

Oakley Youth Development Center PREA Policy (page 10):
The Facility Administrator/Director of Institutions is responsible for ensuring that upon receipt of an allegation that a youth was sexually abused while confined to another facility, he/she notifies the head of that facility of the allegation.

Documentation of allegations that a resident was abused while confined at another facility:
There were no allegations that a resident was abused while confined at another facility.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Documentation of allegations that a resident was abused while confined at another facility:
See 115.341 (a).

Finding:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Documentation of allegations that a resident was abused while confined at another facility:
See 115.341 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.363 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency/facility policy requires that allegations received from other facilities/ agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, no allegations of sexual abuse were received from other facilities.

Oakley Youth Development Center PREA Policy (page 24):
The Facility Administrator/Director of Institutions is responsible for ensuring that an allegation received from a current youth of any sexual abuse or harassment at the facility is appropriately handled, that the Office of the Inspector General (OIG) is notified.

Documentation of allegations that a resident was abused while confined at another facility:
See 115.363 (a).

What was heard, as part of a systematic review of evidence:
Interview with agency head designee and superintendent:
The Director stated that if another facility or agency reports an allegation of sexual abuse or sexual harassment occurring at the facility, it is referred to the Office of Inspector General for investigation, and there have been no instances of such reports to date.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. First Responder Checklist 4. First Responder Guidelines to Sexual Assault 5. Staff First Responder Cards 6. Interviews with security staff and non-security staff first responders 7. Interviews with a random sample of staff 8. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.364 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused: 0 Oakley Youth Development Center PREA Policy (pages 23-24): Upon learning of an allegation of a PREA related incident, the first responder staff shall: • Ensure that the victim(s), aggressor(s), and witnesses are physically separated;

- Protect and preserve the crime scene until appropriate steps can be taken to collect evidence;
- Request that the victim not bathe, wash, brush his/her teeth, eat, drink, urinate or defecate; and
- Ensure that the alleged aggressor not bathe, wash, brush his/her teeth, eat, drink, smoke, urinate or defecate;

Review of response to allegations:
There were no allegations of sexual abuse that required separation or evidence collection.

What was heard, as part of a systematic review of evidence:
Interviews with security staff and non-security staff first responders:
Staff stated they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.364 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

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

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

Oakley Youth Development Center PREA Policy (page 24):
If the first responder staff is not security staff, the responder should request that the alleged victim not take any actions that would destroy evidence and notify security staff.

Review of response to allegations:
See 115.364 (a).

What was heard, as part of a systematic review of evidence:

	Interviews with 12 random staff and security staff and non-security staff first responders: Staff stated they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. All staff are mandated reporters and would therefore follow the same policy requirements as security staff if they are a first responder. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. First Responder Checklist 4. First Responder Guidelines to Sexual Assault 5. Sexual Abuse Coordinated Team Response Plan 6. Interview with superintendent **Reasoning and analysis (by provision):** **115.365 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Coordinated Response Plan for Sexual Abuse Allegations: The auditor reviewed Sexual Abuse Coordinated Team Response Plan and observed the plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated that in response to an incident of sexual abuse, the facility follows its coordinated response plan, which outlines how staff first responders, medical and mental health practitioners, investigators, and facility leadership work together to ensure a prompt, organized, and effective response.

	Finding: **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with agency head designee **Reasoning and analysis (by provision):** **115.366 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into a collective bargaining agreement since the last PREA audit. Oakley Youth Development Center PREA Policy (page 40): Neither MDHS, nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this policy shall restrict OYDC from entering into or renewal of agreements that govern: 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the PREA 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. **What was heard, as part of a systematic review of evidence:**

	Interview with agency head designee: The Director stated that neither the agency nor any governmental entity responsible for collective bargaining on its behalf has entered into or renewed any collective bargaining agreements or other such agreements since August 20, 2012. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.366 (b) N/A** **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Protection Against Retaliation monitoring form 4. Interview with agency head designee 5. Interview with superintendent 6. Interview with designated staff member charged with monitoring retaliation 7. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.367 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates the quality assurance director and the Director of Institutions with monitoring for possible retaliation. Oakley Youth Development Center PREA Policy (pages 40-41): Retaliation in any form for the reporting of, or cooperation with, sexual abuse or harassment allegations is strictly prohibited. The Facility Administrator/Director of Institutions and PREA Coordinator shall ensure youth and staff who report sexual

abuse, sexual harassment, or cooperate with a sexual abuse investigation are protected from retaliation by other youth or staff.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.367 (b)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 41):
MDHS and OYDC shall employ multiple protection measures, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth and/or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Documentation of any protective measures taken:
The auditor reviewed the Protection Against Retaliation monitoring form and observed that the form would be used by the facility to document retaliation monitoring for residents and staff following allegations of sexual abuse or sexual harassment.

What was heard, as part of a systematic review of evidence:
Interview with agency head designee and superintendent:
The Director stated that the facility protects residents and staff from retaliation related to sexual abuse or sexual harassment allegations by implementing immediate separation of involved individuals, making housing changes or transfers when necessary, and removing alleged abusers from contact with residents. The director stated that emotional support services are provided and that critical review teams are involved to assess the situation and ensure appropriate safety measures are in place.

