

PREA Facility Audit Report: Final

Name of Facility: Youth Leadership Academy

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/07/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 08/07/2018

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Address:	
Email:	preaauditor2015@gmail.com
Telephone number:	
Start Date of On-Site Audit:	07/09/2018
End Date of On-Site Audit:	07/10/2018

FACILITY INFORMATION	
Facility name:	Youth Leadership Academy
Facility physical address:	57081 State Highway 10, South Kortright, New York - 13842
Facility Phone	607-538-1401
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Megan Johnson	Title:	Assistant Director of Treatment
Email Address:	megan.johnson@ocfs.ny.gov	Telephone Number:	607-538-1401

Warden/Superintendent			
Name:	Bernard Smith	Title:	Facility Director
Email Address:	bernard.smith@ocfs.ny.gov	Telephone Number:	607-538-1401

Facility PREA Compliance Manager			
Name:	Megan Johnson	Email Address:	megan.johnson@ocfs.ny.gov

Facility Health Service Administrator			
Name:	Dr. Jim Horne	Title:	Medical director
Email Address:	jim.horne@ocfs.ny.gov	Telephone Number:	(518) 474-9560

Facility Characteristics	
Designed facility capacity:	25
Current population of facility:	11
Age range of population:	13-18
Facility security level:	limited secure
Resident custody level:	JDIII
Number of staff currently employed at the facility who may have contact with residents:	119

AGENCY INFORMATION	
Name of agency:	Office of Children and Family Services
Governing authority or parent agency (if applicable):	
Physical Address:	52 Washington Street, 145N, Rensselaer, New York - 12144
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	R.J. Strauser	Email Address:	Raymond.Strauser@ocfs.ny.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site portion of the PREA Audit at Sgt. Henry Johnson Youth Leadership Academy (YLA) took place on July 9, 2018 and July 10, 2018 and covered the audit period of July 9, 2017 to July 9, 2018. The facility was initially audited during the first PREA cycle on July 21, 2015, by a different auditor and was found to be in full compliance on July 31, 2015. Prior to the on-site visit, this auditor used the PREA Online Audit System (OAS) to review the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 43 PREA Juvenile Standards. On May 30, 2018, this auditor received notification of an online Pre-Audit Questionnaire being completed. Each standard contained uploaded Office of Children and Family Services (OCFS) policies, protocols, and documentation which were relevant to that particular standard. After the pre-audit review of the Pre-Audit Questionnaire and supporting documentation, this auditor sent questions generated from those documents to the agency PREA Coordinator. These questions were answered to the satisfaction of this auditor. The agency PREA Coordinator was also courteous and provided additional information in an expeditious manner. The agenda for the on-site portion of this audit was emailed to the agency PREA Coordinator and agreed upon on June 25, 2018.

Notifications of the on-site portion of this audit were posted throughout the facility and accessible to staff, residents, and visitors on April 11, 2018. Photographs were taken of the various sites where the notifications had been posted and the photographs were emailed to this auditor noting their locations. In addition, notifications of the on-site portion of this audit were also posted on the agency website. Email correspondence between this auditor and the agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process and schedule, and to request any additional information that was needed to review.

Upon arriving at the facility on July 9, 2018, at approximately 11:00am, this auditor met with OCFS officials and management staff at YLA, to discuss the audit schedule and review any questions or concerns any may have had about the on-site portion of the audit. The following officials were present:

*Farooq Mallick (OCFS Associate Commissioner – Office of Facilities Management)

*Amanda Grimes (OCFS Compliance Manager)

*Bernard Smith (Facility Director)

*Megan Johnson (Facility PREA Compliance Manager)

*Robert Paoletti (Facility Assistant Director – Program Services)

This meeting was followed by a detailed tour of the facility which took approximately 90 minutes. During the tour, this auditor noticed numerous PREA audit notices, an ample amount of video surveillance cameras (both inside and outside of the facility), and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the living units, programming areas, front lobby, and visitation areas. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free

telephone numbers and addresses.

Following the tour, this auditor met with the management team to review the resident and staff rosters as well as the video surveillance system at the facility. This auditor interviewed Mr. Smith as he serves as the Facility Director and Ms. Johnson as she serves as the Facility PREA Compliance Manager, Assistant Director of Treatment, monitors retaliation, and serves on the facility Incident Review Team. Following these interviews, this auditor was able to interview Mr. Paoletti as he is an upper management staff who completes Unannounced Rounds at the facility. Due to the small size of the facility, several staff members served multiple roles. After these interviews were completed, this auditor reviewed the 8 current resident files and 2 closed files (10 total) for documentation verifying PREA education and risk assessments were completed. Prior to the on-site portion of this audit, staff training records were forwarded to this auditor and it was confirmed all staff members had successfully annual PREA trainings and had appropriate background checks completed. It also should be noted; all medical staff and mental health staff completed an on-line specialty training specific to Medical Health and Mental Health in a Confinement Setting. These trainings were offered by the National Institute of Corrections (NIC). Training records were also reviewed by this auditor to confirm the completion of specialty trainings for all medical staff and mental health staff at YLA. Interviews with these staff members confirmed they received and understood the trainings.

The second day of the on-site audit was spent interviewing staff members (including specialty staff) and all the residents at the facility.

8 of the 8 residents residing at the facility were interviewed in a private and confidential area of the facility (100% of the population was interviewed). There were no LGBTI residents, no residents who where Limited English Proficiency, no residents suffering from a disability that would require specialized services, no residents who reported prior sexual victimization or abusiveness during the screening process, and no residents who made an allegation of abuse during the past 12 months at the facility to interview. Ages of the residents ranged from 13 years old to 18 years old. All the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of the services which were available to them at the facility (including outside resources). All the residents interviewed stated they feel safe at YLA. The residents also reported they feel PREA is taken seriously at the facility and that they have been educated on a regular basis about PREA (several of the residents noted the posters at the facility and the PREA brochures they received). Overall, interviewed residents were extremely knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting.

No residents had requested to speak with this auditor nor has this auditor received any written or email correspondence from any resident or staff member at YLA.

A total of 26 staff interviews took place (14 of the staff interviewed were Specialized Staff). These interviews included the following:

- *Facility Director/Superintendent
- *Facility PREA Compliance Manager
- *1 Mental Health Staff
- *1 Medical Staff
- *2 Staff who conduct Risk Assessments

*1 First Responder Staff

*2 Intake Staff

*1 Staff who Completes Unannounced Rounds

*1 Person who Monitors Retaliation

*1 Member of the Incident Review Team

*Representative from the Justice Center of New York (Conducts investigations at the facility) –

Interviewed via telephone on July 5, 2018

*Representative from Tri-Town Regional Hospital (To confirm MOA to provide a SANE and Victim

Advocates from Delaware County Safe Against Violence) – Interviewed via telephone on July 10, 2018

The Agency Head and Agency PREA Coordinator were not interviewed because they were interviewed during a previous PREA audit during the second cycle of PREA audits by this auditor. There were no volunteers or contractors interviewed as there were none at the facility during the on-site portion of this audit to interview.

Randomly selected staff members interviewed years of experience ranged from 1 year to 21 years. 10 of the staff members interviewed were Youth Division Aides (YDA's) while the other 2 staff were Youth Counselors. All the staff interviewed were very knowledgeable of PREA, the Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. All staff members at the facility are provided "PREA cards" to carry on their person. These "PREA cards" outline procedures and proper protocol for protecting residents from imminent sexual abuse and steps to take as a first responder. Staff interviewed were professional and enthusiastic about their work and PREA knowledge. Staff related they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters.

Unannounced Rounds are completed on a regular basis by upper level management staff (Facility Director and Assistant Directors) at the facility. Logs of these Unannounced Rounds were reviewed by this auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. One resident is permitted to use the restroom or shower at a time. Female staff members do not conduct showers and male staff position themselves to ensure residents do not leave the restroom or shower area without approval. Residents go to the shower area clothed and return to their bedrooms clothed. During interviews with residents and staff, it was confirmed that female staff members announce their presence upon entering the living unit by stating "female on the unit" and a note is placed in the Log Book. This practice was observed by this auditor during the tour of the facility.

The PREA education program for residents and screening for risk are conducted by Youth Counselors at YLA. This is completed on the date of admission, documented on a Facility Classification Form, and stored in the resident's files and in a database that is available to all members of the resident's treatment team and allows for a high level of fidelity regarding treatment plans and service needs during the resident's continuum of care. There were 0 residents who reported prior sexual victimization or abusiveness during the screening process during the past 12 months. Upon admission, residents also receive the OCFS Admission Handout "What you should know about Sexual Abuse/Harassment" and the Resident Handbook "Your Safety at OCFS DJJOY". These documents described PREA in depth, including definitions of sexual abuse and sexual harassment, ways to report sexual abuse and sexual harassment, and agencies that are available to victims of sexual abuse and sexual harassment.

Investigations regarding allegations of sexual abuse and sexual harassment are conducted by the Justice

Center of New York. In the prior 12 months, there have been 4 allegations of sexual abuse, assault, or harassment at YLA (noted below). During each investigation, communication is maintained between the facility (Facility Director and Assistant Director's) and the Justice Center of New York via email, telephone calls, and facility visits.

The 4 allegations (2 Unfounded and 2 remain under investigation/open) reported during the past 12 months are as follows:

*The first incident occurred on October 17, 2017. A staff member was allegedly alone with a resident in a bathroom stall in Activity Room #4. This was discovered when the Administrator on Duty walked into Activity Room #4. The resident alleged he had sexual relations with the staff member while in the bathroom stall. The resident and staff member were immediately separated, and the resident was transported to Tri-Town Regional Hospital as per policy. The staff member was immediately placed on Administrative Leave and later terminated as this staff member was a probationary employee who violated OCFS supervision protocol. In addition, because of this incident, no residents or staff are permitted in Activity Rooms #2 and #4 and all the bathroom stalls were covered with drywall except one stall. The resident involved in this incident was transferred to another OCFS facility on October 18, 2017 to ensure his safety. A representative from the Justice Center of New York was interviewed regarding this investigation and stated the staff member was charged with Institutional Sexual Assault and Endangering the Welfare of a Child. However, the investigation is still open because it is currently in the Court process and a determination cannot be made until the Court process is completed.

