

Standard Statement or Discussion PDF Page Where It Appears	Concern(s)	Suggested Revision <u>Underlining</u> indicates the suggested action to take, or suggested language to be added. Strikethrough indicates language suggested for removal.
Introduction: (p. 5)	In order to best support the implementation of the standards and checklists, facilities should adopt written non-discrimination policies.	Amend the 5 th sentence of the last paragraph on page 5 to read: The standards and checklists should be supported by written policies <u>including non-discrimination policies.</u>
Glossary: Allegation (p. 9)	The definition of the parties who can receive and those who can make allegations to trigger an official response is too narrow. It should also clarify the manner in which someone can convey this information.	Amend the definition to read: Information related to sexual abuse that is provided, <u>verbally or in writing, to a staff member or volunteer agency personnel, facility staff, medical or mental health practitioners, or law enforcement.</u> Allegations include tips and grievances. An allegation triggers the agency's official response, which includes the initiation of an investigation. Allegations can be made by <u>anyone, including staff, observers, victims, witnesses, victim's acquaintances, and family members who have evidence or suspicion that sexual abuse has occurred.</u>
Glossary: Credibility assessment (p. 10)	The definition for credibility assessment should be written with more affirmative language in order to make it stronger.	Amend the second line to read: When assessing the credibility of confined sexual abuse victims and witnesses, investigators must set aside any biases they have against residents and <u>must make a conscious effort not to disregard their statements because of their status as residents to take seriously all statements and complaints of sexual abuse.</u>
Glossary: Cultural competence (p.10)	The definition for cultural competence should include the ability to work effectively and communicate with people of diverse sexual orientations and gender identities.	Amend the definition to read: The ability to work effectively and communicate with people of diverse racial, ethnic, religious, and social groups, <u>as well as sexual orientations and gender identities,</u> based on an awareness, understanding and integration of difference in thoughts, communications, actions, customs, beliefs, and values.
Glossary: Forensic interview (p. 10)	Some situations may call for slightly leading questions in order to help youth articulate details that may be painful to discuss. Therefore, the term non leading should be removed and replaced with language that would allow for	Amend the definition to read: An investigative interview of a youth that is conducted in a neutral and non-leading manner using open-ended questioning <u>designed to extract honest and accurate information, performed</u> by an investigator trained in techniques designed to best elicit truthful information from the youth while minimizing additional trauma to the youth.

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	slightly leading questions that would furnish truthful and accurate answers.	
Glossary: Full compliance (p. 10)	The definition says that full compliance means consistent application of the PREA standards “for a sustained period of time,” which is too ambiguous.	<u>Add</u> this definition: “Full compliance is achieved when a facility conforms to 100% of the standards for a period of at least 1 year. On any standard to which the facility does not conform, facility staff and administrators should develop a corrective action plan.”
Glossary: Gender identity	The definitions do not include an entry for “gender identity” a term that is used in the Standards.	<u>Add</u> this definition: “ Gender identity : A person’s internal, deeply felt sense of being male or female, regardless of the person’s sex at birth.”
Glossary: Gender nonconforming	The definitions do not include an entry for “gender nonconforming” a term we believe should be used in the Standards.	<u>Add</u> this definition: “ Gender nonconforming : A person whose gender identity and/or expression do not conform to gender stereotypes generally associated with his or her birth sex, but who do not personally identify as transgender. Some examples include ‘butch’ girls and effeminate boys.”
Glossary: Miranda warning (p. 11)	The definition for Miranda warnings states that if there is a chance that a resident will be subject to future criminal proceedings he or she must always be advised of his or her Miranda rights but residents should have to be advised of their Miranda rights for delinquency petitions as well.	<u>Amend</u> the last sentence to read: Since a resident will always be considered “in custody,” if there is any chance that resident may be the subject of a future criminal prosecution <u>or delinquency petition</u> , he or she must always be advised of his or her Miranda rights.
Glossary: Physical body cavity search (p. 11)	The definition provided for physical body cavity search under the juvenile standards is not as protective as the definition provided within the standards for adult facilities.	<u>Replace</u> with the adult standard definition which is: “A physical intrusion into a body cavity, defined as stomach, rectal cavity, vagina, mouth, nose, or ears, for the purpose of discovering drugs, weapons, or other dangerous contraband concealed in the body cavity. Physical body cavity searches of residents may only be conducted by authorized medical practitioners and must be conducted privately under sanitary conditions. Physical body cavity searches of residents may be conducted on reasonable suspicion that the resident is secreting drugs or weapons or if his or her appearance and

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		conduct suggests a likelihood of having engaged in prohibited behavior but should only be conducted when absolutely necessary to protect the overriding security needs of the facility. Nonmedical staff of the gender opposite from the resident being searched may not be present during the search.”
Glossary: Preponderance of the evidence (p. 12)	The definition given is not the one commonly referred to and may cause confusion. A preponderance of the evidence is generally described as evidence sufficient to make it more likely than not that the fact the claimant seeks to prove is true, as described in the end of the discussion for IN-2	<u>Amend</u> the first sentence of definition to state: The standard of proof in most civil cases in which the party bearing the burden of proof must present evidence that is more credible and convincing than the evidence presented by the other party <u>evidence that it is more likely than not that the allegations are true.</u>
Glossary: Sexual abuse (p.12)	Residents are susceptible to many different forms of sexual abuse, all of which should be addressed in the standards.	<u>Amend</u> the definition to sexual abuse to read: Encompasses (1) resident-on-resident sexually abuse , (2) resident-on-resident sexual harassment , (3) staff-on-resident sexual abuse , <u>and</u> (4) staff-on-resident sexual harassment .
Glossary: Resident-on-resident sexual abuse (p.12)	The definition of resident-on-resident sexual abuse should explicitly state that consensual sexual conduct between residents does not constitute sexual abuse. While these acts may violate facility rules, they should not trigger the types of response and sanctions that are required by the standards for incidents of sexual abuse.	<u>Amend</u> definition of Resident-on-resident sexual abuse to read: Encompasses all incidents of resident-on-resident sexually abusive contact , and resident-on-resident sexually abusive penetration , <u>and</u> resident-on-resident indecent exposure . <u>Consensual sexual interaction between residents, where consent was not coerced, does not constitute sexual abuse under these standards and should not be punished as sexual abuse, regardless of age of consent laws.</u>
Glossary: Resident-on-resident sexually abusive contact (p. 12)	The definition of “sexually abusive contact” currently requires coercion “by threats of violence.” In order to provide adequate protection, other types of abusive coercion should	<u>Amend</u> the definition for Resident-on-resident sexually abusive contact to read: Touching (either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks) without penetration by a resident of another resident without the latter’s consent, or with a resident who is coerced into sexual contact by threats of violence <u>of harm, physical or otherwise</u> , or