Interview with designated staff member charged with monitoring retaliation:
The PREA Coordinator stated that their role in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, includes monitoring for signs of retaliation, implementing staff no-contact status or movement, arranging housing changes or transfers when needed, facilitating the removal of alleged abusers, and ensuring access to emotional support services.

The PREA Coordinator stated that measures taken to protect residents and staff from retaliation include monitoring for any signs of retaliation, placing staff on no-contact status or adjusting staff movement as necessary, arranging housing changes or transfers for residents when appropriate, removing alleged abusers from contact or assignment, and ensuring access to emotional support services.

The PREA Coordinator stated that counselors initiate contact with residents who have reported sexual abuse and conduct ongoing monitoring.

Interviews with residents who reported a sexual abuse:
There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

Documentation of any protective measures taken:
The Protection Against Retaliation monitoring form is inclusive of the standard provision requirements.

What was observed as part of a systematic review of evidence:
Site review:
There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.367 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

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

Oakley Youth Development Center PREA Policy (page 41):
The Office of the Inspector General will be chiefly responsible for Retaliation Monitoring by monitoring the conduct and treatment of the youth(s) and/or staff for at least ninety (90) days after an incident is reported. Monitoring time will be extended in thirty (30) day increments if there is a continuing need to do so.

Documentation of monitoring efforts:
The auditor reviewed the Protection Against Retaliation monitoring form and observed that the form is designed to document weekly status checks for a period of 90 days or longer.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated that when retaliation is suspected, the facility separates the

	individuals involved, enforces no contact between them, and immediately initiates an investigation to address the situation and ensure safety. Interview with designated staff member charged with monitoring retaliation: The PREA Coordinator stated that indicators of possible retaliation include the demeanor of the student and patterns of behavioral changes. The PREA Coordinator stated that they monitor the conduct and treatment of residents and staff who report sexual abuse, or who were reported to have suffered sexual abuse, for 90 days. The PREA Coordinator stated that if there is concern that potential retaliation might occur, monitoring may be extended as needed. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (d)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 41): The monitoring of youth shall consider any disciplinary reports, housing or program changes, and shall include periodic status checks. Documentation of monitoring in case of residents: See 115.367 (c). **What was heard, as part of a systematic review of evidence:** Interview with designated staff member charged with monitoring retaliation: The PREA Coordinator stated that indicators of possible retaliation include the demeanor of the student and patterns of behavioral changes. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (e)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 41): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Documentation of protective measures taken: See 115.367 (b). **What was heard, as part of a systematic review of evidence:** Interview with agency head designee and superintendent: The Director stated that if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes protective measures to ensure their

	safety. The director stated that these measures include preventing contact with the potential retaliator, increasing observation and supervision, and implementing additional precautions as needed to protect the individual from retaliation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.367 (f) N/A** **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Interview with superintendent 3. Interviews with residents in isolation (for risk of sexual victimization) **Reasoning and analysis (by provision):** **115.368 (a):** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility does not have a policy that residents who allege to have suffered sexual abuse may be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. No residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months. Oakley Youth Development Center PREA Policy (page 39): Youth at high risk for sexual victimization or those who report sexual victimization shall not be placed in involuntary administrative or punitive segregation unless there has been an assessment of all other available alternatives and a determination made that there are no other alternatives available. In cases where segregated housing is the only means to protect such youth, the youth shall have access to all programs, privileges, education and work

	opportunities, to the extent possible, and it shall only be until an alternative means of separation from likely abusers can be arranged, a time not ordinarily to exceed thirty (30) days. Youth in isolation are to receive at least one (1) hour of large body exercise each day. In these cases, the facility shall clearly document: • The basis for the facility's concern for the youth's safety; • The reason why no alternative means of separation can be arranged; and • Every thirty (30) days, the facility shall afford each such youth a review to determine whether there is a continuing need for separation from the general population. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated that isolation is not used to protect residents who allege sexual abuse. Residents are only isolated as a last resort when less restrictive measures cannot ensure safety, and only until an alternative solution is arranged. Because isolation is not used for this purpose, there is no typical duration. Interviews with residents in isolation (for risk of sexual victimization): There were no residents in isolation during the onsite phase of the audit. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with superintendent 4. Interview with PREA coordinator 5. Interview with investigative staff (administrative and criminal investigations) 6. Interviews with residents who reported a sexual abuse **Evidence (corrective action):** • Certificate of Completion: Specialized Training Modules for PREA: Investigating Sexual Abuse in Correctional Settings (February 20, 2026) • Training Acknowledgment :115.331 topics (February 20, 2026)

Findings (By Provision):
115.371 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency/facility has a policy related to criminal and administrative agency investigations.

Oakley Youth Development Center PREA Policy (page 32):
Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Office of the Inspector General shall refer all substantiated criminal cases to the local District Attorney's office and will be available, as requested, to work with those authorities to support criminal prosecution of those cases.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that the investigation process includes ensuring the victim is in a safe area and then gathering and preserving evidence, including video footage and other relevant documentation, and obtaining witness statements and the victim's statement.