*The second incident occurred on October 20, 2017. A staff member reported a former resident had a sexual relationship with a staff member while at the facility. This allegation was investigated by the Justice Center of New York and was determined to be Unfounded.

*The third incident occurred on January 6, 2018. A resident reported a staff member made a derogatory sexual comment towards him. This allegation was investigated by the Justice Center of New York and was determined to be Unfounded.

*The fourth incident occurred on May 6, 2018. A resident reported a staff member made inappropriate sexual comments about him. This allegation has been forwarded to the Justice Center of New York and is currently under investigation.

The above-mentioned incidents were taken seriously, Safety Plans were implemented by administrative staff, and each allegation was immediately reported to the Justice Center of New York. The Safety Plans made sure the alleged victim felt safe and included heightened supervision. This auditor reviewed the Safety Plans and follow up actions which were taken by administrative staff at the facility and felt the follow up actions were immediate and were made to ensure the safety of the residents and the staff members at YLA.

OCFS has developed very thorough and detailed policies that address all the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which OCFS takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with management team at YLA following the on-site portion of this audit on July 10, 2018. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the management team at YLA for their hard work and commitment to the full implementation of PREA in their facility. This auditor wishes to extend his appreciation to Mr. Strauser, Ms. Grimes, Mr. Smith, Ms. Johnson, Mr. Paoletti, and all the employees at YLA for their professionalism, hospitality, and kindness that was displayed during the entire duration of the on-site audit as well as the pre and post audit phases.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

YLA is located in the Catskill Mountains, approximately 15 miles east of the town of Delhi, New York. The physical address of the facility is 57081 State Highway 10, South Kortright, New York, 13842. YLA is a limited secure facility budgeted to house 25 residents. It is a New York state agency facility under the authority of the Office of Children and Family Services. There are 2 living units at the facility (Hudson and Delaware). The residents are currently being housed in Hudson living unit while Delaware living unit is currently not housing any residents due to the census. Hudson living unit is designed to house 13 residents while Delaware living unit is designed to house 12 residents. Both living units contain a staff station, day room, 2 bathrooms, Counselor's office, and a Clinician's office. All resident's bedrooms are single living units and "dry rooms" (no toilets or sinks). The youth served at YLA are male, adjudicated, juvenile delinquents, generally between the ages of 13 and 18 years old, placed by the New York State Family Courts. YLA is accredited by the American Correctional Association (ACA).

The small 2-acre campus has 2 living units which house 13 and 12 residents per unit. There is a separate administrative building housing the school, dining facility, workout/weight room, quiet recreation area, therapy suite, and offices. There is also a gymnasium building which houses a basketball court, game room, and sports classroom/office. In addition, a former living unit (Catskill) has been renovated into a training area for staff trainings.

On July 9, 2018, the resident population was 8 boys (all residing in Hudson living unit). The age range of the resident population ranged from age 13 to 18. In the previous 12 months, a total of 27 residents had been admitted into the facility. The average length of stay was 183.8 days.

Entry and exit of the facility is controlled through one primary point, a sally port that is designated for pedestrian traffic, operated by staff in the facility Control Center. Entry is limited to authorized persons only. Each visitor is required to present identification, sign in, and pass through a metal detector upon entrance into the facility. Any keys a visitor may have on them upon entering the facility are given to a Control Center officer and returned upon exiting the facility. Any personal items a visitor may have on them are recommended to remain in their vehicle. Cellular phones are not permitted in the facility.

The 2018 YLA Video Surveillance and Staffing Plan noted the facility is budgeted for 46 direct care staff. 24 of those positions are currently filled while 22 of those positions are vacant. There are a total of 15 volunteers and contractors currently authorized to enter the facility. YLA is equipped with 68 indoor video surveillance cameras and 47 outdoor video surveillance cameras (115 total video surveillance cameras). The video surveillance system can be monitored in the Control Room where there are 8 monitors. In addition, the Facility Director and Assistant Director's also have access to the video surveillance cameras from their office computers. Video recordings from these devices remain on a secure server for approximately 30 days. Any video from a major incident is recorded and kept on a flash drive (including PREA allegations). This video surveillance system was last upgraded on September 1, 2017.

The following services are offered to all residents at YLA:

*Counseling: Daily group counseling is offered to all residents as outlined in the OCFS New York Model. Groups include Behavior Therapy (Dialectical Behavior Therapy, also called DBT), Trauma-informed Counseling (Sanctuary) and Substance Abuse Prevention (Innervisions). Each resident is also afforded weekly individual counseling with his Youth Counselor, weekly mentoring sessions with an assigned mentor and monthly Support Team Meetings (an interdisciplinary team which includes resident, parents and Community Multi-Services Office workers) to discuss the resident's progress toward their personal goals and supports that are needed to help reach those goals.

*Education: YLA's education program features a team of teachers, including a special education teacher, and an academic program tailored to each resident's needs. The YLA education program offers special education, academic and vocational instruction. There is a computer lab, video conferencing capabilities, and a library area.

Course work is provided at all academic grade levels. The TASC (high school equivalency degree) preparation and testing is offered to eligible students. New York State Regents exams and 7th/8th grade state exams in all subjects are offered to eligible students.

*Vocational Opportunities: Instructors provide trade skills training in technology, computers, keyboarding, woodworking and food service. Residents also learn about energy efficiency and weatherization in conjunction with building and grounds maintenance.

*Health Services: The health care team composed of physicians, physician's assistants and registered nurses are on duty seven days per week on day and evening shifts. Eye care services are provided on site. Dental care is provided by the OCFS dental clinic in Rensselaer, New York.

* Mental Health Services: The mental health services team includes a psychiatrist, psychologist and social workers who are led by an assistant director for treatment services. All team members are skilled, licensed clinicians who can assess and provide therapy to address a variety of emotional and behavioral issues that residents may have. The team meets weekly to discuss each resident's needs and progress in clinical rounds, as well as assess, prescribe and manage treatment of residents who take, or may require, psychotropic medications.

*Recreational: YLA has a variety of recreational opportunities for residents. Daily physical activity and quiet game time is offered. A basketball program, weight room/body conditioning program, equine therapy (horse care and riding), pottery, art and cooking classes, and a book club are offered. In spring and summer, residents participate in gardening activities; in the fall, they harvest what they have grown.

*Religious Services: Non-denominational services are provided, and pastoral counseling is also available upon request.

*Special Programs and Community Partnerships: Holiday and cultural programs and projects, community services projects with Hobart Rotary, Incentive and team building exercises involving off-campus trips, and college visitations and orientation.

*Pre-Release Orientation: Release planning begins at intake. The facility support team members work closely with residents, parents and community service team (CST) members to ensure that residents and

their families receive the support needed for a timely and successful return to the community.

The following Enhancement Programs are offered to all residents at YLA:

*Basket Weaving: Residents learn the basics of basket weaving and construct a small basket or waste basket.

*Cognitive Challenge Center: Residents are engaged in reading and activities that challenge their mind. The instructor spends time with each resident, getting to know them and their interests. The instructor also gives them the opportunity to express themselves through art, to enhance the Cognitive Challenge Center.

*Equine Therapy: Residents are given the opportunity to learn the basics of caring for and riding a horse. They are engaged in a 10-week program, and when completed, they earn a certificate of completion.

*Pottery: Residents are taught the basics of pottery and clay sculpting. They are given the chance to experiment with making plaques, bowls, cups, plates, etc.

*Wise Guys: This course focuses on the importance of being a male and father in society. It touches on stereotypes, challenges and roles that residents will face as they grow up.

*Parenting: This course gives the residents the basic knowledge of what it takes to care for a child from pregnancy through the younger years of life.

*Zoo Mobile: One per month, the Ross Park Zoo Mobile comes to the facility, bringing 4-5 small animals from their zoo. The educators give information about each animal and the residents are given the opportunity to touch most of the animals and ask questions.

*Garden to Table: An instructor from Cornell Cooperative Extension works together with the Building Trades instructor to grow vegetables and then use the harvested food to make delicious recipes each week.

*Pet Therapy: Interacting with a friendly pet can help many physical and mental issues. Residents are given the opportunity to help care for chickens and interact with them while they are outside. The eggs that are collected are used in the kitchen.

YLA has a signed Memorandum of Agreement (MOA) in place with Tri-Town Regional Hospital (Sidney, New York). It is noted in this MOA that Tri-Town Regional Hospital will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE), collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact Delaware County Safe Against Violence (Hamden, New York) to send an advocate to the hospital to provide rape crisis counseling and advocacy services in the event of a sexual assault. Investigations at the facility are conducted exclusively by the Justice Center of New York.

YLA's mission statement reads, "To prepare youth for positive, successful lives by developing self-discipline, affiliation, self-esteem and self-worth as individuals, by developing the family as a viable support for goals, develop alternative placements where necessary, and establish education as a source of esteem and worth."

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	3
Number of standards met:	40
Number of standards not met:	0

In summary, after reviewing all pertinent information provided to this auditor prior to and during the on-site portion of this audit, interviews with staff members and residents, and the tour of the facility, it is apparent to this auditor that YLA’s Administrative Team and staff have spent considerable time and resources ensuring that the safety and security of the residents is their utmost priority. The culture of sexual safety and awareness as well as each resident being treated with dignity and respect is present throughout the facility.

The agency has implemented a zero-tolerance policy (OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment) which comprehensively addresses the agency’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency’s training efforts with residents, staff, volunteers, and contractors.

The agency has designated a PREA Coordinator who reports directly to the Agency Head (Deputy Commissioner) and serves as the Bureau of Management and Program Support Director. The facility has a designed PREA Compliance Manager who reports directly to the Facility Director and serves as the facility Assistant Director for Treatment. The Facility PREA Compliance Manager and Facility Director’s interviews during the on-site portion of this audit demonstrated that YLA is committed to the sexual safety of the residents residing at the facility. All staff members and residents demonstrated they not only received but understand the education and training that was offered to them.