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	also qualify.	with a resident who is unable to consent or refuse.
Glossary: Resident-on-resident sexually abusive penetration (p. 12)	The definition of “sexually abusive penetration” currently requires coercion “by threats of violence.” In order to provide adequate protection, other types of abusive coercion should qualify.	<u>Amend</u> the first sentence for Resident-on-resident sexually abusive penetration to read: Penetration by a resident of another resident without the latter’s consent, or with a resident who is coerced into sexually abusive penetration by threats of violence <u>of harm, physical or otherwise</u> , or with a resident who is unable to consent or refuse.
Glossary: Resident-on-resident indecent exposure	This definition should be added to the standards’ glossary. Resident-on-resident indecent exposure is a form of sexual abuse and often a precursor to sexual assault. This type of behavior needs to be prevented and responded to in order to keep residents safe from sexual abuse.	<u>Add</u> this definition: “ Resident-on-resident indecent exposure: The display by a resident of his or her genitalia, buttocks or breasts, or engaging in masturbation, that is directed at another resident or residents and that has the effect of intimidating, humiliating, or threatening the other resident(s), or where the resident gains sexual gratification without the consent of the other resident(s) or where this consent is coerced.”
Glossary: Resident-on-resident sexual harassment	This definition should be added to the standards’ glossary. Resident-on-resident sexual harassment is often a precursor to sexual assault. This type of behavior needs to be prevented and responded to in order to keep residents safe from sexual abuse.	<u>Add</u> this definition: “ (2) Resident-on-resident sexual harassment: Repeated actions, gestures, statements, or threats of a sexual nature by a resident directed at another resident or residents for the purpose of humiliating or intimidating the resident(s) or to cause the resident to fear that he or she will be sexually abused in the near future. This does not include discussion between residents of sexual subjects where participation is consensual and consent is not coerced, nor does it include name-calling or the use of obscene or vulgar language or gestures that are not directed at a particular resident or residents.”
Glossary: Staff-on-resident sexual abuse: (p. 12)	The standards should also have guidelines that clearly identify and explicitly ban staff members’ use of residents’ sexuality to achieve custody and control goals (“sexual abuse by proxy” or “third party sexual abuse”).	<u>Add</u> the following after the last sentence on page 12: “Staff solicitation of residents to engage in sexually abusive contact or penetration with another resident or residents (e.g. “sexual abuse by proxy”) constitutes staff-on-resident sexual abuse.” Also change the number before the definition of Staff-on-resident sexual abuse from (2) to (3).

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Glossary: Staff-on-resident indecent exposure (p. 13)	The definition of this specific form of indecent exposure should not use the term indecent exposure to help define it.	Amend the definition to read: Occurrences of indecent exposure <u>The display</u> by a staff member of his or her genitalia, buttocks, or breasts in the presence of a resident.
Glossary: Sexual abuse by proxy	The standards should also define a staff members' use of residents' sexuality to achieve custody and control goals as sexual abuse.	<u>Add</u> this definition: “Sexual abuse by proxy: Resident-on-resident sexual abuse that is initiated by a staff member who facilitates, permits, or coerces a resident or residents to sexually abuse another resident without that staff member actually being a party involved in the incident itself.”
Glossary: Staff-on-resident sexual harassment (p. 13)	The definition requires “repeated” verbal statements or comments to constitute harassment, but in some cases, a single statement or comment may constitute harassment. This change is necessary to maintain zero tolerance for sexual abuse. The first instance of staff-on-resident sexual harassment should be met with a prompt and appropriate response. Residents may be more likely than free persons to tolerate verbal abuse that comes from someone with authority because in a confinement setting they are expected to obey authority without first judging the propriety or fairness of the request. If a resident reports sexual harassment, the resident should not have to wait for a second occurrence before it is addressed. The resident may later be unwilling to renew a complaint because of fear of consequences, or	Remove the word “repeated” before “verbal statements or comments” in the definition of “staff-on-resident sexual harassment.” Also change the number before the definition of Staff-on-resident from (3) to (4).

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	<p>may become acclimated to the harassment and accept it as part of the power imbalance that exists between staff and residents.</p> <p>Also there are many other types of sexual harassment that are not included in the examples provided in the definition. The examples should specifically include demeaning references to or derogatory comments about gender identity and sexual orientation, in order to ensure that these abusive practices are appropriately addressed under the standards, and are not treated as acceptable facility practice.</p>	<p><u>Amend</u> the second sentence to read: Such statements include, <u>but are not limited to</u>, demeaning references to gender, <u>or</u> derogatory comments about <u>gender, gender identity, sexual orientation, or a resident's</u> body or clothing, or profane or obscene language or gestures.</p>
Glossary: Strip search (p.13)	The definition for Strip search that is used for the adult standards is more protective than the definition used for the juvenile standards.	<p><u>Replace</u> with the adult standard definition which is: "A search that requires a person to remove or arrange some or all of his or her clothing so as to permit a visual inspection of the underclothing, breasts, buttocks, or genitalia of such person. Strip searches of residents may be conducted on reasonable suspicion that the resident is secreting drugs or weapons or if his or her appearance and conduct suggests a likelihood of having engaged in prohibited behavior. Strip searches must be conducted in private settings by staff of the same gender as the inmate being searched and should only be conducted when necessary to protect the overriding security needs of the facility. Staff conducting strip searches is not allowed to touch the breasts, buttocks, or genitalia of the person being searched."</p>
Glossary: Transgender	The definitions do not include an entry for "transgender" a term that is frequently used in the standards	<p><u>Add</u> this definition: Transgender: A person whose gender identity (their understanding of themselves as male or female) does not correspond with their birth sex. A transgender girl is a girl whose birth sex was male but</p>