The investigator stated that anonymous or third-party reports of sexual abuse and sexual harassment are handled the same way and are not investigated differently, except that if the report is anonymous a victim statement may not be available. The investigator added that in cases involving rape, evidence collection may include a forensic exam (rape kit) and the collection/preservation of relevant items such as clothing and bedding/linens (e.g., sheets).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (b)
What was read, as part of a systematic review of evidence:
Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Review of training records/logs of investigative staff:
Through corrective action, the Office of Inspector General (OIG) investigator completed the specialized training topics and those required by Standard 115.331 on February 20, 2026. The specialized training was documented with a certificate of completion, and the Standard 115.331 topics were documented with an acknowledgment form.

What was heard, as part of a systematic review of evidence:

	Interview with investigative staff: The investigator stated they have received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings, including techniques for interviewing juvenile sexual abuse victims; the 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 referral for prosecution. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **The investigator completed the required training February 20, 2026.** **Reasoning and analysis (by provision):** **115.371 (c)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 33): When applicable, investigators may gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence in collaboration with local law enforcement and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Review of investigative reports: There were no allegations of sexual abuse or sexual harassment reported during the past 12 months; therefore, no administrative or criminal investigations were initiated during the review period. As a result, there were no referrals to law enforcement, no internal investigative actions taken, and no case files or investigative findings generated related to sexual abuse or sexual harassment during this time frame. **What was heard, as part of a systematic review of evidence:** Interview with investigative staff: Upon receiving a report, the investigator stated that the first step is notification so an investigator can be assigned to initiate the investigation. The investigator stated he is assigned to Hinds County and, once notified/assigned, begins gathering and preserving evidence, including video footage and other documentation, and obtaining witness statements and the victim’s statement. The investigator stated that the investigation process includes ensuring the victim is in a safe area and then gathering and preserving evidence, including video footage and other relevant documentation, and obtaining witness statements and the victim’s statement. The investigator stated that, in an investigation of an incident of sexual abuse, they would gather available direct and circumstantial evidence including video footage, photographs, and victim and witness statements.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Oakley Youth Development Center PREA Policy (page 33):
The Office of the Inspector General nor OYDC shall terminate an investigation solely because the source of the allegation recants the allegation.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that an investigation does not terminate if the source of the allegation recants; the investigation will be completed. The investigator added that a recantation may result in insufficient evidence to support a finding and noted they would not want to criminalize the victim.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (e)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 33):
When the quality of evidence appears to support criminal prosecution, the Office of the Inspector General shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigation reports:
See 115.371 (c). There were no criminal prosecutions.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that when evidence indicates a prosecutable crime may have occurred, they consult with prosecutors before conducting compelled interviews, and that a subpoena would be required.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):

115.371 (f)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 34):
The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff. The Office of the Inspector General shall not require a youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that credibility is assessed based on the facts and evidence, including circumstantial information.

The investigator stated that, under no circumstances, would a resident who alleges sexual abuse be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation, noting it would criminalize the victim and would not hold up in court.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse allegation. As such, the auditor was unable to interview residents with direct experience of the investigative process. Residents interviewed demonstrated a general awareness that allegations would be reported and investigated by outside authorities.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (g)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 34):
Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that any staff actions or failures to act that may have contributed to the sexual abuse would be identified during the investigation, and that at that point Internal Affairs would conduct the administrative portion of the investigation.

The investigator stated that administrative investigations are documented in written reports, including the evidence gathered, such as witness statements, the victim's statement, video footage, and other relevant material, as well as the investigative

finding.

Investigation reports:
See 115.371 (c).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (h)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 34):
Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence, where feasible.

Criminal investigation reports:
The auditor confirmed that there were no criminal investigation reports during the audit period.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that criminal investigations are documented in written reports and include the evidence gathered, such as witness statements, the victim's statement, video footage, photographs, and other relevant documentation, as well as the investigative finding.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (i)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Substantiated allegations of conduct that appear to be criminal are referred for prosecution.
The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

Oakley Youth Development Center PREA Policy (page 34):
Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Review of cases referred for prosecution:
See 115.371 (h). Since the last PREA audit, there have been zero (0) substantiated allegations of conduct that appeared to be criminal which were referred for prosecution.

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that cases are referred for prosecution anytime there is a criminal element involved.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (j)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Oakley Youth Development Center PREA Policy (page 34):
The agency shall retain all written reports referenced in paragraphs (ix) and (x) of this section, for as long as, the alleged abuser is incarcerated or employed by the agency, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention.

Investigation reports:
See 115.371 (c).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.371 (k)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 34):
The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation

What was heard, as part of a systematic review of evidence:
Interview with investigative staff:
The investigator stated that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment before the investigation is completed, the investigation continues and a subpoena may be required to obtain needed information or cooperation.

