

# PREA Agency Audit Report: Final

**Name of Agency:** Alternative Rehabilitation Communities, Inc

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/24/2017

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"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 10/24/2017

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<b>End Date of On-Site Audit:</b>	09/14/2017

AGENCY INFORMATION	
<b>Name of agency:</b>	Alternative Rehabilitation Communities, Inc
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2743 North Front Street, Harrisburg, Pennsylvania - 17110
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Agency Chief Executive Officer Information:			
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Agency-Wide PREA Coordinator Information			
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## 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.

On September 11, 12, 13, 14, 2017, I conducted an onsite Audit of Alternative Rehabilitation Communities in conjunction with the Audits of three of their six facilities. Three remaining facilities are scheduled to be audited in October and November 2017. These are the first Audits of this Agency. Neither the Agency nor the facilities were Audited during the first PREA cycle. These Audits were originally scheduled for 2016. Due to the closure of two facilities and the re-structuring of the Agency including transferring staff and students to the open facilities, the Agency was not prepared to undergo a PREA Audit. Additionally the PREA Coordinator left the agency and a new PREA Coordinator was appointed. The new PREA Coordinator undertook the task of implementing the PREA standards at all six facilities. This included the training of staff and education of residents. She contacted the Pennsylvania Department of Juvenile Justice Services and asked for and received technical assistance from their PREA Coordinator.

During the months before the first scheduled Audits, the ARC PREA Coordinator amended the ARC PREA Zero Tolerance Policy and ARC Policy and Procedure. Forms and tools were also amended and revamped with assistance from the Pa. JJS PREA Coordinator. The Pa. JJS PREA Coordinator actually came to one of the ARC facilities to assess the readiness to undergo a PREA Audit. This included touring the facility and interviewing residents and staff.

On 9-11-17, I interviewed the CEO and founder of ARC, the Human Resources Assistant and the PREA Coordinator at their Agency offices in Harrisburg, Pa. During subsequent days of the onsite portion of this initial Audit and a subsequent Audit in October, I interviewed five PREA Managers, assigned to five of the six facilities: Schaffner, Woodlawn, Mulberry, Canal Road and Susquehanna Trail.

The CEO confirmed that there have been no modifications to any of the existing buildings or any updates to technology. He also confirmed that there are no unions or bargaining units at any ARC facility or any policy or procedure that would prohibit the removal of a staff person from a facility if they were alleged to have committed a sexual abuse. The Director stated that the safety of the residents, including their sexual safety is the number one priority for his agency. He discussed the ARC unannounced round policy, which was in effect long before PREA. It requires the agency directors to not only conduct unannounced rounds but to talk to students and staff during those rounds and to document that. He also discussed his Coordinated Plan. He as the Agency Head, must always be notified of any allegation of sexual abuse and sexual harassment. He has a dedicated landline in his home for ARC emergencies. The PREA Managers that I interviewed were well aware of this notification policy.

When I interviewed the PREA Coordinator on 9-11-17, she told me that she has enough time to devote to PREA implementation at ARC. She writes policy, does training, and ensures compliance with the Standards. As a supervisor, she meets with all PREA Managers together on a regular basis. She visits all facilities regularly and she keeps all PREA related information for each facility and each resident. She also does all the six month Vulnerability reassessments for those students that require it.

There is a flow chart with the PREA Coordinator and each of the PREA Managers. It appears from the chart that they have enough Authority to develop, implement and oversee the agency efforts to comply with the PREA standards.

The PREA Zero Tolerance policy has been reviewed. It contains the required definitions as well as a plan to prevent, detect, report and respond to incidents of sexual harassment in its facilities. This policy was amended several times during the pre-audit time period.

During the interview with the Human Resources Assistant, she brought the employment application as well as the employee disclosure statement to show me. The disclosure statement is required of both employees and contractors.