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	and one that not everyone is familiar with.	who understands herself to be female. A transgender boy is a boy whose birth sex was female but who understands himself to be male.
Glossary: Video monitoring system (p. 14)	The juvenile standard should be made similar to the adult standard which is more protective.	<u>Replace</u> with the adult standard definition which is: "An integrated security system that augments and/or enhances the ability of staff to provide the minimal sight and sound security necessary to prevent, detect, contain, and respond to incidents of sexual abuse. The video monitoring system should have the capabilities to enable adequately trained staff to (1) visually observe resident activities in order to detect indicators of sexually abusive behavior and actual incidents of sexual abuse; (2) activate an immediate response to detected abuse that will abate and/or contain the behavior; and (3) record and retain footage and/or audio recordings of activities for evidentiary purposes, training and policy revisions, staff redeployment decisions, and/or for identifying and designing solutions to structural or physical plant issues."
Glossary: Visual body cavity search (p. 14)	The definition for Visual body cavity search that is used for the adult standards is more protective than the definition used for the juvenile standards.	<u>Replace</u> with the adult standard definition which is: "A visual inspection of a body cavity, defined as stomach, rectal cavity, vagina, mouth, nose, or ears, for the purpose of discovering any drugs, weapons, or other dangerous contraband concealed in the body cavity. Visual body cavity searches of residents may be conducted on reasonable suspicion that the resident is secreting drugs or weapons or if his or her appearance and conduct suggests a likelihood of having engaged in prohibited behavior. Visual body cavity searches must be conducted in private settings by staff of the same gender as the resident being searched and should only be conducted when necessary to protect the overriding security needs of the facility. Staff conducting visual body cavity searches is not allowed to touch the breasts, buttocks, or genitalia of the person being searched."
SA-2: Annual audit and certification Standard (p. 15)	The standard and the corresponding checklist do not match. The compliance checklist calls for the chief executive to publish audit materials and audit results but the standard does not include that.	<u>Amend</u> the first sentence to read: The chief executive in each jurisdiction must certify <u>and publish</u> the agency's compliance with these standards based on results from annual audits of the standards conducted by independent auditors who have no previous or current affiliation with the agency. <u>Amend</u> the last sentence to read: The chief executive must certify annually

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		that the agency or body operating under the legal authority of the state is either in full compliance with or has established an action plan to enable full compliance with this body of standards pursuant to PREA <u>and must publish the audit material and audit results.</u>
SA-3: Internal assessment and planning for achieving compliance with PREA standards Standard & Discussion (p. 16)	The publication requirement in the last sentence of the standard allows a broad publication exemption to protect the “safety and security of the facility.”	<p><u>Amend</u> the final sentence of the standard to read: The agency head must approve internal assessments and action plans, submit them to the legislature, and publish them, provided they do not contain information that, if made public, would jeopardize the safety and security of the facility.</p> <p>In the discussion, <u>add</u> the portion removed from the standard and <u>amend</u> it to read: “The agency head must submit to the legislature and publish the internal assessments and action plans. In instances where those documents contain information that, if made public, would jeopardize the safety and security of the facility or individuals at the facility, those portions (and only those portions) of the documents that put the facility or individuals in jeopardy may be redacted. However, in no case may this provision entirely excuse the agency head from responsibility for submission and publication of the documents, including those that may be partially redacted.”</p>
PP-1: Resident safety Discussion (p. 17)	<p>In terms of the "continuous, clear and uninterrupted visual and audio observation of residents" there may be competing privacy interests that come into play for when youth are disrobed or in the showers and restrooms. If recordings are made of residents in these situations, the standards should ensure that these recordings are kept in a secure location.</p> <p>In general, supervision of residents should be balanced with residents’</p>	<p><u>Add</u> at the end of the discussion: “Continuous sight supervision is not required when a resident is disrobed or performing bodily functions. Any video recording of a resident who is disrobed, including video recordings of strip, visual body cavity or physical body cavity searches, must be kept in a secure location and viewed only when necessary for investigation into alleged sexual abuse or other serious misconduct.”</p> <p><u>Add</u> at the end of the discussion: “When facilities have the option of remodeling, we recommend using fogged glass or fogged portions of</p>

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	need for privacy.	windows to provide limited privacy to residents when disrobed or performing bodily functions. Other simple measures to protect residents' privacy include installing shower curtains that provide some privacy, but still allow facility staff to monitor residents' security and safety."
PP-2: Heightened protection for vulnerable residents Discussion (p. 18)	<p>Description of vulnerable residents is too narrow and does not include those who are gender nonconforming. Gender nonconforming residents are often targeted for sexual harassment and abuse from both staff and residents.</p> <p>For transgender girls, placement in a girl's unit or facility should be considered in the development of this safety plan.</p> <p>In order for facility staff to be able to make the best decisions regarding housing for vulnerable residents, it is important for staff to solicit suggestions from these residents about where they will be most safe. Also the discussion should include further requirements to ensure that vulnerable residents are placed in the "least restrictive housing" available, even when a resident's housing is changed for his or her protection.</p>	<p><u>Add:</u> to the list of traditionally vulnerable populations: "residents who may be perceived as LGBT based on gender nonconformity"</p> <p><u>Add</u> after last sentence in second paragraph of discussion: "Transgender girls are at much greater risk of sexual abuse when housed with male residents. Facility staff must seriously consider whether placement in a girls' unit is most appropriate, taking into account the specific needs and vulnerabilities of the individual transgender resident."</p> <p><u>Add</u> after first sentence in final paragraph of discussion: "Facility staff should solicit the suggestions of vulnerable residents in their search for safe housing. Whenever a resident's housing is changed for his or her protection, facility staff should document all research completed in the attempt to find the "least restrictive housing" option."</p>

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PP-3: Restrictions on cross-gender supervision Discussion (p. 19)	<p>The standard as described in the discussion is not as protective as the due process standard for the adult facilities.</p> <p>Without further guidance, facilities will not know how to apply the restrictions on cross-gender supervision in a manner that addresses the safety concerns of transgender residents and protects their privacy and dignity. Language should be inserted in the discussion to provide this guidance</p> <p>The discussion is not clear on what legitimate security purposes would be served by conducting strip searches and visual body cavity searches. Also, the discussion should include the language located in the standards for the adult facilities.</p>	<p><u>Amend</u> the third to last sentence in the first paragraph to read: These prohibitions do not apply to responses <u>the extent necessary to respond</u> to emergencies.</p> <p><u>Add</u> the following paragraph after the first paragraph of the discussion: “Agencies can protect the privacy and dignity of transgender residents and reduce staff-on-resident sexual abuse by limiting the opportunities for non-medical staff members to view transgender residents when they are disrobed or performing bodily functions. This can be achieved through the use of privacy panels and other protective measures that do not limit the ability of staff members to provide supervision in housing areas. Transgender residents (both transgender girls, transgender boys, and others) should not be isolated one-on-one with male staff members if they are out of sight of cameras, other staff or other residents, including during transportation outside the facility. This is because transgender youth (from all of these groups) are often perceived as female and/or feminine and are at considerably higher risk of being targeted by male staff for gender-based sexual violence and harassment.”</p> <p><u>Amend</u> the second sentence in the last paragraph of the discussion to read: In addition to being conducted by persons of the same gender as the resident, strip searches and visual body cavity searches should be conducted only where there is a legitimate security purpose such as when a staff member suspects that a <u>articulable, reasonable suspicion that the</u> resident is concealing contraband or weapons on his or her body in a manner that cannot be detected by a pat-down search alone.</p> <p><u>Amend</u> the fourth sentence in the last paragraph of the discussion to read: Routine strip, visual body cavity, and physical body cavity searches of residents for less than a reasonable security purpose <u>an articulable, reasonable suspicion</u> should not be permitted.</p>