There is a Memorandum of Agreement (MOA) with Tri-Town Regional Hospital located in Sydney, New York. This MOA states the hospital will provide SANE’s for forensic examinations and contact an advocate from Delaware County Safe Against Violence, located in Hamden, New York, to provide victim advocacy and emotional support in the event of an incident of sexual abuse. A representative from Tri-Town Regional Hospital was contacted by this auditor on July 10, 2018 and was able to confirm the process stated in the MOA.

All investigations at YLA are completed by the Justice Center of New York. This auditor was able to interview a representative from the Justice Center of New York on July 5, 2018. He was able to confirm

the investigative process, follow up that occurs when his agency receives an allegation of abuse from the facility, and update this auditor on the open investigations at YLA. The Agency Head has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards in a formal letter dated June 2, 2014. There were 4 allegations of sexual abuse or sexual harassment forwarded to the Justice Center of New York during the past 12 months. 2 of these allegations were determined to be Unfounded while the other 2 allegations are currently open and being investigated by the Justice Center of New York. Upon completion of these 2 investigations, the Facility Director will be immediately notified by the Justice Center of New York.

All residents admitted into the facility receive timely PREA education at intake. Youth Counselors complete all PREA education during the intake process. The Facility Classification Form is completed by the Youth Counselor at intake and each resident is reassessed every 30 days or more often if needed (examples given included the resident being involved in a major incident or a move to another living unit). All completed Facility Classification Forms are securely kept in the resident's file and the only persons with access are Youth Counselors, Clinicians, and Administrative Staff. All pertinent necessary information is recorded and communicated to staff members for housing assignments or additional supervision.

All employees at the facility receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who completed this training, receive refresher training annually (OCFS – PREA Policy Review). The trainings include 11 different topics required by the PREA standards:

1. Agency Zero Tolerance Policy
2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.
3. Residents right to be free from sexual abuse, assault, and harassment.
4. Right of residents and employees to be free from retaliation.
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.
6. Common reactions of juvenile victims of sexual abuse and harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.
8. How to avoid inappropriate relationships with residents.
9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBTQ) or gender non-conforming.
10. Compliance with relevant laws related to mandatory reporting of sexual abuse.
11. Laws governing consent for OCFS youth.

All volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility, all volunteers and contractors are given a Sexual Misconduct Brochure and a Volunteer/Contractor Training and Acknowledgement Form to review and sign off on noting they understand the material in the brochure. There are currently 15 volunteers/contractors authorized to enter the facility.

All medical and mental health staff received the specialized training offered by the National Institute of Corrections (Medical Health Care Providers in Confinement Settings and Mental Health Care Providers in

Confinement Settings) required by the PREA standards. In addition to the specialized training, medical and mental health staff also receive the PREA training that all staff in the facility are mandated to complete.

During the on-site visit, it was noted that posters are posted throughout the facility to educate both staff members and residents on agency PREA policies. Brochures noting PREA requirements are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both residents and the public posted on its website.

Standards Exceeded:

- 115.331 Employee training
- 115.341 Screening for risk of victimization and abusiveness

Standards Met:

- 115.311 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.312 Contracting with other entities for the confinement of residents
- 115.313 Supervision and monitoring
- 115.315 Limits to cross-gender viewing and searches
- 115.316 Residents with disabilities and residents who are limited English proficient
- 115.317 Hiring and promotion decisions
- 115.318 Upgrades to facilities and technologies
- 115.321 Evidence protocol and forensic medical examinations
- 115.322 Policies to ensure referrals for investigations
- 115.332 Volunteer and contractor training
- 115.333 Resident education
- 115.334 Specialized training: Investigations
- 115.335 Specialized training: Medical and mental health care
- 115.342 Use of screening information
- 115.351 Resident reporting
- 115.352 Exhaustion of administrative remedies
- 115.353 Resident access to outside confidential support services and legal representation
- 115.354 Third party reporting
- 115.361 Staff and agency reporting duties
- 115.362 Agency protection duties
- 115.363 Reporting to other confinement facilities
- 115.364 Staff first responder duties
- 115.365 Coordinated response
- 115.366 Preservation of ability to protect residents from contact with abusers
- 115.367 Agency protection against retaliation
- 115.368 Post-allegation protective custody
- 115.371 Criminal and administrative agency investigations
- 115.372 Evidentiary standard for administrative investigations
- 115.373 Reporting to residents
- 115.376 Disciplinary sanctions for staff
- 115.377 Corrective action for contractors and volunteers
- 115.378 Interventions and disciplinary sanctions for residents

115.381 Medical and mental health screenings; history of sexual abuse
115.382 Access to emergency medical and mental health services
115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
115.386 Sexual abuse incident reviews
115.387 Data collection
115.388 Data review for corrective action
115.389 Data storage, publication, and destruction
115.401 Frequency and scope of audits
115.403 Audit contents and findings

Standards Not Met:

None

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
	<p>OCFS has implemented a zero-tolerance policy (OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment) which comprehensively addresses the agency’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency’s training efforts with residents, staff, volunteers, and contractors.</p> <p>The agency has a designated PREA Coordinator who reports directly to the Agency Head (Deputy Commissioner). His official title is Bureau of Management and Program Support Director and PREA Coordinator. He is extremely knowledgeable of the PREA standards and it was evident that he is committed to PREA and in implementing PREA in all OCFS facilities. The agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee the agency’s efforts towards PREA compliance and to fulfill his PREA responsibilities. He was interviewed by this auditor during a previous PREA audit during the 2nd audit cycle.</p> <p>The facility has a designated PREA Compliance Manager. Her official title is Assistant Director of Treatment and PREA Compliance Manager. The facility Compliance Manager was knowledgeable of the PREA standards and their role in the facility. She stated she has sufficient time and authority to develop, implement, and oversee YLA’s efforts to comply with the PREA standards.</p> <p>The agency provided an Organizational Chart (revised in January 2018) that confirms the agency PREA Coordinator reports directly to the Agency Head and a Facility Organizational Chart (revised on April 12, 2018) that confirms the facility PREA Compliance Manager reports directly to the Facility Director.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Administrative Coverage in OCFS Facilities Policy (PPM3247.40) *Agency Organizational Chart (Revised 1/2018) *Facility Organizational Chart (Revised 4/12/2018) *YLA PREA Pre-Audit Questionnaire *OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Agency PREA Coordinator

*Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	YLA does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Agency Head. Interviews: *Interview with Agency Head

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states “minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan.” The annual Video Surveillance and Staffing Plan at YLA also addresses the facility staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on January 11, 2018. The facility is currently budgeted for 46 direct care staff; 24 of those positions are currently filled. The plan states the facility runs at a minimum 3:10 staff to resident ratio during Tour 2 (6:00am to 2:00pm) and Tour 3 (2:00pm to 10:00pm) and a minimum of 1.5:20 staff to resident ratio during Tour 1 (10:00pm to 6:00am). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being met on a regular/consistent basis at the facility. During the on-site portion of this audit, there were a total of 8 residents residing at the facility. Due to the low population, only one of the two living units was occupied by residents (Hudson living unit was occupied by residents while Delaware living unit was closed). It was noted during interviews with management staff at the facility that if/when the population goes over 12 residents, Delaware living unit will be reopened.</p> <p>The Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. He also reported that in the event management staff feel staffing ratios cannot be maintained during an upcoming Tour, staff would be held over and paid overtime to meet the ratios. Interviews with the Facility Director and Facility PREA Compliance Manager revealed that staffing is monitored shift to shift by the Administrator on Duty and that adjustments are made as needed to ensure the ratios are met.</p> <p>OCFS Policies 3247.01 and 3247.40 – Administrative Coverage in OCFS Facilities note that Unannounced Rounds are to be completed by intermediate/higher level staff to cover all Tours. These policies also state that staff members are not permitted to alert other staff members when Unannounced Rounds are being completed. A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard by the Facility Director and Assistant Directors. An Assistant Director who completes Unannounced Rounds was interviewed and he was able to discuss how he completes the rounds, assures minimum ratios are being met, and his inspection of the facility is completed. He stated he obtains a radio from the Control Center to ensure staff are not alerting each other that Unannounced Rounds are being completed. The Facility Director also discussed how he completes Unannounced Rounds and makes sure they are random by selecting different times of the day/night and days of the week to complete the Unannounced Rounds.</p> <p>The facility is equipped with 115 video surveillance cameras (68 indoor cameras and 47 outdoor cameras). Recordings from these devices remain on a secure server for approximately 30 days. There is a total of 8 monitors in the Central Control Center which</p>

allows the cameras to be manned around the clock by a staff member assigned to the Control Room. In addition, the Facility Director and Assistant Director have access to the video surveillance system on their computers in their offices that can be viewed and/or reviewed at any point during the day. Video from all major incidents are reviewed by the Facility Director as well as the Assistant Directors and retained on a flash drive. This auditor was able to confirm this process by viewing the video of an alleged PREA allegation at the facility with the Facility Director and Facility PREA Compliance Manager during the on-site portion of this audit. In addition, random video surveillance is also reviewed on a weekly basis by the management team.