The investigator also stated that if a victim alleging sexual abuse or sexual harassment leaves the facility before the investigation is completed, the investigation continues, but the victim would not be forced to participate.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required. **Reasoning and analysis (by provision):** **115.371 (m)** **What was read, as part of a systematic review of evidence:** Oakley Youth Development Center PREA Policy (page 29): In order to remain informed of the progress of every sexual abuse investigation, the PREA Coordinator will contact the Office of the Inspector General (OIG) twice monthly and ask about progress and completion. The Office of the Inspector General will contact the Facility Administrator/Director of Institutions when an investigation is completed. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated that if an outside agency investigates allegations of sexual abuse, the Office of Inspector General (OIG) remains informed of the investigation's progress, including when the FBI is involved. Interview with investigative staff: The investigator stated that when an outside agency investigates an incident of sexual abuse at the facility, their role is to serve as an intermediary and provide all information and evidence needed to support the investigation. Interview with PREA Coordinator: The PREA Coordinator stated that the facility remains informed of the progress of a sexual abuse investigation conducted by an outside agency through direct contact with OIG investigators. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with investigative staff (administrative and criminal investigations) **Reasoning and analysis (by provision):** **115.372 (a):**

	What was read, as part of a systematic review of evidence: The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Oakley Youth Development Center PREA Policy (page 32): The standard of proof in all investigations of sexual abuse and harassment is a preponderance of the evidence. **What was heard, as part of a systematic review of evidence:** Interview with investigative staff: The investigator stated that the standard of evidence used to substantiate allegations of sexual abuse or sexual harassment is a preponderance of the evidence, supported by factual and substantial evidence. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Juvenile Notification of Investigative Outcome Form 4. Interview with superintendent 5. Interview with investigative staff (administrative investigations) 6. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):** **115.373 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months, there were no criminal and/or administrative investigations of alleged resident sexual abuse completed by the agency/facility.

Review of resident outcome notifications:
The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed that the form would inform residents whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following completion of an investigation.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director of Institutions stated that when a resident makes an allegation of sexual abuse, the facility ensures the resident is notified of the outcome of the investigation. The resident is informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Interview with investigative staff:
The investigator stated they are aware that when a resident makes an allegation of sexual abuse, the resident must be informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following the investigation.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months, there were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency.

Review of resident outcome notifications:
See 115.373 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident’s unit;

- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There have been no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Review of resident outcome notifications:
The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed that the form includes the standard provision requirements. In addition to informing residents whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded, the form also documents notification to the resident if:

- The staff member is no longer posted within the juvenile's unit;
- The staff member is no longer employed at the facility;
- The staff member has been indicted on a charge related to sexual abuse within the facility; or
- The staff member has been convicted on a charge related to sexual abuse within the facility.

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.373 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

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

Review of resident outcome notifications:

	The auditor reviewed the Juvenile Notification of Investigative Outcome form and observed that the form includes the standard provision requirements. In addition to informing residents whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded, the form also requires notification to the resident if: • Oakley learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • Oakley learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.373 (e)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months: • The number of notifications to residents that were made pursuant to this standard: 0 • The number of those notifications that were documented: N/A Review of resident outcome notifications: See 115.373 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.373 (f) N/A** An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy **Reasoning and analysis (by provision):** **115.376 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Oakley Youth Development Center PREA Policy (page 36): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.376 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: In the past 12 months, there were no staff from the facility who violated agency sexual abuse or sexual harassment policies. Oakley Youth Development Center PREA Policy (page 36): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Review of records of terminations, resignations or other sanctions for violation of sexual abuse or harassment policies: There were no terminations, resignations, or other sanctions related to violations of sexual abuse or sexual harassment policies during the audit period. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.376 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Disciplinary sanctions for violations of agency policies relating to sexual abuse or

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

In the past 12 months, no staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Oakley Youth Development Center PREA Policy (page 36):
Disciplinary sanctions for violations of MDHS and/or OYDC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Review of records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months:
There were no records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.376 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, no staff from the facility were reported to law enforcement or licensing boards following termination, or resignation prior to termination, for violating agency sexual abuse or sexual harassment policies.

Oakley Youth Development Center PREA Policy (page 36):
All terminations for violations of MDHS and/or OYDC 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.

Review of records of reports to law enforcement for violations of agency sexual abuse or sexual harassment policies:
The auditor requested and reviewed documentation related to reports to law enforcement for violations of Oakley's sexual abuse or sexual harassment policies; there were none during the audit period.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with superintendent **Reasoning and analysis (by provision):** **115.377 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Oakley Youth Development Center PREA Policy (page 36): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.377 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Oakley Youth Development Center PREA Policy (page 36):

	OYDC shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any other violation of MDHS and/ or OYDC sexual abuse or sexual harassment policies by a contractor or volunteer. **What was heard, as part of a systematic review of evidence:** Interview with superintendent: The Director stated that if a contractor or volunteer violates sexual abuse or sexual harassment policies, they are placed on no-contact status and removed from the facility until the investigation is completed. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interview with superintendent 4. Interview with medical and mental health staff **Reasoning and analysis (by provision):** **115.378 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months: • The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 • The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 Oakley Youth Development Center PREA Policy (page 37):

After review by the Facility Administrator/Director of Institutions and/or the Director of the Division of Youth Services, an occurrence of sexual assault between youth and another youth will be referred to the Disciplinary Hearing Officer and processed according to OYDC policy. Additionally, youth may be subject to criminal disciplinary action.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

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

Oakley Youth Development Center PREA Policy (page 37):
The disciplinary process shall consider whether a youth’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated that residents found responsible for resident-on-resident sexual abuse are primarily subject to counseling and therapeutic interventions rather than punitive measures, though loss of privileges may also be used. Sanctions are proportionate to the nature and circumstances of the offense, the resident’s disciplinary history, and penalties imposed in similar cases.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (c)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 37):
See 115.378 (b).