While at the Agency offices and during a subsequent Audit, I reviewed the files of 69 Direct Care staff from five of the Audited facilities. There are 100 Direct Care staff assigned to the six ARC facilities. The files I reviewed had pre-employment Pa. Child Abuse clearances, Pa. Criminal History Checks, and FBI clearances as required by the ARC PREA Zero Tolerance Policy and the Pa. Child Protective Services Law. I checked the files of 69 staff, including 9 who had most recently been hired and five contractors, and all had the required clearances. There have been no recent promotions. Prime Care conducts clearances for all of their employees at Schaffner Center and they keep these clearances on site in a binder. I saw this binder while touring the Medical Unit at Schaffner. Central Dauphin School District provides education at Schaffner and they provide and keep their clearances. All other contractors provided clearances and they are kept by ARC, according to the HR Assistant, whom I interviewed. The policy and the interview with the HR Assistant reveal that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every five years. I saw timely re-checks in 34 out of 36 employee files that required them. Two staff persons who required rechecks had not submitted them and they were suspended from working until they were submitted.

The HR Assistant states that she does provide information regarding substantiated sexual abuse and sexual harassment by a former employee if requested by an institutional employer who a former employee has applied to work for.

The Pa. Bureau of Human Services Licensing inspects files of all new hires and a percentage of existing employee, contractor and volunteer files for clearances every year during their licensing inspection. I reviewed the licensing and inspection summaries for all six of the ARC facilities and there were no citations for non-compliance in this area.

All statistical information is collected by the PREA Coordinator who is responsible for the Annual Report. These reports for 2015 and 2016 are posted on the PREA website. The CEO approves these reports and submits them to the ARC Board of Directors prior to being posted on the website.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	9
<b>Number of standards not met:</b>	0

Alternative Rehabilitative Communities has demonstrated a commitment to the sexual safety of their residents. The PREA Zero Tolerance Policy formalized ARC policy and procedure that has always been in practice according to interviews with the CEO and the PREA Coordinator.

Alternative Rehabilitation Communities Facilities were not Audited during the first PREA cycle. They were contracted to be Audited during 2016, which would have been the first year of the second cycle, but were not Audited until PREA Cycle #2, Year #2. The Agency has downsized from 8 facilities originally contracted to 6 facilities. This downsizing required transferring both staff and students to existing facilities and restructuring of the organization.

The original PREA Coordinator left the Agency and a new PREA Coordinator was appointed. PREA Compliance is her primary job responsibility. Her experience at ARC as well as prior experience in Juvenile Corrections gives her a broad knowledge base that is important in this role. She has the authority within the agency to implement the standards and she had done so. All ARC facilities implemented PREA as of January 1, 2017.

The PREA Coordinator has submitted to me a tentative schedule for the PREA re-audits during Cycle #3. The facilities will be audited according to a schedule that would require 1/3 of the facilities to be Audited during each year instead of all at once.

I feel that this is evidence of compliance with the Auditing requirement, although it was not complied with during the initial PREA cycle.

The following standards have been met:

Standard #311: Zero Tolerance Policy and PREA Coordinator

Standard #317: Hiring and Promotions

Standard #366: Preservation of Ability to Protect Resident from Contact with abusers

Standard#387: Data Collection

Standard #388: Data Review for Corrective Action

Standard#389 Data Storage, Publication and Destruction

Standard #401: Frequency and Scope of Audits

The following standards do not apply:

Standard#312: Contracting with other entities for confinement of residents. ARC does not contract with other agencies for the confinement of their residents.

Standard #403: Audit Content and Findings: ARC was not audited during the first PREA cycles, therefore there are no Audit reports on the Agency website.

There is no corrective action needed at the Agency level for any of the standards audited at the Agency level. The Agency is in compliance with the standards that were audited.

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**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.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Zero Tolerany Policy          A.R.C. Orgnaizational Chart</p> <p>Interviews Conducted:          A.R.C. PREA Coordinator</p> <p>The facility has a designated PREA Coordinator and a PREA Manager at each of its facilities. They meet to develop policy and to conduct training. There was a different PREA Coordinator, who has since left the agency. When the new Coordinator took over, she realized that more support was needed for the implementation of the PREA standards. When I interviewed the PREA Coordinator on 9-11-17, she told me that she has enough time to devote to PREA implementation at ARC. She writes policy, does training, and ensures compliance with the Standards. As a supervisor, she meets with all PREA Managers together on a regular basis. She visits all facilities regularly and she keeps all PREA related information for each facility and each resident. She also does all the six month Vulnerability reassessments for those student that require it.</p> <p>There is a flow chart with the PREA Coordinator and each of the PREA Managers. It appears from the chart that they have enough Authority to develop, implement and oversee the agency efforts to comply with the PREA standards. As of 10-19-17, 5 PREA Managers from 5 separate ARC facilities have been interviewed and they state they have the time and the authority to carry out their PREA related responsibilities.</p> <p>The PREA Zero Tolerance policy has been reviewed. It contains the required definitions as well as a plan to prevent, detect, report and respond to incidents of sexual harassment in its facilities. This policy was amended several times during the pre-audit time period.</p> <p>This standard has been met.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply. A.R.C. does not contract with any other facility for the confinement of its residents.