Reviewed documentation to determine compliance:

- *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- *Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
- *YLA Staffing Schedules
- *2018 YLA Video Surveillance and Staffing Plan
- *Unannounced Rounds Logs
- *Locations of Video Surveillance Cameras (inside and outside of the facility)
- *Tour of Facility
- *Review of Video of an alleged PREA Allegation

Interviews:

- *Interview with Facility Director
- *Interview with Facility PREA Compliance Manager
- *Interview with Assistant Director who completes Unannounced Rounds
- *Random Staff Interviews from all 3 Tours

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.18 – Contraband, Inspections, and Searches prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. During interviews, staff members could describe what an exigent circumstance would be. The staff training curriculum “Conducting Comprehensive Searches” includes the searching of residents. This training curriculum, as well as training logs, were reviewed by this auditor during the pre-audit portion of this audit. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during an interview with the Facility Director and staff members during the on-site portion of this audit.</p> <p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The facility has not admitted a transgender or intersex resident during the past 12 months; however, the staff members interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.</p> <p>Policy 3247.01 also requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All residents and staff members interviewed confirmed this policy was followed 100% of the time as only male staff members are permitted to supervise showers/bathroom call. All residents shower one at a time in separate bathrooms with a privacy door. There are no cameras in the resident’s bedroom or bathrooms. Female staff members announce their presence upon entering the living unit by stating “female on the unit” and noting their entrance into the living unit in the Log Book. Log entries in the Log Book and female staff members announcing their presence in the living unit were observed by this auditor during the tour of the facility. Signs are posted outside of the door of each living unit informing opposite gender staff members to announce their presence upon entering the living unit. Interviews with staff members and residents confirmed that female staff members announce their presence upon entering the living unit as required by announcing “female on the unit”.</p> <p>Reviewed documentation to confirm compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Contraband, Inspections, and Searches Policy (PPM 3247.18) *Conducting Comprehensive Searches Training Curriculum/Training Logs *Review of Log Book *Tour of Facility

Interviews:

*Interview with Facility Director

*Resident Interviews

*Random Staff Interviews

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes “OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, assault, and harassment”. In addition, this policy states “all education and information shall be made available in formats accessible to all youth (Limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills)”. Limited English Proficient (LEP) interpreters are also available through the Office of Communications. An LEP liaison can be reached at (518) 402-3130. This auditor was provided a comprehensive list of LEP liaisons that are available to residents at YLA.</p> <p>The agency PREA Youth Brochure “Checking in for Your Safety” is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. In addition, PREA posters are posted in the living units, all commons areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.</p> <p>Policy 3247.01 indicated that the use of resident interpreters, resident readers, or other types of resident assistants is prohibited except in the event of exigent circumstances where a delay could result in the resident’s safety being compromised. Random staff interviews confirmed that residents are not used as interpreters.</p> <p>There were no residents residing at the facility during the on-site portion of this audit who were disabled or not English proficient.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Secure Facilities Admission and Orientation Policy (PPM 3402.01) *Language Assistance Resources *Agency PREA Youth Brochure (English) *Agency PREA Youth Brochure (Spanish) *Tour of Facility <p>Interviews:</p> <ul style="list-style-type: none"> *Random Staff Interviews

115.317	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 1346"> OCFS Policy 2026.03 – Criminal History Screening – Employees/Candidates and OCFS Policy 2021.04 – Employee Screening for Child Abuse and Maltreatment provides guidelines for background checks and hiring and promotional practices. A review of documentation and interview with the agency PREA Coordinator revealed that applicants, employees, and contractors are asked about previous sexual misconduct and background checks are completed. The Justice Center of New York is the lead agency in conducting background checks. The Justice Center of New York maintains a Staff Exclusion List (SEL) that logs all individuals in the state of New York who have been found responsible for serious or repeated acts of abuse or neglect. If a prospective employee is listed on the SEL, he or she is no longer given further consideration for employment. If a person is not on the SEL, OCFS requests a criminal background check and a check of the statewide Center Register of Child Abuse and Maltreatment. The Justice Center of New York will then notify the agency if the person has successfully completed the background check. Previous employment references are then contacted. Applicants are also required to report on their application for employment any arrests that may impact their ability to work with youth. When a person is hired in OCFS, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an OCFS employee is arrested anywhere in the United States, a notification is immediately sent to the Justice Center of New York. The Justice Center of New York then sends a notification to the facility. This system captures arrest records for all employees. As a result, criminal background checks are not completed every 5 years. OCFS checks the statewide Central Register of Child Abuse and Maltreatment every 2 years for current employees and any employee eligible for a promotion. All randomly selected staff member’s files contained the above-mentioned background information. This was also confirmed during an interview with a representative from the Personnel Office during a previous audit. </p> <p data-bbox="252 1397 1382 1473"> In addition, the agency PREA Coordinator was able to describe the agency’s hiring and promotion process in detail to this auditor. </p> <p data-bbox="252 1525 919 1559"> Reviewed documentation to determine compliance: </p> <ul data-bbox="252 1612 1270 1816" style="list-style-type: none"> *Employee Screening for Child Abuse and Maltreatment Policy (PPM 2021.04) *Criminal History Screening – Employees/Candidates Policy (PPM 2026.03) *Justice Center’s Frequently Asked Questions – Criminal Background Checks *Justice Center’s Staff Exclusion List Checks for Prospective Staff Hired *Review of Randomly Selected Staff Files <p data-bbox="252 1868 392 1901"> Interviews: </p> <ul data-bbox="252 1955 975 2031" style="list-style-type: none"> *Interview with Agency Personnel Office Representative *Interview with Agency PREA Coordinator

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>YLA develops a Video Surveillance and Staffing Plan on an annual basis. This plan was reviewed by this auditor prior to the on-site portion of this audit and was confirmed during an interview with the Facility Director.</p> <p>There have been modifications to the facility noted on the 2018 Video Surveillance and Staffing Plan. These modifications included 4 out of the 5 private bathroom stalls having been closed off in Activity Rooms 3 and 4. Drywall was placed over the 4 stalls and only 1 private stall is available for use in each Activity Room. This was to ensure resident and staff safety because of alleged PREA incident which occurred on October 17, 2017, in Activity Room 4. These modifications were reviewed by this auditor and inspected during the tour of the facility during the on-site portion of this audit.</p> <p>The Facility Director and Facility PREA Compliance Manger stated the only known blind spots in the facility are in Activity Rooms 3 and 4 and that is in the bathroom stall area of the rooms. Because of the incident on October 17, 2017, it is now protocol that Activity Rooms 2 and 4 can only be accessed when 2 staff are present, and one staff is male. In addition, Activity Room 4 is only used for Video Conferences with 2 staff and 1 staff being male. All other activities are off limits to both staff and residents in this area. If any staff member disappears off the video surveillance cameras with a resident in any location of the facility, the Central Control Center will immediately notify the Administrator on Duty to report to that area immediately to inspect the area to identify the whereabouts of the staff and the resident.</p> <p>Through interviews, it was confirmed that if there are any additional plans for expansion or modifications, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology. It should be noted; the video surveillance system was last updated on September 1, 2017.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *2018 YLA Video Surveillance and Staffing Plan *Tour of Facility <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Agency PREA Coordinator *Interview with Facility Director *Interview with Facility PREA Compliance Manger

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3243.16 – Payment for Health Services addresses the availability of victim advocacy services to residents and that services will be provided to the residents at no cost. A review of documentation shows that YLA has a MOA with Tri-Town Regional Hospital. The MOA clearly states Tri-Town Regional Hospital will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact Delaware County Safe Against Violence who will send an advocate to the medical center to provide rape crisis counseling and advocacy services.</p> <p>In the event an advocate from Delaware County Safe Against Violence is unable to provide victim advocate services, the facility has a qualified staff member who is a Licensed Master Social Worker to provide services. This staff member’s credentials were provided to this auditor and were confirmed.</p> <p>The Justice Center of New York conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required (including the New York State Police). The OCFS Deputy Commissioner formally asked the Justice Center of New York Executive Director to comply with all PREA investigative standards in a letter dated June 2, 2014. A representative from the Justice Center of New York was contacted on July 5, 2018 and stated that all investigators at the Justice Center of New York who conduct investigations at OCFS facilities have been trained in a uniform evidence protocol by the National Institute of Corrections (NIC). He also stated they complete all criminal and sexual abuse/PREA investigations for allegations at all New York OCFS facilities (including YLA). The Agency PREA Coordinator stated an Administrative Review is completed following the conclusion of an investigation by the Justice Center and the receipt of a determination.</p> <p>All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed during interviews with randomly selected staff members at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Payment for Health Services Policy (PPM 3243.16) *Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014) *MOA with Tri-Town Regional Hospital *Credentials of Qualified Staff Member <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator *Interview with Representative from Justice Center of New York

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1455 663">OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that allegations of sexual abuse or sexual harassment are referred for investigation. All allegations of sexual abuse and sexual harassment are reported to the Justice Center of New York within 24 hours. The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA standards. The letter was dated June 2, 2014, and a copy was provided to this auditor for review.</p> <p data-bbox="252 707 1465 875">Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas.</p> <p data-bbox="252 920 1485 1133">In the prior 12 months, there has been 4 allegations of sexual abuse, assault, or harassment at YLA. All 4 of these allegations were immediately reported to the Justice Center of New York. 2 of these investigations have been completed while the other 2 investigations are still open. During an open investigation, communication is maintained between the facility and the Justice Center of New York through telephone calls, emails, and on-site visits.</p> <p data-bbox="252 1178 1481 1469">A representative from the Justice Center of New York was contacted on July 5, 2018, and stated his agency completes thorough investigations on each incident and sends a detailed report to the Facility Director noting their findings and determinations at the completion of each investigation. The Facility Compliance Manager noted that following the facility receiving the final report from the Justice Center of New York indicating an Unsubstantiated or Founded finding, a PREA Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility Compliance Manger.</p> <p data-bbox="252 1525 1458 1738">The 2 investigations which were completed were both indicated to be Unfounded. The representative from the Justice Center stated the other 2 investigations will remain open and cannot be closed until court proceeding are completed. This auditor was able to review the 2 reports from the Justice Center that were sent to the Facility Director upon the completion of the 2 closed investigations.</p> <p data-bbox="252 1783 919 1816">Reviewed documentation to determine compliance:</p> <ul data-bbox="252 1872 1458 2119" style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014) *Review of Facility Reportable Incident Forms from 2017-2018 *Review of Justice Center of New York Notifications to the Facility Director

Interviews:

*Interview with Facility Director

*Interview with Facility PREA Compliance Manager

*Interview with Agency PREA Coordinator

*Interview with Representative from Justice Center of New York

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment provides information regarding staff training. This policy notes all employees shall receive training that is specific to juveniles and the gender of the population they are working with. Employees sign an acknowledgement form verifying they understand the training they receive. Employees must be retrained when they transfer to a different gender population. All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who received this training, receive refresher training annually (OCFS – PREA Policy Review). The trainings include 11 different topics required by the PREA standards:</p> <ol style="list-style-type: none"> 1. Agency zero-tolerance policy 2. Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures. 3. Resident right to be free from sexual abuse, assault, and harassment. 4. Right of employees and residents to be free from retaliation. 5. Dynamics of sexual abuse and sexual harassment in juvenile facilities. 6. Common reactions of juvenile victims of sexual abuse and harassment. 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents. 8. How to avoid inappropriate relationships with residents. 9. Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questioning (LGBT) or gender non-conforming. 10. Compliance with relevant laws related to mandatory reporting of sexual abuse. 11. Laws governing consent for OCFS youth. <p>In addition to the above-mentioned trainings, OCFS Policy 3442.00 – Lesbian, Gay, Bisexual, Transgender, and Questioning Youth states all OCFS staff members are required to attend LGBT training on an annual basis. This training raises awareness and capacity for staff members to respond to gender identity, sexual orientation, and gender expression issues in residential settings.</p> <p>During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors. The agency also has PREA information for the public posted on its website.</p> <p>The Pre-Audit Questionnaire documented that all staff currently employed at YLA were trained or retrained on the PREA requirements during the past year. The facility provided documentation that indicated staff members were and are trained as stated and required. This included training records for all employees at the facility. These training records were reviewed by this auditor.</p> <p>Randomly selected staff, as well as specialty staff, were knowledgeable of PREA. All</p>

specialized staff interviewed could articulate their understanding of PREA and the topics that they were trained in. Staff demonstrated their knowledge of PREA, the zero-tolerance policy, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment. In addition, staff members are provided "PREA Cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse and their role as a first responder. Most staff interviewed were carrying their "PREA Card" and displayed it to this auditor when requested.