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated that mental disability or mental illness is considered when determining appropriate responses. Isolation is not used as a disciplinary sanction.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

What was heard, as part of a systematic review of evidence:
Interview with mental health staff:
The Social Services Specialist Team Leader stated that if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, the facility does consider whether to offer these services to an offending resident.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.378 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

	Oakley Youth Development Center PREA Policy (page 37): OYDC may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.378 (f)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Oakley Youth Development Center PREA Policy (page 37): 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 sufficient evidence to substantiate the allegation. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.378 (g)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Oakley Youth Development Center PREA Policy (page 37): OYDC prohibits all sexual activity between youth and may discipline youth for such activity. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Oakley Youth Development Center - Division of Youth Services Vulnerability/ Sexual Risk Assessment form
4. Interview with staff responsible for risk screening
5. Interviews with medical and mental health staff
6. Interviews with residents who disclose sexual victimization at risk screening

Reasoning and analysis (by provision):
115.381 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 1

Oakley Youth Development Center PREA Policy (pages 20-21):
The Counselor and/or QMHP shall meet with the youth and review their screening information. If the screening indicates that the youth has prior sexual victimization or sexual aggression in their history, the Counselor and/or QMHP shall schedule a follow-up meeting with Mental Health Department within twenty-four (24) hours to seventy-two (72) hours of the intake screening.
Document review:

Review of medical/mental health secondary materials:
During the 12-month audit period, one resident disclosed prior sexual victimization during screening. The auditor reviewed the resident's Vulnerability/Sexual Risk Assessment form and confirmed the disclosure. The auditor also reviewed documentation demonstrating that the resident was offered a follow-up meeting with a medical or mental health practitioner, as required by the standard provision, but declined the meeting.

What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening:
The behavior health specialist stated if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

Interviews with residents who disclose sexual victimization at risk screening:
No residents were identified who disclosed prior sexual victimization during risk

screening.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.381 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

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

Oakley Youth Development Center PREA Policy (pages 20-21):
See 115.381 (a).

Review of medical/mental health secondary materials:
The facility reported that during the 12-month audit period, no residents disclosed prior sexual perpetration during the intake screening process.

What was heard, as part of a systematic review of evidence:
Interview with staff responsible for risk screening:
The behavior health specialist stated that if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or mental health practitioner within 14 days.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.381 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Oakley Youth Development Center PREA Policy (page 21):
There will be appropriate controls on the dissemination of screening information to ensure each youth’s sensitive information is not exploited.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required. **Reasoning and analysis (by provision):** **115.381 (d)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: 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. **What was heard, as part of a systematic review of evidence:** Interviews with medical and mental health staff: The director of medical services stated that informed consent is obtained from residents before reporting prior sexual victimization that did not occur in an institutional setting; however, as a mandatory reporter, disclosures must still be reported as required by law. The informed consent process for residents under age 18 is the same, as all residents are in Department of Human Services custody. The social services specialist team leader stated that informed consent is obtained from residents before reporting prior sexual victimization that did not occur in an institutional setting, and explained that staff are mandatory reporters. They stated that there is no difference in the informed consent process for residents under the age of 18, as all residents are in the custody of the Department of Human Services. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Memorandum of Understanding between Mississippi Department of Human Services, Division of Youth Services and Mississippi Coalition 4. Against Sexual Assault, dated March 20, 2024 5. Interviews with medical and mental health staff 6. Interviews with residents who reported a sexual abuse 7. Interviews with security staff and non-security staff first responders 8. Site review observations

Reasoning and analysis (by provision):
115.382 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Oakley Youth Development Center PREA Policy (page 25):
Victims of sexual abuse at the facility shall be referred immediately to the OYDC Clinic. Victims shall receive timely, unimpeded access to emergency medical treatment and rape crisis intervention services. The PREA Coordinator shall also refer a youth victim immediately to the OYDC Mental Health Department for further treatment and counseling.

Document review:
The auditor reviewed the memorandum of understanding (MOU) between the Mississippi Department of Human Services, Division of Youth Services and the Mississippi Coalition Against Sexual Assault (MSCASA), dated March 20, 2024. The MOU confirms that MSCASA will provide crisis intervention services to residents of Oakley who report sexual abuse.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The director of medical services stated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services at the University of Mississippi Medical Center, and that "timely" means services are provided immediately. They stated that the nature and scope of services provided to resident victims of sexual abuse are determined according to professional judgment.