115.317	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:  Pennsylvania Child Protective Services Law  PREA Zero Tolerance Policy  ARC Employment Application  ARC Employee Disclosure Statement  ARC Volunteer/Contractor Disclosure Statement  Files of 69 ARC Employees from Woodlawn, Mulberry, Schaffner, Canal Road, and Susquehanna Trail Facilities  Clearances for a Contracted Psychiatrist, Central Dauphin School District Teacher and three Prime Care Employees  Log Book for all Prime Care Employees  Licensing and Inspection Summaries for Woodlawn, Mulberry, Schaffner, Canal Road ,Susquehanna Trail and Zimmerman  Interviews Conducted:  Human Resources Assistant</p> <p>The Zero Tolerance Policy and the Pa. Child Protective Services Law require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The ARC Human Resources policy requires a continuing affirmative duty to report prohibited conduct and this information is requested on the employment application, Employee disclosure statements and Contractor/Volunteer Disclosure statements. There is Zero Tolerance for this behavior when seeking employment or a promotion within the ARC program.</p> <p>The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as those of contractors and volunteers. A percentage of random employee files are inspected by BHSL as well. There have been no citations for non-compliance in this area.</p> <p>I reviewed the files of 69 staff, including nine who had most recently been hired and five contractors, and all had the required clearances. There have been no recent promotions. Prime Care conducts clearances for all of their employees at Schaffner Center and they keep these clearances on site in a binder. I saw this binder while touring the Medical Unit at Schaffner. Central Dauphin School District provides education at Schaffner and they provide and keep their clearances. All other contractors provided clearances and they are kept by ARC, according to the HR Assistant, whom I interviewed.</p> <p>The policy and the interview with the HR Assistant reveal that a Criminal History check, Child Abuse Clearance and FBI clearance of all employees will be conducted every five years. I saw timely re-checks in 34 out of 36 employee files that required them. Two staff persons who required rechecks had not submitted them and were suspended from working until they were submitted.</p> <p>The HR Assistant states that she does provide information regarding substantiated sexual abuse and sexual harassment by a former employee if requested by an institutional employer who a former employee has applied to work.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:          PREA Zero Tolerance Policy</p> <p>Interviews Conducted:          CEO of Alternative Rehabilitation Communities</p> <p>There are no Unions or bargaining units at any ARC facilities. There is nothing that prohibits the agency from removing a staff member from contact with residents due to an allegation of sexual abuse and/or sexual harassment. This is in the PREA Zero Tolerance Policy and the CEO stated this during his interview with me on 9-11-17. He states that if there is an allegation of sexual abuse or sexual harassment against an employee they are immediately removed from the facility as part of the safety plan for the residents and they are not permitted to return to work until the investigation is completed and is either unfounded or unsubstantiated. This standard has been met.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Zero Tolerance Policy          PREA Annual Report from 2015 , 2016          DOJ 2015 Annual Survey for Woodlawn and Susquehanna Trail Facilities</p> <p>Interviews:          CEO of ARC          PREA Coordinator</p> <p>The policy is in place that requires the collection of data that is utilized in the Annual Report of Sexual Violence. The data is aggregated and compares data from year to year. Data is collected using information from reports and any other resources. The PREA Coordinator collects and keeps all reports and data securely. There is an Information Technology department at ARC that ensures the security of the PREA data. The PREA Coordinator completes the PREA Annual report and it is submitted to the CEO. Both the CEO and the ARC Board of Directors approve it before it is posted on the website. The Agency annual report for all ARC facilities are posted on the website for the years 2015 and 2016.</p> <p>The DOJ does not request information every year for every facility. The most recent DOJ reports that were requested and submitted were provided to me for the Woodlawn and Schaffner facilities.</p> <p>The agency does not contract with any other facilities for the care of their children. Annual reports for 2015 and 2016 were provided to the Auditor for all facilities at the Agency. There were no incidents, nor data to report.</p> <p>This standard has been met.