The "PREA Cards" that staff receive and keep on their person, note the steps they are to follow in the event they are a first responder to the scene of a sexual assault:

1. Separate the victim from the alleged perpetrator.
2. Call for assistance.
3. Secure the scene.
4. Notify a supervisor and document the incident.
5. Contact medical.

Reviewed documentation to determine compliance:

*Prevention, Detection, and Response to Sexual Abuse, Assault or Harassment Policy (PPM 3247.01)

*Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy (PPM 3442.00)

*PREA Training Curriculums/Training Logs

*Conducting Comprehensive Searches Training Curriculum

*Sexual Misconduct Brochure

*PREA Cards

*Agency Website

Interviews:

*Random Staff Interviews

115.332	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment addresses this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Prior to entering the facility, all volunteers and contractors are given of Sexual Misconduct Brochure and Volunteer/Contractor Training and Acknowledgement Form to review and sign off noting they understand the material in the brochure. The brochure and form were reviewed by this auditor and clearly outlines the zero-tolerance policy, lists PREA definitions, and notes reporting requirements and prohibitions.</p> <p>During the past 12 months, 15 volunteers and contractors who are authorized to enter YLA have been trained on the agency’s policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All volunteer/contractor training records are kept on a database at the facility and were reviewed by this auditor. There were no volunteers or contractors at the facility to interview during the on-site portion of this audit.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> * Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Volunteer/Contractor Training and Acknowledgement Template *Signed Volunteer/Contractor Training and Acknowledgement Forms *Sexual Misconduct Brochure <p>Interviews:</p> <ul style="list-style-type: none"> *Facility Director
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and OCFS Policy 3402.00 – Limited Secure and Non-Secure Facilities Admissions and Orientation requires that upon admission, and no later than 72 hours, all residents receive an appropriate training about PREA and how to report incidents or suspicions of sexual abuse and sexual harassment, the facility response, and non-retaliation for reporting sexual abuse and sexual harassment. The above information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the OCFS Public Information Office. The facility also insures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets (“What you should know about Sexual Abuse and Checking in for: Your Safety at OCFS DJJOY”).</p> <p>Counselors conduct all PREA education as part of the intake process. This includes both the required education at intake and the education that must be given within 10 days of admission. This is done the day the resident arrives at the facility. When this auditor interviewed Intake Staff, they were able to explain how they complete the required education with each resident upon their arrival. Upon receiving the PREA education materials, the resident signs an acknowledgement form and this signed form is placed in the resident’s files. This auditor reviewed all 8 of the residents files currently residing at the facility and 2 closed files of residents who have been discharged, and all had the signed acknowledgement forms in their files. In addition to PREA education upon intake, PREA groups are facilitated at the facility in order to refresh/re-educate the residents on PREA, ways to report sexual abuse or sexual harassment, and services available to the residents in the event they would ever need them.</p> <p>All the residents interviewed stated they were educated during their intake process and were knowledgeable about PREA; including the zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). There were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility. It was obvious during the tour of the facility that the facility takes the education of residents seriously regarding PREA.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) *Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00) *OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse *PREA Youth Brochure “Checking in for: Your Safety at OCFS DJJOY” *YLA – Signed Resident Zero Tolerance Acknowledgements *PREA Posters

Interviews:

*Intake Staff

*Resident Interviews

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, the facility staff members do no complete investigations. The Justice Center of New York is the state entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment in all OCFS facilities. The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director requesting investigations be conducted in compliance with the PREA standards. This letter was dated June 2, 2014, and a copy was provided to this auditor for review.</p> <p>A representative from the Justice Center of New York was interviewed by this auditor on July 5, 2018 and confirmed the above-mentioned process regarding investigations. In addition, the Agency Head, Agency PREA Coordinator, Facility Director, and Facility PREA Compliance Manager were able to describe the investigative process from start to finish during interviews with this auditor.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) *Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within the PREA standards (letter dated June 2, 2014) <p>Interviews:</p> <ul style="list-style-type: none"> *Random Staff Interviews *Interview with Justice Center of New York Representative *Interview with Agency Head *Interview with Agency PREA Coordinator *Interview with Facility Director *Interview with Facility PREA Compliance Manager

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires medical and mental health staff shall receive specialized training (in addition to the training provided to all employees) in the following:</p> <ul style="list-style-type: none"> *Detecting and assessing signs of sexual abuse, assault, and harassment. *Preserving physical evidence of sexual abuse and assault. *Responding efficiently and professionally to victims of sexual abuse, assault, and harassment. *How and whom to report allegations or suspicions of sexual abuse and assault. <p>There are 9 medical and mental health staff employed at YLA. This auditor reviewed all 9 of these employee’s files and all contained training certificates and sign off/acknowledgement forms. Interviews with medical and mental health staff confirmed they had received and completed the specialized training offered by the National Institute of Corrections (Medical Health Care Providers in Confinement Settings and Mental Health Care Providers in Confinement Settings) required by the PREA standards. Medical staff at YLA do not conduct forensic examinations. Forensic examinations are conducted at Tri-Town Regional Hospital. A MOA is in place with Tri-Town Regional Hospital that confirms a SANE/SAFE completes forensic examinations. In addition to the specialized training, medical and mental health staff also receive the PREA training that all staff at the facility are required to complete. All medical and mental health staff interviewed were extremely knowledgeable about PREA and the role PREA plays at YLA regarding sexual abuse and sexual harassment.</p> <p>An interview with a representative from Tri-Town Regional Hospital, on July 10, 2018, confirmed a MOA is in place and that a SANE/SAFE would complete a forensic examination in the event of an incident of sexual abuse at the facility.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment Policy (PPM 3247.01) *Training Curriculum/Training Records *MOA with Tri-Town Regional Hospital <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Medical Staff *Interview with Mental Health Staff *Interview with Representative from Tri-Town Regional Hospital

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment addresses the use of the Facility Classification Form. It is administered to determine the resident’s risk of victimization and abusiveness and other related information. The instrument is completed by a Youth Counselor on each resident upon intake whether the resident is a new admission or transfer. The Facility Classification Form is used to obtain information required by this standard, including but not limited to prior sexual victimization or abusiveness, current charges and offense history, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly. Reassessments are completed every 30 days by a Youth Counselor and more often as indicated. There have been 27 residents admitted into YLA during the past 12 months and all the residents received a screening as noted in the agency policy.</p> <p>Interviews with the staff responsible for risk screening indicated staff are complying with OCFS policy and that they were aware of the importance of securing vital information during this process to ensure the resident’s safety. Staff reported the risk assessment takes place at intake or within 72 hours of intake. In addition, during an interview with a Youth Counselor, she confirmed Youth Counselor’s are reassessing the residents every 30 days or more often if needed (examples given included major incidents the residents were involved in). All completed Facility Classification Forms are securely kept in the resident’s file and the only persons with access are Youth Counselors, Clinicians, and Administrative Staff. All pertinent necessary information is recorded and communicated to staff members for housing assignments or additional supervision.</p> <p>Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy as all the residents stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at YLA. 8 current residents files and 2 closed files were reviewed for documentation verifying the risk assessments were being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening (Facility Classification Form) completed upon intake and every 30 days following their intake.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00) *YLA Classification Form (OCFS – 4928) *Review of Residents Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator

*Interview with Facility PREA Compliance Manager
*Interview with Staff Responsible for Risk Screening
*Interviews with Residents

115.342	Placement of residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 573">According to OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, the information obtained from the Facility Classification Form is used to assist in determining the resident’s housing assignment. Random staff interviews and review of the Facility Classification Form supported this policy. Residents confirmed through interviews that screenings are being administered as per policy. Isolation is not used at YLA or any OCFS facility.</p> <p data-bbox="252 622 1407 831">OCFS Policy 3247.15 – Room Confinement prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident.</p> <p data-bbox="252 880 1453 1088">Interviews with staff responsible for risk screening, mental health staff, medical staff, Agency PREA Coordinator, Facility Director, and Facility PREA Compliance Manager confirmed YLA has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is not considered as an indicator of the likelihood that the resident will be sexually abusive.</p> <p data-bbox="252 1137 1474 1301">There were no residents at the facility who identified as LGBTI. There were no transgender or intersex residents at the facility to interview. Of the 10 resident files (8 current residents and 2 closed files) this auditor reviewed, none of the residents were identified as sexually vulnerable or sexually aggressive from the information noted on the Facility Classification Forms.</p> <p data-bbox="252 1350 919 1384">Reviewed documentation to determine compliance:</p> <ul data-bbox="252 1440 1458 1641" style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Room Confinement Policy (PPM 3247.15) *YLA Classification Form (OCFS – 4928) *Review of Residents Files <p data-bbox="252 1697 392 1731">Interviews:</p> <ul data-bbox="252 1787 922 2074" style="list-style-type: none"> *Interview with Agency PREA Coordinator *Interview with Facility Director Interview with Facility PREA Compliance Manager *Interview with Staff Responsible for Risk Screening *Interview with Mental Health Staff *Interview with Medical Staff *Random Staff Interviews