The social services specialist team leader stated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. They stated that "timely" means immediately. They stated that the nature and scope of services are determined by their professional judgment and facility policy.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Community outreach:
The auditor contacted MSCASA and confirmed that victim advocates are available to

	provide emotional support services to any resident who reports sexual abuse. These services include emotional support during forensic medical exams, accompaniment during investigatory interviews, and ongoing counseling and advocacy services. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.382 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: 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. **What was heard, as part of a systematic review of evidence:** Interviews with security staff and non-security staff first responders: Staff stated that if a resident reports sexual abuse, they would take immediate steps to protect the victim and ensure safety. Staff further reported that they would notify the appropriate medical and mental health practitioners without delay so that the resident could receive emergency medical treatment and crisis intervention services. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.382 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Oakley Youth Development Center PREA Policy (page 26): Youth victims of sexual abuse, while residing at OYDC, 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 and lawfully appropriate. **What was heard, as part of a systematic review of evidence:** Interviews with medical staff: The director of medical services stated that victims of sexual abuse are offered timely information about access to emergency contraception and prophylaxis for sexually transmitted infections. Interviews with residents who reported a sexual abuse: See 115.382 (a). **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.382 (d)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: 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. Oakley Youth Development Center PREA Policy (page 27): Ongoing 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. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Interviews with medical and mental health staff 4. Interviews with residents who reported a sexual abuse **Reasoning and analysis (by provision):**

115.383 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Oakley Youth Development Center PREA Policy (page 26):
Medical and mental health evaluations and treatment shall be offered to all youth who have been victimized by sexual abuse.

What was observed as part of a systematic review of evidence:
Site review:
The auditor confirmed that services for victims of sexual abuse at Oakley would be available offsite through the Mississippi Coalition Against Sexual Assault, which provides crisis intervention and advocacy services, and University of Mississippi Medical Center, which provides emergency medical treatment, including forensic medical exams and prophylaxis for sexually transmitted infections.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (b)
What was read, as part of a systematic review of evidence:
Oakley Youth Development Center PREA Policy (page 30):
The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Oakley Youth Development Center PREA Policy (page 26):
The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or upon their release from custody.

Review of medical records:
There were no medical records or secondary documentation.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The director of medical services stated that evaluation and treatment of residents who have been victimized include referrals to The Children's Safe Center for follow-up care and supportive services.

The social services specialist team leader stated that when a resident has been identified as having experienced victimization, the facility ensures the resident is

promptly referred for supportive services, including counseling and crisis intervention. The team leader explained that residents are offered follow-up services tailored to their individual needs, and treatment plans are developed in coordination with qualified mental health professionals. When appropriate, referrals are made to outside providers, including The Children's Safe Center, to ensure continuity of care and access to specialized trauma-informed treatment after the resident leaves the facility.

Interviews with residents who reported a sexual abuse:
There were no residents present during the onsite phase of the audit who reported a sexual abuse.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (c)
What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The director of medical services stated that medical and mental health services provided to residents are consistent with the community level of care, if not better.

The social services specialist team leader stated that medical and mental health services provided to residents are consistent with the community level of care. Residents are afforded access to routine and emergency medical treatment, mental health assessments, crisis intervention, and ongoing therapeutic services comparable to those available in the community.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Oakley Youth Development Center PREA Policy (page 26):
Youth victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

What was heard, as part of a systematic review of evidence:
Interviews with female residents who reported a sexual abuse:
There were no female residents who reported a sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (e)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Oakley Youth Development Center PREA Policy (page 27):
Youth victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.

What was heard, as part of a systematic review of evidence:
Interviews with medical and mental health staff:
The director of medical services stated if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services.

Interviews with female residents who reported a sexual abuse:
See 115.383 (d).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (f)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Oakley Youth Development Center PREA Policy (page 27):
Youth victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.

Review of medical records:
See 115.383 (b).

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
See 115.383 (b).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (g)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Oakley Youth Development Center PREA Policy (page 26):
Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.

What was heard, as part of a systematic review of evidence:
Interviews with residents who reported a sexual abuse:
See 115.383 (b).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.383 (h)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
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.

Oakley Youth Development Center PREA Policy (page 27):
OYDC shall conduct a mental health evaluation of known youth-on-youth abusers within fourteen (14) days but no later than thirty (30) days of learning of such abuse history and offer treatment.

Review of mental health records:
There were no applicable mental health records to review.

What was heard, as part of a systematic review of evidence:
Interview with mental health staff:
The social services specialist team leader stated that all known resident-on-resident abusers receive a mental health evaluation and are offered treatment when appropriate. The Team Leader stated that these evaluations are typically conducted immediately after learning of the resident’s abuse history.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Oakley Sexual Abuse Critical Incident Review form 4. Interview with superintendent 5. Interview with PREA coordinator 6. Interview with incident review team **Reasoning and analysis (by provision):** **115.386 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. During the past 12 months, the facility reported zero criminal and/or administrative investigations of alleged sexual abuse that were completed, excluding only incidents determined to be unfounded. Oakley Youth Development Center PREA Policy (page 30): Within thirty (30) days of the conclusion of the Office of the Inspector General's investigation, the Facility Administrator/Director of Institutions shall convene a sexual abuse incident review team to review all substantiated and unsubstantiated PREA allegations. Review of completed criminal or administrative investigations of sexual abuse: There were no administrative investigations of sexual abuse. The auditor reviewed the Sexual Abuse Critical Incident Review form and observed the form would be used to document incident reviews at the conclusion of criminal or administrative sexual abuse investigations. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.386 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

During the past 12 months, the facility reported zero criminal and/or administrative investigations of alleged sexual abuse that were completed and followed by a sexual abuse incident review within 30 days, excluding only incidents determined to be unfounded.