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA Zero Tolerance Policy          PREA Annual Report from 2015 , 2016          Annual Agency Review</p> <p>Interviews:          CEO of ARC          PREA Coordinator          PREA Manager for Woodlawn, Mulberry, Schaffner, Canal Road, and Susquehanna Trail</p> <p>The policy is in place that requires the collection of data that is utilized in the Annual Report of Sexual Violence. The data is aggregated and compares data from year to year. Data is collected using information from reports and any other resources. The PREA Managers, when interviewed, stated that they are not involved in data collection or report writing, but would give input regarding corrective action. The PREA Coordinator collects and keeps all reports and data securely. There is an Information Technology department at ARC that ensures the security of the PREA data. The PREA Coordinator completes the PREA Annual report and it is submitted to the CEO. Both the CEO and the ARC Board of Directors approve it before it is posted on the website. The Agency annual report for all ARC facilities are posted on the website for the years, 2015 and 2016. There were no incidents, nor data to report.</p> <p>The CEO stated during his interview, that any data collected would be reviewed on a regular basis at Directors' meetings to provide ongoing corrective action that could include drafting new procedures or conducting training. On an annual basis the Agency Directors not only review the staffing of the Agency facilities that is required of the PREA Coordinator, but also review any incidents and or data collected.</p> <p>This standard has been met.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:          PREA policy          Annual PREA Reports 2015, 2016          ARC website</p> <p>Interviews:          PREA Coordinator          ARC CEO</p> <p>There is a policy which dictates what data and what reports will be posted publicly and specifies that all personal identifiers will be redacted. The PREA Coordinator, who collects the data, removes the personal identifiers and would note what is redacted. The website contains Annual PREA Reports for 2015 and 2016. The policy states that all records will be retained for ten years. The data is kept securely by the PREA Coordinator. She states that there is an Information Technology staff person at ARC, who is responsible for computer security for ARC data and this includes the PREA informationn.</p> <p>This standard has been met. There is no need for corrective action</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews Conducted:          PREA Coordinator</p> <p>Documents Reviewed:          Future Plans for PREA Cycle 3 Audits</p> <p>Alternative Rehabilitation Communities Facilities were not Audited during the first PREA cycle. They were contracted to be Audited during 2016, which would have been the first year of the second cycle, but were not Audited until PREA Cycle #2, Year #2. The Agency has downsized from 8 facilities originally contracted to 6 facilities. This downsizing required transferring both staff and students to existing facilities and restructuring of the organization.</p> <p>The original PREA Coordinator left the Agency and a new PREA Coordinator was appointed. PREA Compliance is her primary job responsibility. Her experience at ARC as well as prior experience in Juvenile Corrections gives her a broad knowledge base that is important in this role. She has the authority within the agency to implement the standards and she had done so. She contacted the PREA Coordinators at the Pa. Department of Juvenile Justice Services to lend technical assistance to her agency for the implementation on the PREA standards. She requested that they review her policy and forms which they did and she incorporated their input into her policy and procedure.</p> <p>Initially, all 6 remaining facilities will be audited in September, October and November of 2017. The contracts for these Audits were submitted to the Pa. Bureau of Human Services Licensing as evidence of compliance with the PREA standards which Pa. BHSL requires in order to issue a license renewal. The PREA Coordinator has submitted to me a tentative schedule for the PREA re-audits during Cycle #3. The facilities will be audited during each year instead of all at once. The re-audits will be conducted by auditing 1/3 of the Agency's facilities in each year of the three year cycle as allowed by the Standards.</p> <p>I feel that this is evidence of compliance with the Auditing requirement, although it was not complied with during the initial PREA cycle.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard does not apply, because there have been no agency Audits within the past three years.

## Appendix: Provision Findings

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	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)	<b>Contracting with other entities for the confinement of residents</b>	
	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

115.317 (a)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	<b>Hiring and promotion decisions</b>	
	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

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

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

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

<b>115.387 (e)</b>	<b>Data collection</b>	
	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

<b>115.387 (f)</b>	<b>Data collection</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	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)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	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