115.351	Resident reporting
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1460 571">YLA has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident. The documentation showed several ways for residents to report sexual abuse and sexual harassment or retaliation. These are:</p> <ul data-bbox="252 616 710 996" style="list-style-type: none"> *Staff *Unit Manager *Youth Counselor *Clinician *Medical Personnel *Any Facility Administrator *Grievance Process *OCFS Ombudsman’s Office *Special Investigations Unit Hotline <p data-bbox="252 1052 1476 1254">Resident reports of sexual abuse or sexual harassment may be made verbally or in writing. Residents have the option of reporting allegations to the Special Investigation Unit (SIU) via toll free numbers posted in the living units. Additionally, residents, their families, and the public has the ability to report allegations outside of OCFS via the toll-free number for Vulnerable Persons Central Register Hotline (VPCR), which is part of the Justice Center of New York.</p> <p data-bbox="252 1310 1468 1691">Facility staff must accept reports made regarding other OCFS or non-OCFS facilities that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be immediately documented. In addition, staff members are permitted to privately report sexual abuse or sexual harassment of residents to the Justice Center of New York. It is noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, that all staff members must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or any on-duty employee above them in the chain of command (Administrator on Duty), the on-call administrator, and/or the Facility Director. All staff members receive a Mandated Reporter training on an annual basis.</p> <p data-bbox="252 1736 1460 1937">Reporting information is delivered to the residents through the intake process, PREA education groups, in the Resident Handbook, pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="252 1993 1428 2116">All the residents interviewed confirmed they have received information through the above-mentioned venues instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they all understood the grievance process.</p>

Staff members interviewed were also very knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All the staff members interviewed stated they would immediately document a verbal report. In addition, they stated they would notify their Supervisor or the Administrator on Duty and contact the Justice Center of New York immediately.

There are no residents placed at YLA (or any OCFS facility) solely for civil immigration purposes. However, during interviews with agency management, it was determined they would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.

Reviewed documentation to determine compliance:

*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)

*Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)

*OCFS Employee Manual

*OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”

*Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY”

*Posters in Living Units

Interviews:

*Interview with Facility Director

*Interview with Agency PREA Coordinator

*Interviews with Randomly Selected Staff

*Interview with Residents

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There were 4 allegations of sexual abuse and sexual harassment filed in the past 12 months. However, the grievance process was not used to report these allegations. No grievances by third parties were filed alleging sexual abuse, sexual harassment, or retaliation.</p> <p>The agency does not consider the grievance process as a formal mechanism to report sexual abuse or sexual harassment. However, if the agency would receive a grievance alleging sexual abuse or sexual harassment, it would be treated as an Emergency Report. A review of grievance records and an interview with the Facility PREA Compliance Manager confirmed there were no grievances filed related to sexual abuse, sexual harassment, or retaliation during the past 12 months. All residents interviewed were aware of the grievance procedure. All the resident's files contained notification of the grievance process. In addition, all staff interviewed could describe the steps they would take to protect a resident from threatened sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00) *OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” *Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY” *Review of Residents Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility PREA Compliance Manager *Interviews with Randomly Selected Staff *Interviews with Residents

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. YLA also provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents or legal guardians. The facility has provided this information to all residents through Resident Handbooks, intake process, brochures, and posters placed throughout the facility. This information is available in both English and Spanish and was reviewed by this auditor.</p> <p>Interviewed residents were aware of how to access outside agencies through the hotlines and all of them stated they would have access to a telephone if they needed to report anything. The residents interviewed were able to describe the advocacy services offered to them at Delaware County Safe Against Violence if they would ever need them. All the residents stated they receive weekly telephone calls to their families and weekly visits (if the family is able to visit). Probation Officers, Caseworkers, and Attorneys can also visit whenever it is convenient for them to do so.</p> <p>All staff interviewed were aware of how residents can access outside agencies through the hotlines.</p> <p>A Memorandum of Agreement (MOA) is in place between YLA and Tri-Town Regional Hospital in accordance with this standard. This MOA was reviewed by this auditor during the pre-audit phase. This MOA confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator and Facility PREA Coordinator both described this MOA and the services that are provided by Delaware County Safe Against Violence to provide advocacy services to any victims of sexual assault at YLA. This auditor contacted a representative from Tri-Town Regional Hospital on July 10, 2018 and she confirmed the services offered in the MOA.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Resident Mail Policy (PPM 3422.00) *Visits to Youth at DJJOY Facilities Policy (PPM 3455.00) *OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment” *Resident Handbook – “Checking in for: Your Safety at OCFS DJJOY” *MOA with Tri-Town Regional Hospital *PREA Posters <p>Interviews:</p>

- *Interview with Agency PREA Coordinator
- *Interview with Facility Director
- *Interview with Facility PREA Compliance Manager
- *Interview with Representative from Tri-Town Regional Hospital
- *Interviews with Randomly Selected Staff
- *Interviews with Residents

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes multiple methods used to receive third party reports of sexual abuse or sexual harassment and is posted on the agency’s website to inform the public about reporting resident sexual abuse and sexual harassment on behalf of residents. Third party reports can also be made to the Facility Director, the OCFS Ombudsman’s Office, law enforcement, or the Department of Social Services.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on behalf of the resident.</p> <p>There were no incidents of third party reporting during the past 12 months at YLA. A review of the agency website confirmed and noted various ways sexual abuse and sexual harassment of a resident can be reported. All staff members interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Agency Website *PREA Posters <p>Interviews:</p> <ul style="list-style-type: none"> *Interviews with Randomly Selected Staff *Interviews with Residents

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>OCFS Policy 3456.00 – Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law states all OCFS employees and volunteers providing services to residents are mandated reporters. These persons are required to report to the Justice Center of New York whenever they have cause to suspect child abuse or maltreatment of a youth in a residential facility. The mandated reporter hotline is 1-800-635-1522. This policy also notes individuals making a report do not need to be certain a resident has been abused or maltreated, only a “reasonable cause to suspect” abuse or maltreatment is necessary. When in doubt as to whether an incident could constitute child abuse or maltreatment, an employee must contact the Justice Center of New York. The Justice Center of New York will determine if the information meets the requirements to register a report for investigation.</p> <p>It is noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or an on-duty employee above them in the chain of command (Administrator on Duty), the on-call administrator, or the Facility Director.</p> <p>Interviews with the Facility Director and Facility PREA Compliance Manager supported the protocol discussed in the above-mentioned policies. There were 4 allegations made regarding sexual abuse/sexual harassment during the past 12 months at YLA. In each case, the staff member followed the policy and procedure in reporting the allegations. Facility Incident Reports were reviewed by this auditor prior to the on-site portion of this audit and during the on-site portion of this audit.</p> <p>All staff interviewed (included Medical Staff and Mental Health Staff) were able to describe the reporting process. The staff members stated they would take all allegations seriously regardless of how they received the report. All staff members were aware of their status as mandated reporters. Staff members interviewed stated they would immediately make a verbal report to the Administrator on Duty, document the report immediately (but no later than prior to the end of their Tour), and contact the Justice Center of New York. In addition, staff members reported they would be able to report an allegation privately by contacting the Justice Center of New York.</p> <p>All staff members receive Mandator Reporter training on an annual basis.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>*Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)</p> <p>*Facility Reportable Incident Reports</p>

Interviews:

- *Interview with Facility Director
- *Interview with Facility PREA Compliance Manager
- *Interview with Medical Staff
- *Interview with Mental Health Staff
- *Interviews with Randomly Selected Staff

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that when a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate actions to protect the resident. There was 1 resident that the facility determined was subject to substantial risk of sexual abuse during the past 12 months. This resident was immediately transferred to another OCFS facility to ensure his safety. It was alleged he had sexual relations with a staff member at the facility. In addition, the staff member was immediately placed on Administrative Leave and was later terminated as this staff member was a probationary employee who failed to follow OCFS supervision protocol. The allegation is currently under investigation and the case is considered open.</p> <p>Interviews with the Agency Head, Facility Director, and randomly selected staff members indicated that the report or allegation would be taken seriously. They stated the Administrator on Duty would be called immediately and the resident and the alleged perpetrator would be separated until the report could be investigated. If the perpetrator was a staff member, interviews confirmed that the staff member would be placed on Administrative Leave until an investigation is completed by the Justice Center of New York. It was also noted; if the allegation was substantiated the presumptive action would be termination.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Justice Center’s Code of Conduct Form for Custodians of People with Special Needs (Revised January 21, 2016) *Facility Reportable Incident Report (October 17, 2017) <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Facility Director *Interviews with Randomly Selected Staff *Interview with Representative from the Justice Center of New York

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director of the facility that received the allegation shall notify the Facility Director of the other facility or appropriate office of the agency (if not an OCFS operated facility) where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall also be documented.</p> <p>If the notified facility is an OCFS operated facility, the Facility Director that receives such notification shall ensure that the allegation is investigated in accordance with this standard (including contacting the Justice Center of New York to report the allegation).</p> <p>Interviews with the Agency Head and Facility Director confirmed this process and that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. The Facility Director was able to articulate what his responsibilities would be if he received an allegation that a resident residing at YLA was sexually abused or sexually harassed while residing in another facility. He also confirmed the protocol he would follow if he received a report from another facility or agency that a resident was sexually abused or sexually harassed while he was residing at YLA.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>Interviews:</p> <p>*Interview with Agency Head *Interview with Facility Director</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states upon learning of an allegation a resident was sexually abused, the first staff member to respond to the scene shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the victim and alleged abuser. 2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence. 3. 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, swimming, drinking, or eating. 4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>First responder duties for non-security staff are the same as security staff. Staff have been trained appropriately in the above-mentioned duties as a first responder. All staff members are provided “PREA cards” which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault.</p> <p>All staff interviewed could articulate the steps they would take as first responders. There responses were consistent with OCFS policy. In addition, all staff interviewed were carrying their “PREA cards” on their person.</p> <p>There was 1 incident during the past 12 months that required first responder actions. This alleged incident occurred on October 17, 2017. The first responder immediately separated the alleged victim (a resident) and the alleged perpetrator (a staff member), called for additional staff, contacted the on-call administrator, and contacted medical staff. Documentation (Facility Reportable Incident Report) from this incident was reviewed by this auditor and it was determined the first responder followed OCFS policy and followed protocol. The resident was transported to Tri-Town Regional Hospital and the Justice Center of New York is currently investigating the incident and it remains open. This was confirmed during an interview with a representative from the Justice Center of New York and a representative from Tri-Town Regional Hospital.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Facility Reportable Incident Report from October 17, 2017</p> <p>Interviews:</p> <p>*Interview with Facility Director *Interview with Representative from Justice Center of New York</p>