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	Without further guidance, facilities will not know how to apply the restrictions on cross-gender searches in a manner that addresses the safety concerns of transgender residents and protects their privacy and dignity. Language should be inserted in the discussion to provide this guidance. In addition, language regarding searches of transgender residents is not strong enough to protect transgender residents from sexually abusive strip searches.	Replace last sentence of the last paragraph with this: “Transgender residents should be asked whether they would prefer pat down and strip searches to be performed by male or female staff members. If there must be a general presumption about who should search transgender residents, it should be that all transgender residents (including transgender girls, transgender boys, and others) are searched by female facility staff. This is because transgender residents (from all of these groups) are often perceived as female and/or feminine and are at considerably higher risk of being targeted by male staff for gender-based sexual violence and harassment. Strip and visual body cavity searches of transgender and gender nonconforming residents should only be performed for legitimate, documented, contraband or security-related purposes. Searches should never be conducted for any improper purpose, including to determine the genital status of a resident, to humiliate a resident, or for the amusement of other staff members.”
PP-5- Staff qualifications Discussion (p. 20)	An agency will not be able to meet its zero-tolerance goal if it employs people who hold bias against LGBT youth. Hiring procedures should screen out individuals with bias against LGBT youth, including people who believe that LGBT youth are sexual predators or promiscuous by nature.	Add after second sentence in discussion: “In addition, the agency should ask applicants and employees directly about whether they hold any bias against LGBT people, including whether they believe that LGBT youth are more likely to be sexual predators.”
RP-8: Agreements with forensic medical examiners Discussion (p. 26)	Although it is required that victims who request copies of their records receive them, the discussion section does not state that it is required to inform victims that they are able to receive copies of their records.	Amend the last sentence of the discussion to read: Additionally, <u>victims must be informed that they may receive copies of their records free of charge;</u> if requested, independent examiners must provide copies of records to the victims.
TR-1: Staff and volunteer training	The standard states that all staff are to be educated about sexual abuse and the agency’s sexual	Amend the statement to read: All staff members and volunteers are educated about sexual abuse and agency sexual abuse policies through training that is comprehensive, easy to understand, up-to-date, and appropriate for the

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Standard & Discussion (p. 27)	<p>abuse policy but it does not require them to be educated before they come into contact with any of the residents.</p> <p>Staff and volunteers should be trained so they can distinguish between sexual abuse and consensual sex.</p> <p>Staff and volunteers should be trained on communicating and working with residents of different backgrounds.</p>	<p>agency's population <u>prior to having contact with the residents.</u></p> <p><u>Amend</u> first sentence of discussion: Each agency must establish a training program that gives staff and volunteers the knowledge and skills to prevent sexual abuse from occurring, to identify signs that sexual abuse may be occurring, <u>to differentiate between sexual abuse and consensual sexual contact between residents,</u> and to take appropriate actions when they learn of recent or historical incidents of sexual abuse.</p> <p><u>Add</u> after the first sentence of discussion: "Staff members and volunteers also should be trained and experienced in effective strategies for communicating and working with children of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and residents who are transgender and those with different abilities."</p>
<p>TR-3: Resident notification of agency's zero tolerance policy during intake</p> <p>Standard & Discussion (pp. 27- 28)</p>	<p>The standard focuses on informing residents about the existence of a zero-tolerance policy, rather than establishing a clear understanding of how to report violations of the policy.</p> <p>The presentation requirements do not mention accommodations for LEP, sight-, hearing-, or speech-impaired residents.</p> <p>The standards need to ensure that every resident is aware of the zero-tolerance policy regarding sexual</p>	<p><u>Amend</u> standard to read: <u>During the intake process, through communication that is appropriate and meaningful to the audience,</u> all residents are informed <u>acquire a clear understanding</u> of the agency's zero-tolerance policy regarding sexual abuse during the intake process <u>and how to report violations of the policy.</u></p> <p><u>Add</u> after second sentence of second paragraph of discussion: "Regardless of the means of presentation, it must make accommodations to meet the needs of LEP and sight- or hearing-impaired residents, and those residents with learning or developmental impairments."</p> <p><u>Amend</u> last sentence of discussion: Written materials that clearly describe the agency's sexual abuse policies and protocols could <u>must</u> accompany the in-person presentation or video.</p>

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	abuse to ensure its effectiveness. Not all youth can retain information that is presented to them orally.	
TR-4: Resident education on sexual abuse Standard & Discussion (p. 28)	<p>The standard states that residents are supposed to be taught about sexual abuse but it does not reference teaching the residents that there is a prohibition against retaliation. The standard should specifically reference educating residents on the prohibition against retaliation. If residents know about potential disciplinary sanctions for retaliation, they may feel safe in reporting abuse.</p> <p>In order to assist with the prevention of sexual assault between residents, it is important to clearly outline and inform residents of specific behaviors that are sexually abusive. It should not be assumed that residents enter a facility with this knowledge.</p>	<p><u>Amend</u> the first sentence in the standard to read: All residents are educated about sexual abuse <u>and the prohibition of retaliation against those who report sexual abuse</u> through education sessions that are comprehensive, easy to understand, up-to-date, and appropriate for the agency’s population.</p> <p><u>Add</u> after second paragraph of discussion: “In order to assist with the prevention of sexual abuse between residents, it is important to clearly outline and inform residents of the types of behaviors that are sexually abusive. When residents are directly informed of what specific behaviors are prohibited under these standards it can have a preemptive effect on harmful activity.”</p>
TR-5: Specialized training: classification, investigation, medical, and mental health care, and data collection Discussion (pp. 29 - 30)	The discussion requires that classification staff should be trained in effective strategies for communicating and working with children. The standard should expand on what that means using the language from Compliance Checklist 24 (s).	<p><u>Add</u> the following at the end of the last sentence of the Classification section of the discussion: “of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and residents who are transgender and those with different abilities.”</p>