Oakley Youth Development Center PREA Policy (page 30):
See 115.386 (a).

Review of completed criminal or administrative investigations of sexual abuse:
See 115.386 (a).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.386 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Oakley Youth Development Center PREA Policy (page 30):
This team shall be composed of the Facility Administrator/Director of Institutions designee, a medical representative, a mental health representative, an Office of the Inspector General Investigator, the Shift Supervisor present at time of the allegation, and the PREA Coordinator.

Documentation of review team minutes or reports:
See 115.386 (a).

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.386 (d)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement

and submits such report to the facility head and PREA compliance manager.

Oakley Youth Development Center PREA Policy (pages 30-31):
The PREA Coordinator will take detailed meeting minutes to include the agenda, participants' names, date, name and number of the investigation, type of investigation and findings, and all meeting content, utilizing OYDC form: Sexual Abuse Critical Incident Review.

The team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity; LGBTQ+ identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse to occur;
- Assess the adequacy of the staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings including, but not necessarily limited to, determinations made pursuant to the preceding paragraphs and any recommendations for improvement. Such report shall be submitted to the Director of the Division of Youth Services, Facility Administrator/Director of Institutions, and PREA Coordinator in a timely manner.

Documentation of review team minutes or reports:
The auditor reviewed the Sexual Abuse Critical Incident Review form and observed the form includes the standard provision requirements.

What was heard, as part of a systematic review of evidence:
Interview with superintendent:
The Director stated that information from sexual abuse incident reviews is used to make any corrections needed, including identifying policy, training, or practice issues that may require change. They further stated that the review team considers whether incidents or allegations were motivated by race, ethnicity, gang affiliation, or other group dynamics. The review team examines the area where the incident allegedly occurred to assess whether physical barriers may have enabled abuse, assesses the adequacy of staffing levels during different shifts, and evaluates whether monitoring technology should be deployed or enhanced to supplement staff supervision.

Interview with PREA coordinator:
The PREA coordinator stated the facility conducts a sexual abuse incident review. The facility prepares a report of its findings from the review, including any determinations per standard 115.386 (d)-1 through (d)- 5 and any recommendations

	for improvement. They stated they are part of the review. They stated they have noticed no trends. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action not required.** **Reasoning and analysis (by provision):** **115.386 (e)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The facility implements the recommendations for improvement or documents its reasons for not doing so. Oakley Youth Development Center PREA Policy (page 31): The Facility Administrator/Director of Institutions or his/her designee shall implement the recommendations for improvement or shall document the reasons for not implementing recommendations for improvement. The PREA Coordinator, upon completion of the recommended improvement or upon providing the reason the improvement was not completed, shall submit utilizing OYDC form: Sexual Abuse Critical Incident Review, to the Director of Division of Youth Services and Facility Administrator in a timely manner. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy 3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 4. 2024 Survey of Sexual Victimization: State Juvenile Systems Summary Form 5. Oakley Youth Development Center Annual PREA Reports (2020-2025) **Reasoning and analysis (by provision):** **115.387 (a)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency collects accurate, uniform data for every allegation of sexual abuse at

	facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Oakley Youth Development Center PREA Policy (page 42): The PREA Coordinator 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. Review of incident-based data collection: The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification the agency uses a standardized instrument and set of definitions. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (b)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency aggregates the incident-based sexual abuse data at least annually. Oakley Youth Development Center PREA Policy (page 42): The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. Review of incident-based data collection: The auditor reviewed Oakley Youth Development Center Annual PREA Reports (2020-2025) and observed aggregated data. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (c)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice. Oakley Youth Development Center PREA Policy (page 42): The PREA Coordinator shall compile the records and data from the previous calendar year necessary to fill out the requested data in the DOJ’s Survey of Sexual Violence (SSV) should it be requested. This is to be provided to the Department of Justice as

	a date determined by DOJ. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (d)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Oakley Youth Development Center PREA Policy (page 42): The PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (e) N/A** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Oakley does not contract for the confinement of its residents. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.387 (f)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The Department of Justice (DOJ) requested data for the previous calendar year. Document review: The auditor reviewed the 2024 Survey of Sexual Victimization: State Juvenile Systems Summary Form. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.388	**Data review for corrective action**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Oakley Youth Development Center PREA Policy
3. Oakley Youth Development Center Annual PREA Reports (2020-2025)
4. Interview with agency head designee
5. Interview with PREA coordinator

Evidence (corrective action):

1. Published 2025 annual report (04/24/2026)

Reasoning and analysis (by provision):
115.388 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

Oakley Youth Development Center PREA Policy (page 42):
The PREA Coordinator shall review data collected to assess and improve the effectiveness of appropriate OYDC policies and procedures. The PREA Coordinator shall prepare an annual report for the facility for the Director of the Division of Youth Services and Facility Administrator/Director of Institutions identifying problem areas, suggesting corrective action, and providing comparison from the previous year's data and reports. This report shall be approved by the Director of the Division of Youth Services and made readily available to the public through the MDHS-DYS website.

Review of documentation of corrective action plans:
The auditor reviewed the Oakley Youth Development Center Annual PREA Reports (2020-2025) and observed the reports include the standard provision requirements.

What was heard, as part of a systematic review of evidence:
Interview with agency head designee:
The Director stated that the agency uses incident-based sexual abuse data to evaluate and improve prevention, detection, and response efforts. The director stated that the data is reviewed to identify problem areas, inform decision-making,

and guide corrective actions, which may include revising policy, providing additional staff training, and implementing data-informed changes to practices and procedures on an ongoing basis.

Interview with PREA coordinator:
The PREA coordinator stated that the agency reviews data collected and aggregated pursuant to §115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Although there have been no allegations, the agency discusses potential scenarios as part of its review process.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.388 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Oakley Youth Development Center PREA Policy (page 42):
See115.388 (a).

Review of annual reports:
The auditor reviewed the Oakley Youth Development Center Annual PREA Reports (2020-2025) and observed the reports include the standard provision requirements.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.388 (c)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

Oakley Youth Development Center PREA Policy (page 42):
See115.388 (a).

Agency website review:
The auditor reviewed the Mississippi Department of Human Services website (https://www.mdhs.ms.gov/youth/) and did not observe any published annual reports. The 2025 annual report was published during the corrective action period.

What was heard, as part of a systematic review of evidence:
Interviews with agency head designee:

	The Director stated they approve annual reports. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.** **The agency published the 2025 annual report on its website on April 24, 2026.** **Reasoning and analysis (by provision):** **115.388 (d)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Oakley Youth Development Center PREA Policy (page 42): MDHS and/or OYDC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Review of published annual reports: The auditor reviewed the Oakley Youth Development Center Annual PREA Reports (2020-2025) and observed no personal identifying information. **What was heard, as part of a systematic review of evidence:** Interviews with PREA coordinator: The PREA Coordinator stated that personal identifying information, such as names and ages, is typically redacted from the annual report and that the nature of the redacted material is indicated. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Oakley Youth Development Center PREA Policy

3. Oakley Youth Development Center Annual PREA Reports (2020-2025)
4. Interview with PREA coordinator

Evidence (corrective action):

1. Published 2025 annual report (04/24/2026)

Reasoning and analysis (by provision):
115.389 (a)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
The agency ensures that incident-based and aggregate data are securely retained.

What was heard, as part of a systematic review of evidence:
Interview with PREA coordinator:
PREA coordinator stated that collected data are securely retained in files stored in Unit 2 within a locked cabinet accessible only to the PREA coordinator, Bureau Director, and Facility Director.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.389 (b)
What was read, as part of a systematic review of evidence:
The Oakley Youth Development Center Pre-Audit Questionnaire indicated:
Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Oakley Youth Development Center PREA Policy (page 42):
See115.388 (a).

Agency website review:
The auditor reviewed the Mississippi Department of Human Services website (https://www.mdhs.ms.gov/youth/) and did not observe any published annual reports. The 2025 annual report was published during the corrective action period.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The agency published the 2025 annual report on its website on April 24, 2026.

Reasoning and analysis (by provision):
115.389 (c)

	What was read, as part of a systematic review of evidence: The Oakley Youth Development Center Pre-Audit Questionnaire indicated: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Oakley Youth Development Center PREA Policy (page 42): Before making aggregated sexual abuse data publicly available, MDHS and/or OYDC shall remove all personal identifiers. Review of publicly available sexual abuse data: The auditor reviewed the Oakley Youth Development Center Annual PREA Reports (2020-2025) and observed the reports do not include personal identifiers. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.** **Reasoning and analysis (by provision):** **115.389 (d)** **What was read, as part of a systematic review of evidence:** The Oakley Youth Development Center Pre-Audit Questionnaire indicated: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise. Oakley Youth Development Center PREA Policy (page 42): The above referenced data shall be retained securely for ten (10) years. **Finding:** **Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: 1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility

Evidence (corrective action):

1. 2026 Oakley Youth Development Center PREA audit

Reasoning and analysis (by provision):
115.401 (a)
During the three-year period starting on August 20, 2013, and the current audit cycle, Oakley Youth Development Center was audited for compliance with the Federal PREA Standards in 2019.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

Oakley Youth Development Center was audited during the current audit year.

Reasoning and analysis (by provision):
115.401 (b)
The agency ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. Oakley Youth Development Center is a single entity agency.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.401 (h)
The auditor was given access to, and the ability to observe, all areas of Oakley Youth Development Center.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.401 (i)
The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information).

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.401 (m)
The auditor was permitted to conduct private interviews with residents at the facility.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

Reasoning and analysis (by provision):
115.401 (n):
The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.403	Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

1. Oakley PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
2. Website Review
3. Document Review

Evidence (corrective action):

1. Published 2020 final audit report (04/24/2026)

Reasoning and analysis (by provision):
115.403 (f):
What was observed as part of a systematic review of evidence:
Final PREA audit reports were not published on the agency's website. This was addressed during the corrective action period.

Finding:
Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.

The agency published the 2020 final audit report on its website April 24, 2026.

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.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	**Limits to cross-gender viewing and searches**	
	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.)	yes
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.)	na
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
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.	yes
115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	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?	no

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	na

	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.)	yes
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

	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.)	