*Interview with Representative from Tri-Town Regional Hospital

*Interviews with Randomly Selected Staff

*Interviews with First Responders

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>OCFS has developed documents to communicate the roles of responders, including direct care staff, medical staff, mental health practitioners, and administrators. These roles are addressed in YLA’s Local Operating Practice. Additionally, all staff members are provided “PREA cards” which outlines procedures and proper protocol for first responders to a scene of an alleged sexual assault.</p> <p>Interviews with the Facility Director, direct care staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. This auditor was able to review the YLA’s Local Operating Practice and it is aligned with OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and all mandated reporting requirements.</p> <p>During the 4 incidents of sexual abuse and sexual harassment during the past 12 months, the facility has utilized and followed the YLA Local Operating Practice to ensure all proper steps were taken during the response to an incident.</p> <p>Reviewed documentation to determine compliance:</p> <p>*YLA Local Operating Practice – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>Interviews:</p> <p>*Interview with Facility Director *Interview with Medical Staff *Interview with Mental Health Staff *Interviews with Randomly Selected Staff</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 573">There have been no new or renewed collective bargaining agreements in the past 12 months; however, any contracts developed or renewed will not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline. An interview with the Agency Head confirmed that any time there is an allegation, a Safety Plan for the specific resident(s) is put in place that includes removing the staff member from contact with the resident(s).</p> <p data-bbox="252 629 395 663">Interviews:</p> <p data-bbox="252 707 675 741">*Interview with the Agency Head</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states any employee or resident is prohibited from retaliating against other employees or residents for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. All OCFS facilities are to act promptly to remedy any form of retaliation.</p> <p>The Facility Director and Assistant Directors/Facility PREA Compliance Manager are the persons charged with monitoring retaliation. YLA employs multiple measures, such as housing unit changes or transfer for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at the facility will continue for at least 90 days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff. The OCFS Home Office must conduct periodic status checks on the resident. It was also noted, the agency’s obligation to monitor must terminate should the Justice Center of New York deem the allegation “Unfounded”.</p> <p>An interview with the Facility PREA Compliance Manager indicated she serves as a facility retaliation monitor. She was very educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at the facility. She stated the agency would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or until the resident’s release from the facility. The Facility PREA Compliance Manger stated she would monitor a resident by completing status checks for the length of his stay at the facility, which may exceed the 90-day requirement noted in OCFS Policy 3247.01</p> <p>There were 0 incidents of retaliation, known or suspected, during the past 12 months at YLA.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>Interviews:</p> <p>*Interview with Person Responsible for Monitoring Retaliation</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.15 – Use of Room Confinement Policy states segregated housing of residents to keep them safe from sexual misconduct is not used. Interviews with the Facility Director and Facility PREA Compliance Manager confirmed the prohibition of segregated housing for this purpose. The facility also does not use isolation.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Use of Room Confinement Policy (PPM 3247.15)</p> <p>Interviews:</p> <p>*Interview with Facility Director *Interview with Facility PREA Compliance Manager</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 663">OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states the Justice Center of New York has responsibility to investigate all PREA related allegations and incidents that are alleged in OCFS facilities. Local law enforcement authorities shall be contacted as necessary. Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrators reports. Investigations are not terminated should the source of the allegations recant the allegation.</p> <p data-bbox="252 707 1481 1088">Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments, and investigative facts and findings. All written reports will be retained for 7 years from the resident(s) discharge or until the age of majority is reached, whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation process. The Facility Director stated he and the Assistant Directors maintain contact with the Justice Center of New York during an open investigation via telephone calls, emails, and on-site visits.</p> <p data-bbox="252 1133 1458 1301">The OCFS Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the Justice Center of New York Executive Director. The letter was dated June 2, 2014, and a copy of this letter was provided to this auditor.</p> <p data-bbox="252 1346 1485 1648">There were 4 allegations of sexual abuse or sexual harassment reported in the past 12 months at YLA. All the allegations were reported to the Justice Center of New York to be investigated. 2 of the allegations were deemed to be Unfounded and the other 2 allegations are still under investigation and a determination has not yet been reached. Upon completion of the 2 closed investigations, the Justice Center of New York provided a detailed report to the facility noting its findings. These reports were reviewed by this auditor and it was noted they were extremely detailed and well written.</p> <p data-bbox="252 1693 1481 1816">Interviews with the Facility Director, Facility PREA Compliance Manager, Agency PREA Coordinator, Agency Head, and representative from the Justice Center of New York confirmed the protocols in place for criminal and administrative agency investigations.</p> <p data-bbox="252 1861 919 1895">Reviewed documentation to determine compliance:</p> <p data-bbox="252 1951 1458 2029">*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p data-bbox="252 2040 1458 2119">*Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)</p> <p data-bbox="252 2130 1018 2163">*Investigative Reports from the Justice Center of New York</p>

Interviews:

- *Interview with Agency Head
- *Interview with Agency PREA Coordinator
- *Interview with Facility Director
- *Interview with Facility PREA Compliance Manager
- *Interview with Representative from Justice Center of New York

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states that the agency investigating shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Justice Center of New York confirmed this policy is followed for determining whether allegations of sexual abuse or sexual abuse are substantiated.</p> <p>Additionally, the Deputy Commissioner has formally asked the Justice Center of New York Executive Director to comply with PREA investigative standards. This was requested in a formal letter dated June 2, 2014.</p> <p>An interview with a representative from the Justice Center of New York confirmed the Justice Center of New York uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment investigations. The representative from the Justice Center of New York stated that a detailed report is compiled and sent to the Facility Director detailing its investigation and findings upon completion of each investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Formal Letter to Justice Center of New York Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014) *Investigative Reports from the Justice Center of New York *New York State Law <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Representative from Justice Center of New York

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that following an investigation into a resident’s allegation of sexual abuse or sexual harassment by a staff member, the facility will inform the resident as to whether the allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded; whenever the staff is no longer assigned within the resident’s living unit; no longer employed at the facility; or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and/or sexual harassment shall receive notification of determined outcomes using the “Determination of Notification to Youth” form. The Facility Director or Facility PREA Compliance Manager will share the outcome with the resident, obtaining to resident’s signature as proof of receipt, before the form is placed in the resident’s file as documentation of receipt.</p> <p>The facility had 4 allegations of sexual abuse or sexual harassment during the past 12 months. 2 of the 4 investigations were completed and deemed Unfounded; however, the residents were no longer residing at the facility so there were no “Determination of Notification to Youth” forms to review. Interviews with the Facility Director and Facility PREA Compliance Manager indicated that residents are notified of the results of an investigation in writing. Both stated the resident would be given a “Determination of Notification to Youth” form to sign noting they have received the outcome of the investigation. The process described by the Facility Director and Facility PREA Compliance Manager was consistent with the agency policy.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) **” Determination of Notification to Youth” Form Template</p> <p>Interviews:</p> <p>*Interview with Facility Director *Interview with Facility PREA Compliance Manager</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states the following regarding staff disciplinary sanctions:</p> <ol style="list-style-type: none"> 1. Staff may be subject to disciplinary sanctions as determined by OCFS and consistent with collect bargaining agreements up to and including termination for violating sexual abuse or sexual harassment policies. 2. Termination must be the presumptive disciplinary sanction for staff that have been substantiated for sexual abuse. 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must 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. 4. All dismissals for violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies. <p>The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies during the past 12 months. Additionally, there were no staff disciplined for violations of the zero-tolerance policy. However, it should be noted; one staff member was immediately placed on Administrative Leave due to allegations of sexual assault from an incident which occurred at the facility on October 17, 2017. The staff member was later terminated as this staff member was a probationary employee who failed to follow OCFS supervision protocol. The case remains open and is currently under investigation by the Justice Center of New York. This was confirmed during interviews with the Facility Director and Facility PREA Compliance Manager during the on-site portion of this audit. A representative from the Justice Center of New York was contacted to inquire about the open case involving a staff member and he stated the case remains open because it has been referred to law enforcement and is going to Court. Therefore, the Justice Center of New York is not permitted to make a final determination until the Court proceedings have been completed and there is a ruling.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>Interviews:</p> <p>*Interview with Facility Director *Interview with Facility PREA Compliance Manager *Interview with Representative from Justice Center of New York</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past 12 months.</p> <p>The Facility Director stated in an interview that the facility would immediately remove the contractor or volunteer from the facility, contact the Justice Center of New York, and would not allow them to return until the completion of an investigation per OCFS Policy 3247.01. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past 12 months; therefore, there was no documentation to review regarding this standard.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>Interviews:</p> <p>*Interview with Facility Director</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3443.00 – Youth Rules states that 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. Disciplinary action must be administered in a fair, impartial, and expeditious manner.</p> <p>The disciplinary process must consider whether developmental disability or mental illness contributed to a resident’s behavior when determining discipline. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.</p> <p>In addition, the facility may only discipline a resident for sexual conduct with a staff member upon a finding that the staff member did not consent to such contact. Sexual activity between residents is also prohibited.</p> <p>There were no Substantiated allegations of sexual abuse during the past 12 months. However, in the event of a Substantiated allegation of resident on resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules (reduction of level). All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. OCFS facilities do not use isolation or segregation as a disciplinary measure for rule violations.</p> <p>Interviews with the Facility Director and Facility PREA Compliance Manager confirmed if there was an incident where residents alleged to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules (loss of level) and if the charges are criminal, the Justice Center of New York would be responsible for filing charges. Both also confirmed YLA does not use isolation and the underlying issues related to the incident would be addressed in therapy. In addition, the Facility Director reported any report made by a resident in good faith cannot be disciplined according to agency policy.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)</p> <p>*Youth Rules Policy (PPM 3443.00)</p> <p>Interviews:</p> <p>*Interview with Facility Director</p> <p>*Interview with Facility PREA Compliance Manager</p>