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	<p>The discussion requires that medical and mental health care practitioners are trained in working with children and young victims of sexual abuse. The standard should expand on what that means using the language from Compliance Checklist 24 (s).</p> <p>The discussion requires that investigators are trained on effective strategies for communicating with residents and how to handle the unique emotional needs of young victims of sexual abuse. The standard should expand on what that means using the language from Compliance Checklist24 (p).</p>	<p><u>Add</u> the following at the end of the second sentence of the Medical and Mental Health Care section of the discussion: “of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and residents who are transgender, and those with different abilities.”</p> <p><u>Add</u> the following at the end of the third to last sentence of the Investigation section of the discussion: “of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and residents who are transgender, and those with different abilities.”</p>
<p>CL-2: Full classification assessment of resident</p> <p>Discussion (p. 31)</p>	<p>The standards state that facilities have an obligation to identify residents who may be more likely to become victims of sexual abuse. This list should be expanded to include LGBT youth and youth perceived to be LGBT.</p> <p>The standards state that facilities have an obligation to identify residents who may be vulnerable to abuse and provide them with heightened protection (PP-2, CL-2).</p>	<p><u>Amend</u> final sentence of second paragraph to read: Likewise, facilities have an obligation to identify residents with a prior history of victimization, or who may be more likely to become victims due to their age, physical stature, <u>actual or perceived sexual orientation or gender identity</u>, or other characteristics, and provide sufficient supervision to protect them.</p> <p><u>Add</u> this paragraph after the second paragraph: “When trying to identify residents who are vulnerable to abuse because of their actual or perceived sexual orientation or gender identity, intake staff should place less stress on identifying which residents are actually LGBT and instead focus on identifying which residents are at risk of sexual abuse because they are known to be or</p>

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	<p>However, the standards do not contain guidance on how to identify vulnerable residents. Because a youth's sexual orientation or gender identity is not always easy to determine, it is important for the standards to provide guidance that will help facilities meet their obligation to identify residents that are vulnerable to abuse because they are LGBT or are perceived to be.</p> <p>The requirement from the adult standard to test and validate classification instruments should be included within the discussion section.</p> <p>The standards should use the term "sexually abusive behavior" rather than "inappropriate sexual behavior" to ensure that staff do not</p>	<p>are perceived to be LGBT. While it may seem that the easiest way to find out if a resident is LGBT is to simply ask them, in reality, many LGBT youth will not answer direct questions about their sexual orientation or gender identity out of fear of repercussions. Therefore, intake staff will need to take a more nuanced approach to identify these residents. Rather than directly asking all residents if they are LGBT, intake staff should ask a more general question about whether a resident is afraid he or she will be a target for sexual abuse because other people think they LGBT. A question like this does not require residents to identify themselves as LGBT in order to get heightened protection from abuse. In addition, intake staff should carefully review residents' files to determine if there are any indications that the resident is vulnerable to abuse because of his or her actual or perceived sexual orientation or gender identity, or for any other reason. Finally, if an intake staff perceives a resident as LGBT, regardless of whether the resident has acknowledged it, the staff member should classify this resident as vulnerable to sexual abuse and provide heightened protection."</p> <p><u>Add</u> this paragraph directly before the final paragraph: "The Commission encourages agencies to test and validate the reliability of classification instruments that use these measures. Agencies should review their own institutional histories for information about incidents of sexual abuse in their facilities and make that information available to researchers so that advances can be made in this field. Additionally, the agency is encouraged to provide facilities with objective classification instruments that are available or can be adapted from instruments developed by the National Institute of Corrections or by other correctional agencies."</p> <p><u>Amend</u> the last sentence of the final paragraph to read: Resident disciplinary or behavior reports may also trigger the need to revisit his or her classification if disciplinary infractions appear to be related to inappropriate sexual <u>sexually abusive</u> behavior in the facility.</p>

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	classify residents as likely to engage in sexually abusive behavior because they engaged in consensual sexual contact or expressed their gender since, some facilities consider both of these things to be “inappropriate sexual behavior.”	
RE-1: Resident reporting Standard (p. 33)	In the standard the Prison Litigation Reform Act (PLRA) is referenced. The standard should not directly reference another piece of legislation. Also, the PLRA does not define what would be considered to be an exhaustion of administrative remedies. Some residents have limited writing ability. These residents should not be precluded from satisfying the exhaustion requirements.	Amend the second sentence of the standard to read: Any report of sexual abuse made at any time after the abuse, which names a perpetrator and is made in writing to the agency satisfies the exhaustion requirement of the Prison Litigation Reform Act <u>shall be considered an exhaustion of administrative remedies.</u> <u>Add</u> the following after the second sentence of the standard: “For those who can not write, a staff member can write the report at the request of the resident.”
RE-2: Outside support services for residents Discussion (p. 34)	Because some residents may be fearful of naming their actual abuser the discussion should state that residents should be able to report sexual abuse without naming their abuser and still receive medical and mental health treatment. The standards should recognize that LGBT youth may need specialized	<u>Add</u> at the end of the first paragraph of the discussion: “Residents who report abuse without naming an abuser are still eligible to receive medical and mental health treatment.” <u>Add</u> at the end of the first paragraph of discussion: “LGBT residents should have access to services and groups that work with LGBT victims of sexual

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	services. While entitled to an attorney for their delinquency case, once confined youth often no longer have attorneys and have very limited access to other legal resources. The facility should provide residents with contact information for legal services offices.	abuse.” <u>Add</u> after second sentence of second paragraph of discussion: “Facilities should provide residents with contact information for legal services offices in the community that may be willing to assist young survivors of sexual abuse.”
RE-3: Third party reporting Discussion (p. 35)	The various suggestions for making information on reporting available should not suggest that one strategy is enough by using the conjunction “or.” Parents are important support to young people and are often their best advocates. If parents are unable to visit, they will not be told of the policy and how to report sexual abuse.	<u>Amend</u> the second sentence of the discussion to read: For example, the information could be available by phone, or <u>on a website, as and should be</u> part of a presentation to visitors about the agency’s zero-tolerance policy, or <u>and</u> in brochures, flyers, or on posters in visiting areas. <u>Add</u> after second sentence: “At the time of intake, the parents or legal guardians of residents should be provided with a document that describes the facilities zero-tolerance policy to sexual abuse and how to report sexual abuse on behalf of a resident.”
SD-1: Staff duty to report sexual abuse Discussion (p.35)	The draft standards state that all staff members are mandatory reporters for all instances of sexual abuse. This does not allow for variations in these laws across jurisdictions. The standards should make clear that facility staff and others must take steps to ensure the	<u>Replace</u> first sentence of discussion with the following: “Agency administrators should be knowledgeable about all relevant state and local mandatory child abuse reporting laws in their jurisdiction and reinforce to staff members what their reporting duties are under those laws.” <u>Add</u> the following paragraph after final paragraph of the discussion: “In situations where the mandatory reporter laws do not apply, such as in cases of sexual harassment or when a resident is over the age of 18, resident

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	confidentiality of residents when mandatory reporting laws do not apply and when residents are not minors, to the same extent that facility staff are required to ensure the confidentiality of adult inmates in prisons and jails.	reports of sexual abuse should be treated the same as they would be in the adult prison or jail setting, which requires professionals who receive reports of sexual harassment to be bound by confidentiality standards and be required to obtain consent before disclosing this information.”
SD-2 Facility head duty to report sexual abuse Standard & Discussion (p.36)	Not all residents of juvenile facilities are minors. When residents are not under the age of eighteen they should have the same rights to confidentiality as those in adult facilities. LGBT residents may be in danger of abuse if their parents or guardians find out that they are LGBT. A facility head may inadvertently out an LGBT resident if he or she notifies the resident’s parent or guardian of the details surrounding an allegation of abuse. It is important for a resident to be consulted in this situation and to be notified if their parents or guardians are contacted.	<u>Amend</u> first sentence of standard to read: Upon receiving any allegation of sexual abuse, the facility head must report the allegation to the agency head, <u>and if the victim is under the age of eighteen, to the juvenile court that handled the victim’s case, or to the victim’s judge of record and a designated state or local services agency, in accordance with applicable state or local mandatory child abuse reporting laws.</u> <u>Add</u> to the beginning of the second sentence of the standard: “If the victim is under the age of eighteen,” <u>Amend</u> second to last sentence of discussion to read: <u>If the victim is under that age of eighteen, the facility head must also report allegations of abuse to the victim’s parents or legal guardians, unless such reporting could potentially place the victim in specific identifiable danger or the parental rights have been terminated. All minor victims should be asked whether they will be in danger if the facility head notifies their parents or legal guardians of an allegation of sexual abuse. A facility head must inform a minor if he or she notifies the minor’s parents or legal guardian about alleged sexual abuse.</u>
AD-1: Agency duty to protect against retaliation Discussion	Although the standard states that the agency is to protect all residents and staff who report sexual abuse from retaliation by other residents	<u>Add</u> the following sentence after the first sentence in the second paragraph: “All staff should be informed of the whistleblower protections for staff and residents who report allegations of sexual abuse.”

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(p. 37)	or staff it does not state that staff are to be informed of whistleblower protections.	
DI-1: Disciplinary sanctions for staff Standard & Discussion (p. 39)	In addition to stating that “Sanctions are comparable and proportional to the type of violation committed and the staff member’s disciplinary history”, the standard should state that sanctions will be consistent with the zero tolerance policy. Sexual abuse by proxy is sexually abusive conduct that should be included in the listing of violations that require disciplinary sanctions.	<u>Amend</u> the last sentence in the standard to state: Sanctions are comparable and proportional to the type of violation committed and the staff member’s disciplinary history <u>and demonstrate consistency with the agency’s zero-tolerance stance toward the sexual abuse of people in confinement</u> . <u>Amend</u> second sentence of discussion to read: Violations that require disciplinary sanctions include engaging in actual or attempted abuse or harassment <u>or sexual abuse by proxy</u> , failing to report an incident of sexual abuse....
DI-2: Interventions for residents who engage in sexual abuse Standard & Discussion (pp. 39 - 40)	Additional information from the discussion section should be placed into the standard in order to emphasize the fact that it should be taken into consideration that sexual exploration is a normal part of adolescent psycho-social and sexual development and should not be treated as sexual abuse. When a resident engages in sexual conduct with another resident that is	<u>Add</u> portions of the third paragraph of the discussion section to the end of the standard: “ Additionally, Appropriate interventions for residents should take into consideration the normal course of adolescent psycho-social and sexual development, which often includes periods of sexual <u>exploration</u> . Residents will experience numerous physiological and emotional changes during their period of confinement, including physical maturation and development, an increase in hormone levels, and an increased desire to engage in sexual activity. Additionally, While residents may engage in masturbation or self-experimentation, and such these actions should are not <u>to</u> be subject to disciplinary sanctions unless they purposefully occur in front of staff, are directed toward other residents, or are otherwise <u>threatening</u> in nature. Direct training on adolescent development will enable staff to understand and better differentiate normal adolescent experimental behavior from sexually aggressive and dangerous behavior.” <u>Add</u> the following after the third sentence of the first paragraph of the discussion: “It is important for facilities to distinguish sexual conduct between

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	<p>actually consensual, these acts should not be treated the same as nonconsensual acts. Otherwise residents engaging in consensual developmentally appropriate conduct will be treated as though they have sexually assaulted someone.</p> <p>LGBT residents should not be punished more harshly for sexual abuse.</p> <p>The term experimentation can have a negative connotation and should be replaced with a less judgmental term.</p> <p>Affection and attraction between</p>	<p>residents that is actually consensual and not treat these acts in the same manner as the facility treats sexual conduct between residents that is nonconsensual, the result of force, threats, or coercion.”</p> <p><u>Amend</u> second to last sentence of first paragraph of discussion to read: If a facility decides to impose disciplinary sanctions on a resident, those sanctions <u>should not discriminate based on the sexual orientation or gender identity of the resident and</u> should be proportional to the accused resident’s conduct, his or her disciplinary history, and the sanctions meted out for comparable offenses by other residents with similar histories.</p> <p><u>Amend</u> third paragraph of discussion as follows: Additionally, appropriate interventions for residents should take into consideration the normal course of adolescent psycho-social and sexual development, which often includes periods of sexual experimentation <u>exploration</u>. Residents will experience numerous physiological and emotional changes during their period of confinement, including physical maturation and development, an increase in hormone levels, and an increased desire to engage in sexual activity. Additionally, residents may engage in masturbation or self-experimentation, and such-actions should not be subject to disciplinary sanctions unless they purposefully occur in front of staff, are directed toward other residents, or are otherwise disruptive <u>threatening</u> in nature. Direct training on adolescent development will enable staff to understand and better differentiate normal adolescent experimental behavior from sexually aggressive and dangerous behavior.</p> <p><u>Add</u> after the fourth paragraph of the discussion: “Similarly, residents should</p>

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	residents should not be punished as this is a normal part of adolescent psycho-social and sexual development.	never be disciplined for consensual affectionate acts with one another such as hand holding, kissing, hugging, etc.”

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Compliance Checklist 3: Internal assessment and planning for achieving compliance with the PREA standards (SA-3) (2) Annual follow-up assessment and follow-up plan to ensure compliance with PREA standards (pp. 47-48)	<ul style="list-style-type: none"> SA-3 Standard Statement (PDF p. 16) requires that agency internal assessments and action plans be submitted to the Legislature and published. Neither requirement appears in Checklist 3. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 3(1): “Have the internal assessment and action plan been published?” <u>Add</u> to Checklist 3(1): “Have the internal assessment and action plan been submitted to the Legislature?” <u>Add</u> to Checklist 3(2): “Have the follow-up assessment and follow-up action plan been published?” <u>Add</u> to Checklist 3(2): “Have the follow-up assessment and follow-up action plan been submitted to the Legislature?”
Compliance Checklist 4: Resident safety (PP-1) (p. 49)	<ul style="list-style-type: none"> Checklist 4(k) allows for the staff who supervise residents to be monitored by a supervisor “and/or” technology, although the standard PP-1 Discussion (PDF p. 17) says technology may not be a complete substitute for supervisory monitoring. PP-1 Discussion states that “facility heads/superintendents should be visible throughout the facility and make efforts to interact with residents on a regular basis” but this is not located in the 	<ul style="list-style-type: none"> <u>Remove</u> “or” from the “and/or” conjunction used in Checklist 4(k) to make clear that the standard does not allow the use of technology alone to supervise staff interaction with residents. <u>Amend</u> 4(k) to read: Are staff members who supervise residents isolated from the general population monitored by supervisors, and for <u>when available at the facility, also</u> by monitoring technology such as RFID or video security monitoring systems? <u>Add</u> to Checklist 4: “Is the facility head visible throughout the facility and interacting with residents regularly?”

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	<p>checklist.</p> <ul style="list-style-type: none"> • We recommend that PP-1 Discussion include language that protects residents’ privacy when disrobed or performing bodily functions. The checklist should also include these changes. • We recommend that PP-1 Discussion include language to ensure that any video recordings of a resident when disrobed are kept in a secure location and viewed only when necessary. The checklist should also include these changes. 	<ul style="list-style-type: none"> • <u>Add</u> to checklist 4: “Does the facility use reasonable measures to protect residents’ privacy when disrobed, such as shower curtains, fogged glass, or other privacy barriers that do not impede with facility staffs’ ability to monitor resident safety and security?” • <u>Add</u> to checklist 4: “Does the facility ensure that any video security recordings of residents who are disrobed (including recordings of strip, visual body cavity and physical body cavity searches) are kept in a secure location and are only viewed when necessary for investigations into alleged sexual abuse or other serious misconduct?”
<p>Compliance Checklist 5: Heightened protection for vulnerable residents (PP-2) (p. 49-50)</p>	<ul style="list-style-type: none"> • We recommend that PP-2 Discussion add heightened protection for those who are gender nonconforming. The checklist should also include these changes. • We recommend that PP-3 Discussion provide important protections from abuse for transgender and gender nonconforming residents. The checklist should also include these changes. • The checklist does not ask whether facilities make individualized determinations about how to ensure the safety of each LGBT resident. 	<ul style="list-style-type: none"> • <u>Amend</u> Checklist 5 (e): Does the facility’s practice of providing heightened protection to transgender <u>and gender non conforming</u> residents take into account the safety concerns of those residents? • <u>Amend</u> Checklist 5 (f) : Does agency policy and facility practice ensure that transgender <u>and gender nonconforming</u> residents are never subject to unnecessary and or degrading strip searches to determine the gender, <u>genital status, or for any other non security related purpose?</u> • <u>Add</u> to Checklist 5: “Does staff make individualized determinations about how to ensure safety for each LGBT resident instead of relying on blanket policies that require LGBT youth to be placed in segregated housing or isolation?”

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	<ul style="list-style-type: none"> • Although PP-2 Discussion (PDF p. 17-18) provides that vulnerable residents housed in protective custody should have full access to mental health services” the checklist does not. • The checklist does not ask whether vulnerable residents who have been housed in protective custody are subjected to a different disciplinary environment than those residents who are being isolated for disciplinary infractions. 	<ul style="list-style-type: none"> • <u>Add</u> to Checklist 5: “Do vulnerable residents who are housed separately from the general population have full access to mental health services?” • <u>Add</u> to Checklist 5: “Do vulnerable residents who are housed separately from the general population live in a different environment than the one experienced by residents who are being isolated because of disciplinary infractions?”
<p>Compliance Checklist 6: Restrictions on cross gender supervision (PP-3) (p. 50)</p>	<ul style="list-style-type: none"> • Checklist 6 does not ask whether all strip and visual body cavity searches are performed by staff members who have been trained to do so as the PP-3 Discussion states. • Although PP-3 Discussion states that when physical body cavity searches are to be performed they are to be performed by medical practitioners, the checklist does not ask if this takes place. • Although PP-3 Discussion states that staff members are not to be isolated one-on-one with residents of the opposite gender when out of camera view, the checklist does not ask about 	<ul style="list-style-type: none"> • <u>Add</u> to Checklist 6 after (b): “Are all strip and visual body cavity searches performed by trained staff members and done in conformance with hygienic procedures and professional practices?” • <u>Add</u> to Checklist 6 before (c): “Are all physical body cavity searches conducted by specially trained authorized medical practitioners?” • <u>Add</u> to Checklist 6: “When one-on-one supervision is out of the camera view, is supervision by a staff member of the same gender?”

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	<p>this.</p> <ul style="list-style-type: none"> We recommend that PP-3 Discussion include guidance on how “cross-gender” restrictions should be applied to transgender youth. The checklist should ask about this. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 6: “Does the facility have a policy in place that addresses the application of “cross-gender” restrictions to transgender residents and does this policy take into account the safety concerns of these residents?”
Compliance Checklist 10: Use appropriate monitoring technology (PP-7) (p.52)	<ul style="list-style-type: none"> The checklist does not include the cautionary statement from PP-7 that technology should not replace proper levels of staffing. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 10: “Does the agency use technology only as a supplement, but not as a substitute, for actual, in-person supervision of staff and residents?”
Compliance Checklist 14: Reporting to other confinement facilities (RP-4) (p. 55)	<ul style="list-style-type: none"> The checklist requires that the facility heads know how to contact other facilities, but it does not require them to actually forward complaints received about other facilities or investigate complaints received from other facilities. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 14: “When the facility receives an allegation that a resident has been sexually abused while incarcerated at another facility, does the facility head notify the head of the facility where the alleged abuse occurred?” <u>Add</u> to Checklist 14: “When the facility head receives a report of sexual abuse occurring at his or her facility from another facility or agency, does the facility head ensure an investigation of the allegation at his or her facility?”
Compliance Checklist 20: Topic requirements for all staff, volunteer, and resident training and education (TR-1, TR-4) (pp. 59-61)	<ul style="list-style-type: none"> The Checklist should also include training on effective communication with residents who are transgender. Staff should receive training on distinguishing between consensual sexual contact and sexual abuse. 	<ul style="list-style-type: none"> <u>Amend</u> Checklist 20 (p) to read: Does the training teach staff to communicate sensitively and effectively with resident victims of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and or residents <u>who are transgender and those</u> with different abilities? <u>Add</u> to Checklist 20: “Does the training provide strategies to distinguish between consensual sexual contact between residents which does not trigger these Standards and acts of sexual abuse which do?”
Compliance Checklist 23: Requirements for resident notification of agency’s zero-tolerance policy during intake	<ul style="list-style-type: none"> During intake staff should also provide residents with written materials that clearly describe the agency’s sexual 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 21: “During the intake process, does staff provide residents with written materials that clearly describe the agency’s sexual abuse policies and protocols.”

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(TR-3) (p. 63)	abuse policies and protocols.	
Compliance Checklist 24: Specified training (TR-5) (pp. 63 - 65)	<ul style="list-style-type: none"> • For (c) the checklist has nothing checked. • Checklist 24 (s) requires culturally competent training for medical and mental health practitioners. This type of training is also necessary for classification staff and investigators and should be added to Checklist 24 (c) & (p).. 	<ul style="list-style-type: none"> • Both the long term confinement and short term detention boxes should be checked. • <u>Amend</u> Checklist 24 (c) to read: Is classification staff trained in effective communication strategies for working with youth <u>of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and residents who are transgender and those with different abilities?</u> • <u>Amend</u> Checklist 24 (p) to read: Are investigators trained in how to communicate sensitively and effectively with resident victims of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and or residents <u>who are transgender and those</u> with different cognitive abilities? • <u>Amend</u> Checklist 24 (s) to read: Are medical and mental health practitioners trained in how to work with children and respond maturely, sensitively and in a culturally competent and age appropriate manner to victims of sexual abuse of different ages, races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, who are transgender, and or residents <u>who are transgender and those</u> with different abilities?
Compliance Checklist 27: Individualized safety plans (CL-3) (p. 67)	<ul style="list-style-type: none"> • The Discussion in CL-3 requires that provisions are made to ensure that the personal safety concerns of sexually vulnerable residents are taken into account when determining housing and bed assignments. The checklist should also include this provision. 	<ul style="list-style-type: none"> • <u>Add</u> o Checklist 27: “Does the agency ensure that the personal safety concerns of sexually vulnerable residents are taken into account when determining housing and bed assignments?”
Compliance Checklist 29: Outside support services for residents (RE-2)	<ul style="list-style-type: none"> • Checklist makes provisions for confidential communications between residents and victim advocates and counselors, but no provision for 	<ul style="list-style-type: none"> • <u>Add</u> to Checklist 29: “Are residents provided unimpeded access to their attorneys or other legal representation, in settings where communications cannot be overheard?”

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(p. 69-70)	<p>communications with legal representation.</p> <ul style="list-style-type: none"> The checklist does not state that residents should have unimpeded access to their attorneys or other legal representation as stated in the statement for RE-2. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 29: “Do residents have unimpeded access to their attorneys and other legal representation?”
<p>Compliance Checklist 30: Third party reporting (RE-3) (p. 70)</p>	<ul style="list-style-type: none"> The checklist contains nothing about whether third party reports are investigated, although this requirement is part of the RE-3 Standard (PDF p. 35) In order to ensure that all parents and/or legal guardians of residents are aware of the facilities sexual abuse policies and protocols for third party reporting, facilities should provide parents and legal guardians of residents with copies of these policies. 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 30: “Does the agency investigate all third party reports and document the course of those investigations?” <u>Add</u> to Checklist 30: “Does the agency, at the time of intake, provide the parents or legal guardians of all residents with a document that describes the facilities zero-tolerance policy to sexual abuse and how to report sexual abuse on behalf of a resident?”
<p>Compliance Checklist 32: Facility head duty to report sexual abuse (SD-2) (p. 71)</p>	<ul style="list-style-type: none"> Should also notify delinquency attorney of record. 	<ul style="list-style-type: none"> <u>Amend</u> Checklist 32 (b): Does the facility head notify the juvenile court or the victims judge of record, <u>as well as the victims attorney of record</u>, upon receiving a report of sexual abuse against a resident?
<p>Compliance Checklist 38: Interventions for residents who engage in sexual abuse (DI-2) (p.76)</p>	<ul style="list-style-type: none"> Residents should not be sanctioned for masturbation as stated in the DI-2 discussion. While consensual sexual conduct between residents may violate facility 	<ul style="list-style-type: none"> <u>Add</u> to Checklist 38: “Does the agency ensure that residents are not subject to disciplinary sanctions for masturbation, unless it is knowingly in front of staff, purposefully directed toward other residents, or otherwise threatening in nature?” <u>Add</u> to Checklist 38: “Does the agency ensure that consensual sexual conduct between residents does not result in the same sanctions that

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	rules, these acts should not trigger the types of response and sanctions that are required by the standards for incidents of sexual abuse.	are used in response to sexually abusive contact or penetration between residents?"
Compliance Checklist 45: Data storage, retention, protection, and destruction (DC-2) (p. 83)	<ul style="list-style-type: none"> • DC-2 Discussion (PDF p. 45) requires aggregate data to be posted & accessible online, unique identifiers to be removed from all data provided, and the agency's operating presumption to be that information should be provided when requested by the public. None of these provisions appear in Checklist 45. 	<ul style="list-style-type: none"> • <u>Add</u> a follow-up question below Checklist 45(c): "Is the published aggregate data available online and updated online at least annually?" • <u>Add</u> to Checklist 45: "In accordance with applicable law, are unique identifiers removed when data are provided?" • <u>Add</u> to Checklist 45: "Does the agency's record of dispositions for public information requests demonstrate that the agency's operating presumption is to grant requests for information, unless there is a significant countervailing interest that cannot be overcome?" [This question employs the language of DC-2 Discussion (PDF p. 45)]