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>OCFS Policy 3243.18 – Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening.</p> <p>Any information from the Admission Screening Interview form related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and management decisions, including housing, bed, and program assignments.</p> <p>During interviews, medical and mental health staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with them. They related that services that are offered include evaluations, developing a treatment plan, developing a new Safety Plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow-up meeting. In addition, informed consent disclosures are provided by on-site medical staff.</p> <p>A review of all resident files noted there were not any residents at YLA who have disclosed prior victimization or abusiveness during screening. However, all residents meet with a Clinician immediately following their intake (within 72 hours) to develop a Treatment Plan and receive a mental health assessment. All the files this auditor reviewed at the facility were up to date regarding medical and mental health follow up.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Initial Mental Health and Health Screening Interview for Facility Youth Policy (PPM 3243.18) *Admission Screening Interview Form *Resident Files <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility Director *Interview with Facility PREA Compliance Manager *Interview with Medical Staff *Interview with Mental Health Staff

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states for all allegations or sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately referred to the outside medical facility that was previously identified for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility’s trained examiner will make the final determination regarding evidence collection. Facilities must make efforts to establish a Memorandum of Agreement (MOA) with the medical facility. These efforts must be documented as part of the local operating procedure.</p> <p>YLA’s Local Operating Practice – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) requires for all allegations of sexual abuse, the victim will be immediately referred to Tri-Town Regional Hospital for a clinical assessment and gathering of forensic evidence by a Sexual Assault Nurse Examiner (SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.</p> <p>YLA has a Memorandum of Agreement with Tri-Town Regional Hospital to provide medical/mental health services at no cost to the victim. Tri-Town Regional Hospital ensures victims receive rape crisis intervention services from advocates from Delaware County Safe Against Violence.</p> <p>Interviews with the Facility Director, medical staff, and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. All residents are also provided STD testing. This was confirmed by this auditor by reviewing the MOA and a discussion with a representative from Tri-Town Regional Hospital.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *YLA’s Local Operating Practice *MOA with Tri-Town Regional Hospital <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Facility Director *Interview with Medical Staff *Interview with Mental Health Staff *Interviews with First Responders *Interview with Representative from Tri-Town Regional Hospital



115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As noted in OCFS Policy 3243.33 – Behavioral Health Services and OCFS Policy 3243.01 – Principles of Health Services, YLA offers medical and mental health evaluations within 1 week of being notified and, as appropriate, treatment to all residents who have been victims of sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate.</p> <p>Interviews with medical staff and mental health staff confirmed the above-mentioned process occurs as detailed in this standard. In addition, they stated the level of care that the residents receive is consistent with the community level of care.</p> <p>There was 1 incident that involved a resident being the alleged victim of sexual abuse at the facility. This incident occurred on October 17, 2017, and services offered to this resident was consistent to the protocol in the above-mentioned policies. Follow up information was provided to this auditor to review and it was confirmed the facility followed the protocol listed in the above-mentioned policies and met this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Behavior Health Services Policy (PPM 3243.33) *Principles of Health Services Policy (PPM 3243.01) *Incident Follow Up Documentation <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Medical Staff *Interview with Mental Health Staff

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states within 30 days of the conclusion/receipt of the investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. Reviews must be completed by a team of staff, Grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners. In addition, the Review Team must:</p> <ol style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility. 3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse. 4. Assess the adequacy of staffing levels in that area during different shifts. 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Facility Director and Facility PREA Compliance Manager. 7. The facility must implement the recommendations for improvement or must document its reasons for not doing so. <p>All OCFS facilities document the incident reviews on “PREA Sexual Abuse Incident Review” forms. All requirements listed in this standard are reviewed and considered by the facility. There were no Substantiated or Unsubstantiated allegations during the past 12 months at YLA. However, this auditor was provided 2 PREA Sexual Abuse Incident Reviews (one from 2016 and one from 2017) to review. Both reviews followed the directives listed in Policy 3247.01 as well as the requirements of this standard as they both focused on LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy, and the area where the allegation occurred was physically examined. The Facility PREA Compliance Manager completed both reviews and submitted them to the Facility Director.</p> <p>The Facility Director and Facility PREA Compliance Manger both stated the Incident Review Team consists of upper level management officials, the Agency PREA Coordinator, medical staff, mental health staff, Counselors, and direct care staff. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse or sexual harassment was either Substantiated or Unsubstantiated. She stated the Incident Review Team would convene immediately upon the completion of an investigation by the Justice Center of New York for any Substantiated or Unsubstantiated allegations and recommendations would include examining the need to change a policy or practice to better</p>

prevent, detect, or respond to sexual abuse or sexual harassment.

Any PREA Sexual Abuse Incident Reviews and findings are then incorporated into the agency Annual Report by the Agency PREA Coordinator and submitted to the Agency Head before its dissemination on the agency website.

Reviewed documentation to determine compliance:

*Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)

*PREA Sexual Abuse Incident Review Template

*PREA Sexual Abuse Incident Review from 2016

*PREA Sexual Abuse Incident Review from 2017

Interviews:

*Interview with Facility Director

*Interview with Facility PREA Compliance Manager

*Interview with Incident Review Team Member

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states YLA, and all state facilities, collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files, and incident reviews. Aggregate annual data from all state facilities is available through the Statewide PREA Database. The 2016 Annual PREA Report is posted on the agency website. The agency also provides this information to the Department of Justice, upon request, in the form of the Survey of Sexual Victimization. The 2016 Survey of Sexual Victimization was completed and submitted to the Department of Justice. This survey is posted on the agency website and was reviewed by this auditor.</p> <p>An interview with the Agency PREA Coordinator indicated the he keeps detailed records to generate his annual reports and/or data required by the United States Department of Justice. He stated he keeps data from every allegation made throughout the agency. Names are redacted from the reports and data. The Facility PREA Compliance Manager stated that she also keeps data from every incident and PREA Sexual Abuse Incident Review at YLA.</p> <p>There were 4 allegations during the past 12 months and all 4 of the allegations were listed on the facility database as well as the Statewide PREA Database.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *PREA Database Report *2016 Agency Annual PREA Report *2016 United States Department of Justice Survey of Sexual Victimization <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency PREA Coordinator *Interview with Facility PREA Compliance Manager

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Facility PREA Compliance Manger and Agency PREA Coordinator collect and review all data for every allegation of sexual abuse, sexual harassment, or retaliation collected and aggregated pursuant to standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies and training, including problem areas, taking corrective action, and preparing an Annual PREA Report of its findings from its data review. The Annual PREA Reports are approved by the OCFS Deputy Commissioner and made available through the agency’s website or through other means. Specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted. The most recent agency Annual PREA Report (2016) is posted on the agency website and was reviewed by this auditor. In addition, this auditor was able to review Annual PREA Reports from 2013, 2014, and 2015 to assess the agency’s progress in addressing sexual abuse. All recent Annual PREA Reports are also posted on the agency website.</p> <p>Upon request, the agency provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed by the Agency PREA Coordinator and posted on the agency website (most recent survey from 2016). In addition, specific data from 2014 and 2015 was provided to the Department of Justice in the form of the Survey of Sexual Victimization.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Agency Website *2013 Agency Annual PREA Report *2014 Agency Annual PREA Report *2015 Agency Annual PREA Report *2016 Agency Annual PREA Report *2014 United States Department of Justice Survey of Sexual Victimization *2015 United States Department of Justice Survey of Sexual Victimization *2016 United States Department of Justice Survey of Sexual Victimization <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Agency PREA Coordinator *Interview with Facility PREA Compliance Manager

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>The agency’s Annual PREA Report is reviewed and approved by the Deputy Commissioner and made available to the public through its website. The Agency PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2016) is posted on the agency website and was reviewed by this auditor. In addition, Annual PREA Reports from 2013, 2014, and 2015 are posted on the agency website.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01) *Telecommunications and Computer Use Policy (PPM 1900.00) *Agency Website *2016 Agency Annual PREA Report <p>Interviews:</p> <ul style="list-style-type: none"> *Interview with Agency Head *Interview with Agency PREA Coordinator

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>YLA was audited during the second year of the 1st three-year PREA cycle. This facility was audited on July 21, 2015 and was found to be fully compliant on July 31, 2015. This audit report is posted on the agency website. This re-audit occurred during the second year of the 2nd three-year PREA cycle on July 9-10, 2018.</p> <p>The facility provided all requested information via the PREA Online Audit System. The audit notification was posted more than 6 weeks prior to the on-site portion of this audit (posted on April 11, 2018) and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to this auditor via email. This notification was also posted on the agency website and all residents interviewed confirmed the notifications were posted throughout the facility in advance of the on-site portion of this audit. During the tour of the facility, these notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.</p> <p>The agency has met this standard by having each of its 12 facilities audited during the first 3-year cycle. One third of the facilities (4) were audited during each one-year period of the first cycle. During the first year of the second 3-year cycle, the agency has had one third (4) of its facilities audited. Each report is posted on the agency's website.</p> <p>Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> *YLA Pre-Audit Questionnaire *Tour of Facility *Agency Website

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Each final PREA audit report from the first and second audit cycle is posted on the agency’s website. These final PREA audit reports were posted within 90 days of issuance by the auditor. This was confirmed by reviewing the agency’s website and an interview with the agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <p>*Agency Website</p> <p>Interviews:</p> <p>*Interview with Agency PREA Coordinator</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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 functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or 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 maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current 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.)	yes

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not 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	
	<p>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))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	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?	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.)	no

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?	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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does 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 numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for 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 addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	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.)	yes
	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	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes